\*\* PUBLIC DISCLOSURE COPY \*\*

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

<u>A</u>	FOR the	e 2022 calendar year, or tax year beginning 001 1, 2022 and e	naing U	UN 30, 2023	
В	Check if applicable	e: C Name of organization		D Employer identific	cation number
	Addre chang Name				
	chang	e Doing business as		52-07813	90
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return		00	202-939-	3333
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	38,730,824.
	Amen return	ded WASHINGTON, DC 20003		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: KADDU SEBUNYA		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
<u> </u>	Tax-ex	empt status: $X$ 501(c)(3) $D$ 501(c) ( ) (insert no.) $D$ 4947(a)(1) or	527		list. See instructions
	Websi			H(c) Group exemption	
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1961 N	1 State of legal domicile: DC
	art I	Summary		•	ŭ
	1	Briefly describe the organization's mission or most significant activities: AWF 'S	MISS	ION IS TO EN	SURE THAT
Activities & Governance		WILDLIFE AND WILD LANDS THRIVE IN MODERN A			SION IS OF
nar	2	Check this box if the organization discontinued its operations or dispose			sets.
Ver	3			3	29
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			28
وم س	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			58
ij	6	Total number of volunteers (estimate if necessary)			50
ı⋛	7 a			7a	0.
Ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		33,360,273.	32,282,205.
ηe	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		729,841.	1,427,578.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		128,923.	24,677.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		34,219,037.	33,734,460.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,619,252.	2,237,414.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,581,961.	15,321,061.
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		298,451.	292,907.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 5,832,93	2.		
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		19,688,433.	18,825,076.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		39,188,097.	36,676,458.
	1	Revenue less expenses. Subtract line 18 from line 12		-4,969,060.	-2,941,998.
	1 13	Trevende 1633 expenses. Oubtract line 10 from line 12		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		48,801,951.	44,798,224.
ASS	21	Total liabilities (Part X, line 16)		10,887,373.	8,789,995.
let,	22	Net assets or fund balances. Subtract line 21 from line 20		37,914,578.	36,008,229.
P	art II	Signature Block		0.,,522,0.00	30,000,2230
		alties of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the hest of my	knowledge and belief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which			Miowicago ana bonoi, it io
truc	, 001100	In a somplete. Beginning of property (enter than enterly to below on an information of white	on properor	nao any knowleage.	
Sig	n	Signature of officer		Date	
Hei		RICHARD HOLLY, CHIEF FINANCIAL OFFICER			
He	•	Type or print name and title			
				Date Check	PTIN
Pai	4	Print/Type preparer's name		05/15/24 of self-employ	
	parer	Firm's name CLIFTONLARSONALLEN LLP	ļ.		1-0746749
	Only	Firm's address 901 N. GLEBE ROAD, SUITE 200		FIIIII S EIN 4	<u> </u>
036	Jilly	ARLINGTON, VA 22203		Dhone no 57	1-227-9500
N/a	ı tha !!	RS discuss this return with the preparer shown above? See instructions		T FIIOHE HO. 3 7	X Yes No
ivia	y u ne li	uiscuss this return with the preparer shown above? See instructions			L41_ 162 L NO

Form 990 (2022)

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

11180515 131839 A131807

#### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		<del></del>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			\ <b>.</b> ,
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	- 1.2		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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			
u		11d	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
		1 IE	- 21	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			\ <b>.</b> ,
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	,	19		x
20a	complete Schedule G, Part III	20a		X
	• •	20a		<del></del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		ΙΛ.

# Form 990 (2022) AFRICAN WILDLIFE FOUNDATION, INC. Part IV Checklist of Required Schedules (continued)

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

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

	·				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	58			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	•	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a	Х	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Art	ccour	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		_			7.7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			37
	to file Form 8282?	i	 T	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7.		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file for		200 oo roquirod?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/!!		
Ü		•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the arranging agreement or really agree to able distributions and a caption 40000			9a		
b	Did the control in a control in the control of the			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	امد ا	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	•	44-		Х
14a				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			14b		
15				15		Х
	excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.			13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.	00	ne?	.0		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	, I			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form **990** (2022) 232005 12-13-22

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 29			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
	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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(The social 2 register members as as person for registres by the morning records		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, KS	,KY	MD,	MA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RICHARD HOLLY - (202)939-3333			
	1100 NEW JERSEY AVE., SE STE 900, WASHINGTON, DC 20003			
	CEE CCHEDIILE O FOR FILL LICT OF CTATES	F	$\alpha\alpha$	(2022)

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

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

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

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

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

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

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

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Form 990 (2022)

52-0781390

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

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

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

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

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

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

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

5 X

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

28

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

Form 990 (2022) AFRICAN
Part VIII Statement of Revenue

			Check if Schedule O contains a	resnonse (	or note to any lin	e in this Part VIII			
			Cricci ii Geriedale o contains a	СЭРОПЭС	or flote to arry iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
$\overline{}$									SECTIONS 212 - 214
nts nts	1		Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
s, C		С	Fundraising events	1c	4,116.				
ij k		d	Related organizations	1d					
s, C		е	Government grants (contributions)	1e	6,414,398.				
Sign		f	All other contributions, gifts, grants, and						
he			similar amounts not included above	1f	25,863,691.				
들던		a	Noncash contributions included in lines 1a-1f	1g \$	3,472,893.				
Š		_	Total. Add lines 1a-1f	· <b>J</b> ]+		32,282,205.			
<u> </u>		<u> </u>	Total / Nad lines 14 11		Business Code	, , ,			
_	_	_			Buomoco Godo				
ice	2								
er Te		b							_
n S		С							
ar Se		d							
Program Service Revenue		е							
٩			All other program service revenue $\dots$						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divider	nds, intere	st, and				
			other similar amounts)			610,512.			610,512.
	4		Income from investment of tax-exem						
	5		Royalties	-		7,976.			7,976.
				Real	(ii) Personal				·
	6	a	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			` '						
			Net rental income or (loss)	ecurities	(ii) Othor				
	1	а	(/		(ii) Other				
			, <u></u> ,	300,000.	594.				
		b	Less: cost or other basis						
Revenue				83,528.	0.				
Ver		С	Gain or (loss) 7c 8	16,472.	594.				
Be		d	Net gain or (loss)			817,066.			817,066.
her	8	а	Gross income from fundraising events (n						
₹			including \$4,116.	of					
			contributions reported on line 1c). Se	ee					
			Part IV, line 18	8a	5,166.				
		b	Less: direct expenses		12,836.				
			Net income or (loss) from fundraising			-7,670.			-7,670.
			Gross income from gaming activities						
			Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming act						
			Gross sales of inventory, less returns						
	10	а	• •		5,650.				
			and allowances						
			Less: cost of goods sold		0.	F 650			F 650
-		С	Net income or (loss) from sales of inv	entory	Duning C	5,650.			5,650.
<u>s</u>			W- 22-1 1 11-012		Business Code	10 =0:			40 -0:
90 n	11	а	MISCELLANEOUS REVENUE		900099	18,721.			18,721.
an		b							
Miscellaneous Revenue		С							
Mis(		d	All other revenue		900099				
_		е	Total. Add lines 11a-11d			18,721.			
	12		Total revenue. See instructions			33,734,460.	0.	0.	1452255.

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	2,237,414.	2,237,414.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,446,517.	2,030,609.	122,326.	293,582
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,497,276.	6,263,945.	530,601.	1,702,730
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	726,315.	508,095.	51,916. 209,331.	166,304
9	Other employee benefits	3,068,979.	2,207,866.	209,331.	651,782
0	Payroll taxes	581,974.	422,063.	39,139.	120,772
1	Fees for services (nonemployees):				
а	Management	104 554	400 000	10.100	= 4 404
b	Legal	191,651.	103,987.	13,180.	74,484
	Accounting	103,958.		103,958.	
	Lobbying	000 005			000 000
е	Professional fundraising services. See Part IV, line 17	292,907.		0.4.000	292,907
f	Investment management fees	94,983.		94,983.	
g	Other. (If line 11g amount exceeds 10% of line 25,	2 260 052	0 550 000	271 060	010 001
	column (A), amount, list line 11g expenses on Sch 0.)	3,369,853.	2,779,083.	371,869.	218,901
12	Advertising and promotion	95,600.	29,958.	215.	65,427
3	Office expenses	312,056.	120,487.	54,318.	137,251
4	Information technology	765,173.	562,905.	50,603.	151,665
15	Royalties	1 400 470	1 202 000	20 550	105 055
16	Occupancy	1,462,476.	1,323,820.	32,779.	105,877
17	Travel	2,564,735.	2,316,161.	7,221.	241,353
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 071 420	2 700 072	10 410	64 025
19	Conferences, conventions, and meetings	2,871,420.	2,788,073.	18,412.	64,935
20	Interest	83,375.	26,787.	16,210.	40,378
21	Payments to affiliates	101 EC1	300 111	254	2 062
22	Depreciation, depletion, and amortization	401,561. 153,202.	398,444.	254. 33,915.	2,863
23	Insurance	153,202.	112,605.	33,915.	6,682
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PRINTING AND PRODUCTION	3,018,377.	1,556,777.	19.	1,461,581

1,503,528. Form 990 (2022)

7,406.

19,018.

5,832,932.

7,034.

25

989,681.

624,226.

539,618.

1,183,131.

2,858,260.

36,676,458.

981,105.

624,226.

518,866.

1,140,763.

29,054,039.

1,354,732.

SUPPLIES/FIELD SUPPLIES

Total functional expenses. Add lines 1 through 24e

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

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

CONSTRUCTION COSTS

COMMUNICATIONS

All other expenses

1,170.

1,734.

0.

35,334.

1,789,487.

Form 990 (2022)

Part X | Balance Sheet

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

Form **990** (2022)

Form	1990 (2022) AFRICAN WILDLIFE FOUNDATION, INC.	52-	-07813	390	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,	734	.,4	<u>60.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 676		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,	, 941	.,9	98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,	,914	.,5'	78.
5	Net unrealized gains (losses) on investments	5	1,	, 050	9,9	01.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-15	, 2	52.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	36,	, 008	3,2	29.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance 2 C.E.B. Dort 200, Subport E2		- 1	2-	v l	

**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 on Schedule O and describe any steps taken to undergo such audits

232012 12-13-22

Form **990** (2022)

#### **SCHEDULE A**

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

Open Insp

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

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

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

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)					12.1(.)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	-					
80	check this box and stop herection C. Computation of Publi						
	-			- 1 (6)		45	0/
	Public support percentage for 2022 (I					15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			no 12 polumn (f)		17	04
	Investment income percentage for 20					18	<u>%</u>
	Investment income percentage from a 33 1/3% support tests - 2022. If the						7 is not
156	more than 33 1/3%, check this box ar						
,	33 1/3% support tests - 2021. If the						L
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
- Fla		
5b		
5c		
6		
7		
8		
9a		
<b>01</b> .		
9b		
9с		
-		
10a		
461		
10b	n 990)	2022

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Par	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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		
Sect	tion 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)	<b>/-</b>		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		Г
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
р	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b

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

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations <sub>(continued</sub>	)	
<u>Secti</u>	on D - Distributions			Current Yea	ar
_1_	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	0	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributabl Amount for 20	
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>_i</u>	Carryover from 2017 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2022

**Employer identification number** 

52-0781390 AFRICAN WILDLIFE FOUNDATION INC. Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributions, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 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 <b>General Rule</b> applies to this organization because it received nonexe religious, charitable, etc., contributions totaling \$5,000 or more during the year	. If this box

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

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

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

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

## AFRICAN WILDLIFE FOUNDATION, INC.

52-0781390

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

Name of organization Employer identification number

## AFRICAN WILDLIFE FOUNDATION, INC.

52-0781390

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

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

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

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

**Employer identification number** 52-0781390

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(a) Donor advised funds	(b) i unus and other accounts
1 2	Total number at end of 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 v	L writing that the assets held in donor advi	ised funds
Ū	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor o		
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	- · · · · · · · · · · · · · · · · · · ·	
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	ie organization during the tax
	year		
4	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		— — — —
Ū	etali ana velanteen neare devetea te memtering, inspecting,	riaming of violations, and officioning con	leer valier eacomeries adming the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	3, 1 3,	3	3
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			·
2	If the organization received or held works of art, historical tre-		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	. IUI FUIIII 99U.	Schedule D (Form 990) 2022

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

		WILDLIFE F				52-0	<u> 781390</u>	) <u>Pa</u>	ge <b>2</b>	
Pai	rt III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or	Other S	Similar Asse	ts (contin	ued)		
3	Using the organization's acquisition, accession	n, and other records	, check any of the f	ollowing that	make sign	ificant use of its	S			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	m					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	how they further th	e organizatio	n's exemp	t purpose in Pa	rt XIII.			
5	During the year, did the organization solicit or	receive donations of	art, historical treas	sures, or othe	r similar as	sets				
	to be sold to raise funds rather than to be main						Yes		No	
Pai	t IV Escrow and Custodial Arrange		te if the organizatio	n answered "`	Yes" on Fo	orm 990, Part I\	/, line 9, or			
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodiar	n or other intermedia	ary for contributions	s or other ass	ets not inc	luded				
	on Form 990, Part X? Yes No									
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	owing table:							
							Amount			
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance									
<b>2</b> a	Did the organization include an amount on For	m 990, Part X, line 2	21, for escrow or cu	ıstodial accou	ınt liability	?L	Yes		No	
	If "Yes," explain the arrangement in Part XIII. C									
Pai	55									
	F	(a) Current year	(b) Prior year	(c) Two years	<u></u>	) Three years bac	+ ` '			
1a	Beginning of year balance	26,516,373.	33,431,430.	30,538		29,737,624	_	547,7	74.	
b	Contributions	-3,670,240.	-1,454,365.			1,000,000				
С	Net investment earnings, gains, and losses	2,377,746.	-4,581,727.	5,881	,291.	645,753	1,	740,4	23.	
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	2,129,760.	878,965.	888	,238.	845,000	١.	550,5	573.	
f	Administrative expenses									
g	End of year balance	23,094,119.		-	,430.	30,538,377	29,	737,6	24.	
2	Provide the estimated percentage of the current		(line 1g, column (a)	) held as:						
а	<u> </u>	79.9268	_%							
b	Permanent endowment 20.0730	%								
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c should	•								
За	Are there endowment funds not in the possess	sion of the organizat	ion that are held ar	nd administere	ed for the		_	. T		
	organization by:							Yes	No	
	(i) Unrelated organizations						3a(i)		X	
	(ii) Related organizations						3a(ii)		Х	
	If "Yes" on line 3a(ii), are the related organization						3b			
4 Do	Describe in Part XIII the intended uses of the o		ment funds.							
Pai	t VI Land, Buildings, and Equipme		Doubliv line 44 a C	F 000	David V. Iiva	- 10				
	Complete if the organization answered	1	Ī	T T						
	Description of property	(a) Cost or ot	` '	or other	` '	umulated	(d) Book	value		
		basis (investm	,	(other)	aepre	eciation	000	) 1 -	7	
	Land			3,157.	E/	50 226		$\frac{3,15}{2}$		
b	Buildings			7,014.		8,336.	1,678			
C	Leasehold improvements			0,764.		70,617.	1,580			
d	Equipment			8,072.		55,201.		2,87		

Schedule D (Form 990) 2022

5,129,990.

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

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 (h) must equal Form 990 Part X col (R) 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.)		

#### Other Assets.

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

(a) Description	(b) Book value
(1) ADVANCE TO PARTNERS	758,483.
(2) SECURITY DEPOSITS	261,494.
(3) RIGHT OF USE ASSET	3,330,935.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,350,912.

#### Other Liabilities. Part X

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

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

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

Schedule D (Form 990) 2022

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	T. 1			1	34,959,226.					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, , , , , ,					
	Net unrealized gains (losses) on investments	2a	1,050,901.							
b	Donated services and use of facilities	2b	271,264.							
С	Recoveries of prior year grants	2c								
	Other (Describe in Part XIII.)	2d	-2,416.							
	Add lines 2a through 2d			2e	1,319,749.					
3	Subtract line 2e from line 1			3	33,639,477.					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	94,983.							
b	Other (Describe in Part XIII.)	4b								
С	Add lines 4a and 4b			4c	94,983.					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	33,734,460.					
Pai	T XII Reconciliation of Expenses per Audited Financial Statemen	nts Wi	th Expenses per F	Retur	n.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.									
1	Total expenses and losses per audited financial statements			1	36,865,575.					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		074 064							
а	Donated services and use of facilities	2a	271,264.							
	Prior year adjustments	2b								
	Other losses	2c	10 026							
	Other (Describe in Part XIII.)		12,836.		204 100					
_	Add lines 2a through 2d			2e	284,100.					
3	Subtract line 2e from line 1			3	36,581,475.					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	04 002							
	Investment expenses not included on Form 990, Part VIII, line 7b		94,983.							
	Other (Describe in Part XIII.)			4.	01 003					
	Add lines 4a and 4b			4c 5	94,983. 36,676,458.					
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIII Supplemental Information.			3	30,070,430.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines 1	h and 2h: Part V line 4	· Dart	Y line 2: Part YI					
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			, rait	A, IIIIe Z, Fait Ai,					
111103	24 and 45, and 1 are All, lines 24 and 45. Also complete this part to provide any additi	orial illic	ornation.							
PAF	RT V, LINE 4:									
	,									
THE	BOARD OF TRUSTEES HAS ADOPTED A SPENDING 1	POLI	CY FOR THE							
BOZ	ARD-DESIGNATED ENDOWMENT TO MEET BOARD-APPRO	OVED	BUDGETED EX	PEN	DITURES.					
THE	E POLICY ALLOCATES UP TO THREE PERCENT OF THE	HE E	NDOWMENT'S A	VER.	AGE					
BEG	GINNING INVESTED MARKET VALUES FOR THE PRIOR	R FO	UR FISCAL YE	ARS	•					
PAF	RT X, LINE 2:									
AWE	F PERFORMED AN EVALUATION OF UNCERTAINTY IN	INC	OME TAXES FO	R T	HE YEAR					
ENI	DED JUNE 30, 2023, AND DETERMINED THAT THER	E WE	RE NO MATTER	ST	HAT WOULD					
					_					
REÇ	QUIRE RECOGNITION OR DISCLOSURE IN THESE CON	NSOL:	IDATED FINAN	CIA	L					
~	MENUTINE OF THITON 122	<b></b>			00 31.					
STA	ATEMENTS OR WHICH MAY HAVE AN EFFECT ON THE	'I'AX	-EXEMPT STAT	บร	OF AWF,					
T376										
INC										

#### SCHEDULE F (Form 990)

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

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

Attach to Form 990.

OMB No. 1545-0047
2022
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Inspection
Employer identification number

AFRICAN WILDLIFE FOUNDATION, INC.

. .

52-0781390

1 For grantmakers. Does	s the organization	n maintain recor	ds to substantiate the amount of its gra		_
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance? X	Yes N
2 For grantmakers. Desc	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance out	side the
United States.		· ·	·		
3 Activities per Region. (T	he following Part	L line 3 table ca	an be duplicated if additional space is n	eeded.)	
(a) Region	(b) Number of	(c) Number of	1	(e) If activity listed in (d)	(f) Total
( ) 3	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	independent	gram services, investments, grants to	describe specific type	for and
		independent contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region
				CONSERVATION PROGRAMS,	
UB-SAHARAN AFRICA	23	200	PROGRAM SERVICES	EDUCATION & OUTREACH	21,104,948
		_			
EUROPE	3	5	FUNDRAISING		659,108
NORTH AMERICA	1	1	FUNDRAISING		109,861
EAST ASIA AND THE			GRANTS TO RECIPIENTS		
PACIFIC	0	1	LOCATED IN THE REGION		80,000
<b>3 a</b> Subtotal	27	207			21,953,917
<b>b</b> Total from continuation sheets to Part I	0	0			O
c Totals (add lines 3a and 3b)	27	207			21,953,917

232071 10-17-22

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)
			SUPPORT TO FARO					
		SUB-SAHARAN	NATIONAL PARK IN					
		AFRICA	CAMEROON	17,549.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE	SUPPORT TO ZOOS IN					
		PACIFIC	CHINA	80,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN		5 630				
		AFRICA	AWF PARTNER SUPPORT	5,630.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN	SUB-GRANTEE FARO					
		AFRICA	NATIONAL PARK	30,355.	WIRE TRANSFER	0.	N/A	N/A
			SUPPORT CONSERVATION					
			EFFORTS IN THE MASAI					
		AFRICA	MARA IN KENYA	103,817.	WIRE TRANSFER	0.	N/A	N/A
				, -			_ :	
			SUPPORT SNIFFER DOGS	100.000	L			
		AFRICA	IN THE ADDIS AIRPORT	138,823.	WIRE TRANSFER	0.	N/A	N/A
			ANTI-POACHING					
		SUB-SAHARAN	OPERATIONS IN MANYARA					
		AFRICA	RANCH IN TANZANIA	60,791.	WIRE TRANSFER	0.	N/A	N/A
			MANAGEMENT OF THE					
			BILI MBOMU FOREST					
		SUB-SAHARAN AFRICA	SAVANNA COMPLEX	602 802	WIRE TRANSFER	n	N/A	N/A

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2022

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), 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)
		avn an						
		SUB-SAHARAN AFRICA	COUNTERING WILDLIFE TRAFFICKING	252 375	WIRE TRANSFER	,	N/A	N/A
		AFRICA	TRAFFICKING	232,373.	WIKE IKANSPEK	<u> </u>	N/A	N/A
			AWF JUREC SUB GRANT					
		SUB-SAHARAN	AGREEMENT WILDLIFE					
		AFRICA	LAW ENFORCEMENT	45,497.	WIRE TRANSFER	0.	N/A	N/A
			WILDLIFE REGULATIONS					
			DRAFTING, NGULIA					
			RHINO PROGRAM, TSAVO					
		AFRICA	WEST NATIONAL PARK	357,385.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN	TSAVO COMMUNITY					
			RANGERS TRAINING	40 995	WIRE TRANSFER	,	N/A	N/A
			SUPPORT FOR SCHOOL	10,333.	WIND HUMBI DI	· ·	.,	
			AND EDUCATION OF					
			PRIMARY SCHOOL					
		AFRICA	STUDENTS	8,054.	WIRE TRANSFER	0.	N/A	N/A
			SUPPORTING SECURITY					
			AND ANTI-POACHING AND					
			TRAINING IN DRC	62,926.	WIRE TRANSFER	0.	N/A	N/A
			LABORATORY FUNDS AND					
			MSC. SUPPORT FOR					
			CONSERVATION AGENCY IN CAMEROON'S FARO	9 160	WIRE TRANSFER	_	N/A	N/A
		AFRICA	IN CAMEROON 5 PARO	3,100.	WIRE TRANSPER	<u> </u>	N/ A	N/A
			SUBGRANTEE-FARO					
			NATIONAL PARK					
		AFRICA	CONSERVATION PROGRAM	10,951.	WIRE TRANSFER	0.	N/A	N/A
			RANGER SUPPORT,					
		SUB-SAHARAN	UNIFORMS AND TRAINING					
		AFRICA	IN KENYA	12,192.	WIRE TRANSFER	0.	N/A	N/A

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

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

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

232074 10-17-22

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

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

### PART I, LINE 2:

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

### PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

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

REGION: SUB-SAHARAN AFRICA

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

REGION: SUB-SAHARAN AFRICA

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

## **SCHEDULE G** (Form 990)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

AFRICAN	WILDLIFE FOUNDATI	ON,	INC	С.	52-0781	390
Part I Fundraising Activities. required to complete this par	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
· · · · · · · · · · · · · · · · · · ·				0		
<ul> <li>1 Indicate whether the organization rais</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of</li> </ul>	e X Solicita f X Solicita g X Special	tion of tion of fundra	non-g gover aising	overnment grants nment grants events	toos or	
•	,	`	U	,	X Yes	□ Na
key employees listed in Form 990, P <b>b</b> If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	viduals or entities (fundraisers) pursu			-		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SANKY COMMUNICATIONS INC -	MANGEMENT OF DIRECT MAIL	Yes	No			
368 9TH AVENUE, SUITE 12-131,	AND ONLINE PROGRAM		Х	4,988,805.	185,800.	4,803,005.
STELTER - 10435 NEW YORK	CONSULTING FOR PLANNED					
AVENUE, DES MOINES, IA 50322	GIVING PROGRAM		Х	3,052,473.	107,107.	2,945,366.
Total				8,041,278.	292,907.	7,748,371.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from re	gistration
AK, AL, AR, AZ, CA, CO, CT,	DC, DE, FL, GA, HI, IA,	ID,I	L,I	N, KS, KY, LA	,MA,MD,ME,	MI,MN,MO
MS, MT, NC, ND, NE, NH, NJ,	NM, NV, NY, OH, OK, OR, I	PA,F	II,S	C,SD,TN,TX	,UT,VA,VT,	WA,WI,WV
WY						

232081 10-27-22

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390 Page 2 Schedule G (Form 990) 2022 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 (add col. (a) through col. (c)) (total number) (event type) (event type) Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs

5	Other direct expenses					
6	Volunteer labor	Yes % No	YesNo	%	_ %	
7	Direct expense summary. Add lines 2 through	n 5 in column (d)				
8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
a Is t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	· · -	states?		Yes	No
_	Tro, explain.					
	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during t	the tax year?	Yes	☐ No

Schedule G (Form 990) 2022

232082 10-27-22

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

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

# SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the 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	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
	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			37
	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			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		1

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

Schedule J (Form 990) 2022

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.

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

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

## **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	AFRICAN WILD	LIFE F	OUNDATION	, INC.	52-0	781	390	
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	96	3,472,893.	AVERAGE OF	HIG	H/L(	<u>WC</u>
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 $_{\dots}$							
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	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement <b>29</b>			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribu	tions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,			
	describe in Part II.							

LHA

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

Schedule M (Form 990) 2022

# SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AN AFRICA WHERE SUSTAINABLE DEVELOPMENT INCLUDES THRIVING WILDLIFE AND
WILD LANDS AS A CULTURAL AND ECONOMIC ASSET FOR AFRICA'S FUTURE
GENERATIONS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
IN DJA, CAMEROON, WE BOOSTED CONSERVATION-FRIENDLY AGRICULTURE AND
FOREST HARVESTING. THIS PROJECT REDUCED ILLEGAL HUNTING AND USED
TRAINING AND EQUIPMENT TO BOLSTER CAPACITY AMONG ECO-GUARDS. DUE TO
THIS PROGRAM, LOCAL INCOMES INCREASED BY 78%, AND POVERTY WAS REDUCED
BY 83%.
ADDITIONALLY, IN THE DRC'S MARINGA-LOPORI-WAMBA LANDSCAPE, AWF PROVIDED
SMALL BUSINESS MICROGRANTS AND TRAINING FOR LOCAL BUSINESS
ASSOCIATIONS. AS OF JULY 2023, THE PROJECT HAD AWARDED MICRO-GRANTS IN
SUPPORT OF 90 NEW BUSINESSES, BENEFITING A TOTAL OF 1,890 PEOPLE IN 270
HOMES.
FISCAL YEAR 2023 SAW STRIDES IN A PILOT PROGRAM TO RESTORE 450 HECTARES
OF VOLCANOES NATIONAL PARK IN RWANDA. EXERCISING THE GUIDELINES AND
BEST PRACTICES OF FREE, PRIOR, AND INFORMED CONSENT, AWF ENGAGED 500
FAMILIES LIVING ON DEGRADED FARMLAND THAT USED TO BE PART OF THE PARK.
THEY WERE PRESENTED WITH A LAND PURCHASE INITIATIVE THAT WOULD
COMPENSATE THEM FOR THEIR LAND SO IT COULD BE RESTORED AS GORILLA
HABITAT AND RELOCATE THEIR FAMILIES TO NEW GREEN TOWNS DESIGNED TO
PROVIDE BETTER INFRASTRUCTURE AND ECONOMIC OPPORTUNITIES.
IN MKOMAZI, THE TANZANIAN SIDE OF THE TSAVO-MKOMAZI LANDSCAPE THAT

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

Schedule O (Form 990) 2022

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

AWF ASSISTED AFRICAN COUNTRIES IN THE DEVELOPMENT OF THE

KUNMING-MONTREAL GLOBAL BIODIVERSITY FRAMEWORK THROUGH SUPPORTING THE

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

AFRICAN COUNTRIES ALIGNED POSITIONS AND STRATEGIZED ON HOW BEST TO

APPROACH NEGOTIATIONS; WE PROVIDED ENGLISH-FRENCH INTERPRETATION FOR

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

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

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

BIODIVERSITY CONFERENCE, TWO AWF POLICY FELLOWS SUPPORTED THE AGN

ADMINISTRATIVELY.

WE CONTRIBUTED FINANCIAL AND TECHNICAL SUPPORT FOR THE ZIMBABWE

GOVERNMENT'S DEVELOPMENT OF THE FIRST-EVER ZIMBABWE BIODIVERSITY

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

CHANGE.

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

NATURE INTO PRIVATE AND PUBLIC SECTOR ECONOMIC DECISION—MAKING.

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

MID—ZAMBEZI VALLEY LANDSCAPE TO STRENGTHEN COLLABORATION BETWEEN

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

STRENGTHEN CROSS—BORDER WILDLIFE SECURITY COLLABORATION BETWEEN KENYA

AND TANZANIA, INCLUDING PLANNING FOR CONCURRENT OPERATIONS IN EVERY

ECOSYSTEM ALONG THE KENYA—TANZANIA INTERNATIONAL BORDER.

IN TANZANIA, WE COMPLETED THE RELOCATION AND CONSTRUCTION OF MANYARA

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

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

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

ADDITIONALLY, WE MADE INVESTMENTS IN TRAINING AFRICAN CONSERVATION

FILMMAKERS AND JOURNALISTS THROUGH AWF'S AFRICAN CONSERVATION VOICES

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

NATURAL HISTORY FILMMAKING CONFERENCE TO NETWORK AND PREMIERE

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

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

CENTRAL AFRICA ON TOPICS SUCH AS FEATURE WRITING, PITCHING,

STORYTELLING, INVESTIGATIVE JOURNALISM IN THE DIGITAL AGE,

FACT-CHECKING, AND EFFECTIVE SOCIAL MEDIA WRITING.

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

SNIFFER DOG UNITS WERE DEPLOYED BY GOVERNMENT HANDLERS IN SIX AIRPORTS

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

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

FOUR PROTECTED AREAS.

Schedule O (Form 990) 2022 Page 2

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

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

CAMEROON, CANADA, CONGO, DEM REP, ETHIOPIA,

KENYA, NIGER, RWANDA, TANZANIA,

UGANDA, UNITED KINGDOM

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

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

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

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

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

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

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

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

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

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

Schedule O (Form 990) 2022 Page 2

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

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

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

CONSTITUTE A QUORUM.

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

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

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

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

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

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

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

TRUSTEES AND OFFICERS RECEIVE AND SIGN A CONFLICT OF INTEREST POLICY

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

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

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

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

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

CONFLICTS OF INTEREST ARE BROUGHT TO THE HUMAN RESOURCES AND CULTURE

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

LEADERSHIP TEAM WHEN REQUIRED.

Schedule O (Form 990) 2022 Page 2

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

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

POTENTIAL CONFLICTS OF INTEREST. LOCAL FINANCE OFFICERS REVIEW TRANSACTIONS

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

DIRECTOR OF ADMINISTRATION AND FACILITIES. ANY POTENTIAL CONFLICTS OF

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

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

THE CFO GATHERS DATA FROM PUBLICLY AVAILABLE SOURCES TO COMPARE

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

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

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

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

DECIDES THE LEVEL OF THE CEO'S COMPENSATION.

INFORMAL SALARY REVIEWS FOR OFFICERS AND KEY EMPLOYEES ARE PERFORMED

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

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

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

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

COMPARABLE ORGANIZATIONS IS COLLECTED THROUGH PUBLICLY AVAILABLE FEDERAL

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

COMPENSATION STUDIES ARE OBTAINED AS NECESSARY TO PROVIDE COMPARABLE DATA.

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

COMPENSATION DECISIONS.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

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

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

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

### **SCHEDULE R** (Form 990)

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

AFRICAN WILDL	IFE FOUNDATION, II	NC.			E	52-07813		ımber
Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Y	es" on Form 990, Part IV, line 3	3.					
(a)  Name, address, and EIN (if applicable)  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	ome End-of-yea		Direct c	(f) ontrolling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organizati	on answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or mor	e related tax-exer	npt	
(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	1	(f) ect controlling entity		<b>g)</b> 512(b)(13 rolled :ity?
				501(c)(3))			Yes	No
AWF UNITED KINGDOM 35 BERKELEY SQUARE, MAYFAIR					AFRIC	AN WILDLIFE		
LONDON, UNITED KINGDOM W1J 5BF	WILDLIFE CONSERVATION	UNITED KINGDOM	501(C)(3)	LINE 7	FOUND.	ATION, INC.	X	
AWF SWITZERLAND								
RUE MAUVERNEY 28					AFRIC.	AN WILDLIFE		
GLAND, SWITZERLAND 1196	WILDLIFE CONSERVATION	SWITZERLAND	501(C)(3)	LINE 7	FOUND.	ATION, INC.	X	
AWF CANADA								
18 KIND STREET EAST, STE 1400	_				AFRIC	AN WILDLIFE		
TORONTO, CANADA M5C 1C4	WILDLIFE CONSERVATION	CANADA	501(C)(3)	LINE 7	FOUND	ATION, INC.	X	

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

Schedule R (Form 990) 2022

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

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

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

1a

Page 3

Yes No

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

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

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

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

b	o Gift, grant, or capital contribution to related organization(s)				1b	Х			
С	Gift, grant, or capital contribution from related organization(s)				1c	X			
					1d		X		
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h		X		
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)									
k Lease of facilities, equipment, or other assets from related organization(s)									
I Performance of services or membership or fundraising solicitations for related organization(s)									
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		X		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	Sharing of paid employees with related organization(s)				10		X		
							Х		
p Reimbursement paid to related organization(s) for expenses									
	Reimbursement paid by related organization(s) for expenses				1q	X			
r	Other transfer of cash or property to related organization(s)				1r	Х			
s	Other transfer of cash or property from related organization(s)		<u></u>		1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must com	plete th	is line, including covered re	elationships and transaction thresholds.					
	(a) (b) Name of related organization Transact	tion	<b>(c)</b> Amount involved	(d)  Method of determining amount inv	olved				
	type (a-	-s)	1						
1)			1						
2)			_						
3)			<u> </u>						
4)									
5)									
6)									
32163	63 09-14-22			Schedule I	R (Forn	n 990)	2022		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No			Gener mana partr	(kal or Perce ging owne	(k) entage ership
								Ochodolo			

\*\* PUBLIC DISCLOSURE COPY \*\*

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

<u>A</u>	FOR the	e 2022 calendar year, or tax year beginning 001 1, 2022 and e	naing U	UN 30, 2023	
В	Check if applicabl	e: C Name of organization		D Employer identific	cation number
	Addre chang Name				
	chang	e Doing business as		52-07813	90
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return		00	202-939-	3333
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	38,730,824.
	Amen return	ded WASHINGTON, DC 20003		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: KADDU SEBUNYA		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
<u> </u>	Tax-ex	empt status: $X$ 501(c)(3) $D$ 501(c) ( ) (insert no.) $D$ 4947(a)(1) or	527		list. See instructions
	Websi			H(c) Group exemption	
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1961 N	1 State of legal domicile: DC
	art I	Summary		•	ŭ
	1	Briefly describe the organization's mission or most significant activities: AWF 'S	MISS	ION IS TO EN	SURE THAT
Activities & Governance		WILDLIFE AND WILD LANDS THRIVE IN MODERN A			SION IS OF
nar	2	Check this box if the organization discontinued its operations or dispose			sets.
Ver	3			3	29
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			28
وم س	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			58
ij	6	Total number of volunteers (estimate if necessary)			50
÷	7 a			7a	0.
Ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		33,360,273.	32,282,205.
ηe	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		729,841.	1,427,578.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		128,923.	24,677.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		34,219,037.	33,734,460.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,619,252.	2,237,414.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,581,961.	15,321,061.
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		298,451.	292,907.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 5,832,93	2.		
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		19,688,433.	18,825,076.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		39,188,097.	36,676,458.
	1	Revenue less expenses. Subtract line 18 from line 12		-4,969,060.	-2,941,998.
	1 13	Trevende 1633 expenses. Oubtract line 10 from line 12		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		48,801,951.	44,798,224.
ASS	21	Total liabilities (Part X, line 16)		10,887,373.	8,789,995.
let,	22	Net assets or fund balances. Subtract line 21 from line 20		37,914,578.	36,008,229.
P	art II	Signature Block		0.,,522,0.00	30,000,2230
		alties of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the hest of my	knowledge and belief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which			Miowicago ana bonoi, it io
truc	, 001100	In a somplete. Beginning of property (enter than enterly to below on an information of white	on properor	nao any knowleage.	
Sig	n	Signature of officer		Date	
Hei		RICHARD HOLLY, CHIEF FINANCIAL OFFICER			
He	•	Type or print name and title			
				Date Check	PTIN
Pai	4	Print/Type preparer's name		05/15/24 of self-employ	
	parer	Firm's name CLIFTONLARSONALLEN LLP	ļ.		1-0746749
	Only	Firm's address 901 N. GLEBE ROAD, SUITE 200		FIIIII S EIN 4	<u> </u>
036	Jilly	ARLINGTON, VA 22203		Dhone no 57	1-227-9500
N/a	ı tha !!	RS discuss this return with the preparer shown above? See instructions		T FIIOHE HO. 3 7	X Yes No
ivia	y u ne li	uiscuss this return with the preparer shown above? See instructions			L41_ 165 L NO

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

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232002 12-13-22

# Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		<del></del>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			\ <b>.</b> ,
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	- 1.2		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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			
u		11d	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
		1 IE	- 21	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			\ <b>.</b> ,
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	,	19		x
20a	complete Schedule G, Part III	20a		X
	• •	20a		<del></del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		ΙΛ.

AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390 Page 4 Form 990 (2022) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV ..... Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity X within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V X Yes No 26 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

232004 12-13-22

(gambling) winnings to prize winners?

Form 990 (2022) AFRICAN WILDLIFE FOUNDATION, INC.

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

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 58								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	Х						
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			,,					
	•		6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts	۱							
_	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).		_		v					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X					
			7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?		7.		x					
٦		7d	7c		$\triangle$					
u e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	· · · · · · · · · · · · · · · · · · ·	7e		х					
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7f 7g		X					
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
			8							
9	Sponsoring organizations maintaining donor advised funds.									
a Did the sponsoring organization make any taxable distributions under section 4966?										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	1 1								
	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the									
D	organization is licensed to issue qualified health plans	13b								
c	Enter the amount of reserves on hand	13c	-							
		100	14a		х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
excess parachute payment(s) during the year?										
	If "Yes," see the instructions and file Form 4720, Schedule N.		15		X					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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

	to line 6a, 6b, of 10b below, describe the circumstances, processes, or changes on schedule 6. See instructions.			77			
Sac	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			X			
Sec	tion A. Governing Body and Management		V	Na			
10	Enter the number of voting members of the governing body at the end of the tax year 29		Yes	No			
ıa	Enter the number of voting members of the governing body at the end of the tax year						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b						
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?	2	Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		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?	7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
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 on Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	<b>b</b> Describe on 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	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	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?	16b					
Sec	tion C. Disclosure		3.55				
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						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole			
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records RICHARD HOLLY - (202)939-3333						
	1100 NEW JERSEY AVE., SE STE 900, WASHINGTON, DC 20003						
232006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2022)			

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

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

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

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

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

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

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

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

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

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

Yes No

X

X

### Section B. Independent Contractors

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

	<b>(C)</b> Compensation					
'	Compensation					
FUNDRAISING	2,929,116.					
SPACE RENTAL	806,762.					
RISK MANAGEMENT AND						
SECURITY CONSULTING	492,820.					
CANINE PROCUREMENT						
AND TRAINING	285,808.					
PHOTOGRAPHY						
CONTESTPO	275,100.					
2 Total number of independent contractors (including but not limited to those listed above) who received more than						
	200					
	SPACE RENTAL RISK MANAGEMENT AND SECURITY CONSULTING CANINE PROCUREMENT AND TRAINING PHOTOGRAPHY CONTESTPO					

SEE PART VII, SECTION A CONTINUATION SHEETS

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28

(B)	nplo	yee	s, an (C		ighe	est (	Compensated Employe	'	
l l			(C	١:			l		
A.,			•	"			(D)	(E)	(F)
Average			Posi				Reportable	Reportable	Estimated
hours	(c	heck	all t	hat	app	y)	compensation	compensation	amount of
per					a)		from	from related	other
I	tor				ploye			_	compensation from the
1 '	direc				ed em		_	(** 27 1000 141100)	organization
related	tee or	ustee			ensate				and related
1 ~	al trus	ınal trı		loyee	d woo				organizations
	ividus	titutic	icer	y emp	hest	mer			
	ᆵ	lus	#0	ā.	Hig	횬			
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<del> </del>	X						0.	0.	0.
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+	X						0.	0.	0.
4.00	ļ								
<b>_</b>	X						0.	0.	0.
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	Х						0.	0.	0.
2.00									
	Х						0.	0.	0.
	L			_		_			
	week (list any hours for related organizations below line)  2.00  4.00  2.00  2.00  2.00  2.00  2.00  2.00  2.00  2.00  2.00  2.00  2.00  2.00  2.00  2.00	Week (list any hours for related organizations below line)   2.00   X   2.0	Week (list any hours for related organizations below line)   2.00   X   2.0	Week (list any hours for related organizations below line)	Week (list any hours for related organizations below line)	Week (list any hours for related organizations below line)	Week (list any hours for related organizations below line)	Vive   Visit any hours for related organizations below line)	Week (list any hours for related organizations below line)

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		·	•	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	. u	Membership dues 1b					
2 5	6	Fundraising events 1c	4,116.				
fts,	4	I Related organizations 1d	-,				
ig ig	u	Government grants (contributions)	6,414,398.				
ons,	e		0,414,330.				
utio	т	All other contributions, gifts, grants, and	25 863 601				
들 된		similar amounts not included above 1f	25,863,691.				
ont	9	Noncash contributions included in lines 1a-1f	3,472,893.	22 202 205			
Og	h	Total. Add lines 1a-1f		32,282,205.			
			Business Code				
Se	2 a						
Program Service Revenue	b						
	С	:					
ev	d	l <u></u>					
<u>Б</u> О.	е	·					
<u>4</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)		610,512.			610,512.
	4	Income from investment of tax-exempt bond					
	5	Royalties		7,976.			7,976.
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	ı a	assets other than inventory <b>7a</b> 5,800,000					
	h	Less: cost or other basis					
ø.	b	I	. 0.				
Ž							
ther Revenue		. ,	•	817,066.			817,066.
Æ		Net gain or (loss)		817,000.			817,000.
t l	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See	5 166				
		Part IV, line 188					
		Less: direct expenses 8	b 12,836.				
		Net income or (loss) from fundraising events		-7,670.			-7,670.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199					
		Less: direct expenses 9	b				
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10	a 5,650.				
	b	Less: cost of goods sold10	0.				
	С	Net income or (loss) from sales of inventory		5,650.			5,650.
<u>,</u>			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	900099	18,721.			18,721.
ane Dug	b						
eve	С						
isc B	d	All other revenue	900099				
2	_ е	Total. Add lines 11a-11d		18,721.			
	12	Total revenue. See instructions		33,734,460.	0.	0.	1452255.

11180515 131839 A131807

# 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).

0000	Check if Schedule O contains a respon				
	•	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	( <b>D</b> ) Fundraising
1	Grants and other assistance to domestic organizations		expenses	gerierai experises	expenses
•	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	2,237,414.	2,237,414.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,446,517.	2,030,609.	122,326.	293,582.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,497,276.	6,263,945.	530,601.	1,702,730.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	726,315.	508,095.	51,916.	166,304.
9	Other employee benefits	3,068,979.	2,207,866.	209,331.	651,782.
10	Payroll taxes	581,974.	422,063.	39,139.	120,772.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	191,651.	103,987.	13,180.	74,484.
С	Accounting	103,958.		103,958.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	292,907.			292,907.
f	Investment management fees	94,983.		94,983.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	3,369,853.	2,779,083.	371,869.	218,901.
12	Advertising and promotion	95,600.	29,958.	215.	65,427.
13	Office expenses	312,056.	120,487.	54,318.	137,251.
14	Information technology	765,173.	562,905.	50,603.	151,665.
15	Royalties	1 460 476	1 202 000	20 550	105 055
16	Occupancy	1,462,476.	1,323,820.	32,779.	105,877.
17	Travel	2,564,735.	2,316,161.	7,221.	241,353.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 071 420	2 700 072	10 410	C4 02F
19	Conferences, conventions, and meetings	2,871,420.	2,788,073.	18,412.	64,935.
20	Interest	83,375.	26,787.	16,210.	40,378.
21	Payments to affiliates	101 EC1	398,444.	254.	2 062
22	Depreciation, depletion, and amortization	401,561. 153,202.	112,605.	33,915.	2,863. 6,682.
23	Insurance Other expenses, Itemize expenses not covered	100,404.	112,003.	33,313.	0,002.
24	uther expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DETAILING AND DECEMENT	3,018,377.	1,556,777.	19.	1,461,581.
b	SUPPLIES/FIELD SUPPLIES	989,681.	981,105.	1,170.	7,406.
c	CONSTRUCTION COSTS	624,226.	624,226.	= 7 = 1 € 5	., = • • •
d	COLOGRATICA	539,618.	518,866.	1,734.	19,018.
	All other expenses	1,183,131.	1,140,763.	35,334.	7,034.
25	Total functional expenses. Add lines 1 through 24e	36,676,458.	29,054,039.	1,789,487.	5,832,932.
26	Joint costs. Complete this line only if the organization	, .,	, , , , , , , , , , , , , , , , , , , ,	, , ,	, , , , , , , , , , , ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	2,858,260.	1,354,732.	0.	1,503,528.
00004	12-13-22			<u>'</u>	Form <b>990</b> (2022)

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Part X | Balance Sheet

	t X	Balance Sheet								
		Check if Schedule O contains a response or note to any line in this Part X								
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year			
	1	Cash - non-interest-bearing			2,458,002.	1	3,647,480.			
	2	Savings and temporary cash investments			22,188.	2	18,979.			
	3	Pledges and grants receivable, net			8,520,524.	3	6,563,440.			
	4	Accounts receivable, net			356,791.	4	478,063.			
	5	Loans and other receivables from any current or								
		trustee, key employee, creator or founder, substa								
		controlled entity or family member of any of these	e perso	onsL		5				
	6	Loans and other receivables from other disqualifi	ied per	sons (as defined						
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6				
က္က	7	Notes and loans receivable, net		442,118.	7	360,640.				
Assets	8	Inventories for sale or use			8					
~ ₹	9	Prepaid expenses and deferred charges	993,151.	9	916,717.					
	10a	Land, buildings, and equipment: cost or other								
		basis. Complete Part VI of Schedule D	10a	9,220,421.						
	b	Less: accumulated depreciation	10b	4,090,431.	4,705,570.		5,129,990. 23,332,003.			
	11	Investments - publicly traded securities			26,905,114.	11	23,332,003.			
	12	Investments - other securities. See Part IV, line 11				12				
	13	Investments - program-related. See Part IV, line 1				13				
	14	Intangible assets				14				
	15	Other assets. See Part IV, line 11			4,398,493.	15	4,350,912.			
	16	Total assets. Add lines 1 through 15 (must equal line 33)			48,801,951.		44,798,224.			
	17	Accounts payable and accrued expenses			3,294,472.		1,846,519.			
	18	Grants payable			700 066	18	0.040.070			
	19	Deferred revenue			720,066.	19	2,242,278.			
	20	Tax-exempt bond liabilities				20				
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21				
es	22	Loans and other payables to any current or former officer, director,								
Liabilities		trustee, key employee, creator or founder, substa								
lak		controlled entity or family member of any of these	-		1,425,000.	22				
-	23	Secured mortgages and notes payable to unrelat	1,425,000.	23						
	24	Unsecured notes and loans payable to unrelated		24						
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines								
				5,447,835.	25	4,701,198.				
	26	of Schedule D			10,887,373.		8,789,995.			
	20	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, chec	sk hore	X	10,007,373.	20	0,103,333.			
န္		and complete lines 27, 28, 32, and 33.	JK HEI C							
ğ	27	Net assets without donor restrictions			28,310,364.	27	23,052,231.			
3ala	28				9,604,214.		12,955,998.			
힐		Organizations that do not follow FASB ASC 95								
ᆵ		and complete lines 29 through 33.								
ō	29					29				
iets	30	Paid-in or capital surplus, or land, building, or equ		30						
Ass	31	Retained earnings, endowment, accumulated income, or other funds				31				
Net Assets or Fund Balances	32				37,914,578.		36,008,229.			
_	33				48,801,951.	33	44,798,224.			

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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 on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

### **SCHEDULE A**

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

Open Insp

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	27913456.	28651691.	31809676.	33360273.	32282205.	154017301
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	27913456.	28651691.	31809676.	33360273.	32282205.	154017301
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6629952.
	Public support. Subtract line 5 from line 4.						147387349
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	27913456.	28651691.	31809676.	33360273.	32282205.	154017301
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	045 450					
	and income from similar sources	817,459.	739,748.	569,820.	710,077.	618,488.	3455592.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		000 111	40 545	70 602	10 701	206 060
	assets (Explain in Part VI.)		238,111.	49,545.	79,683.		386,060.
	<b>Total support.</b> Add lines 7 through 10		,				157858953
	Gross receipts from related activities	•	,				,959,557.
13	First 5 years. If the Form 990 is for the	-			•		
Sec	organization, check this box and stoction C. Computation of Publ						
	Public support percentage for 2022 (		<u>-</u>	column (f))		14	93.37 %
	Public support percentage from 2021					15	95.07 %
	33 1/3% support test - 2022. If the					<u> </u>	
100	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2021. If the						
-	and <b>stop here.</b> The organization qua	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to			=		viriow the organiz	
b	10% -facts-and-circumstances test	•	•				
	more, and if the organization meets t	ū				•	
	organization meets the facts-and-circ						
18	Private foundation. If the organization		-				s
			•	· '			

Schedule A (Form 990) 2022

# 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.)

Sec	etion A. Public Support	siow, picase comp	olete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	<u> </u>			
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (li	, ,,,		.,,		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•					147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from 2			on line 14 and line		18	7 is not
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	nox on line 14 19	a or 19h check th	ns hox and see in	structions	1 1

11180515 131839 A131807

# Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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

Schedule A (Form 990

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
0	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	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			
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion b. All Type III Supporting Organizations			T
			Yes	No
	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		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		2		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	<u> </u>		
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	(s)	
2	Activities Test. Answer lines 2a and 2b below.	o., a o ., o, .	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	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.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instruction				
	All other Type III non-functionally integrated supporting organizations mus		·		
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	on C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	Illy integrated	Type III supporting orga	nization (see	
	instructions).				

Schedule A (Form 990) 2022

Sche		IFE FOUNDATION		5	2-0781390	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (conti	inued)		
Secti	on D - Distributions				Current Ye	ar
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity	2				
_3_	Administrative expenses paid to accomplish exempt purpose	3				
_4_	Amounts paid to acquire exempt-use assets			4		
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
_6_	Other distributions (describe in Part VI). See instructions.			6		
_7_	<b>Total annual distributions.</b> Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
<u>10</u>	Line 8 amount divided by line 9 amount		T	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2022	ions	(iii) Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					
<u>i</u> _	Carryover from 2017 not applied (see instructions)					
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					

Schedule A (Form 990) 2022

and 4c.
 B Breakdown of line 7:
 a Excess from 2018
 b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

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

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

OMB No. 1545-0047

2022

**Employer identification number** 

52-0781390 AFRICAN WILDLIFE FOUNDATION INC. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

# Special Rules

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributions, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 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 <b>General Rule</b> applies to this organization because it received nonexe religious, charitable, etc., contributions totaling \$5,000 or more during the year	. If this box

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

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

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

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# AFRICAN WILDLIFE FOUNDATION, INC.

52-0781390

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

Name of organization Employer identification number

# AFRICAN WILDLIFE FOUNDATION, INC.

52-0781390

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

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

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

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

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

Pa	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ar Funds or Ad	counts. Complete if the
		(a) Donor advised fur	nds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant fu	ınds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any oth	ner purpose conferr	ing
	impermissible private benefit?			Yes No
Pa			Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	`		
	Preservation of land for public use (for example, recreat	ion or education) Pre	eservation of a histo	orically important land area
	Protection of natural habitat	Pre	eservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the co	ed conservation contribution	in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
_	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or termin	nated by the organi	ization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the peri		•	
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and en	forcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing	na conservation ea	sements during the year
		,		,
8	Does each conservation easement reported on line 2(d) above	· ·		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue a	nd expense statem	nent and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's finar	ncial statements the	at describes the
Da	organization's accounting for conservation easements.	Aut Historical Tracer	uaa au Othau C	incitor Appete
Pai	Till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		res, or Other S	ommar Assets.
12	If the organization elected, as permitted under FASB ASC 958		statement and half	ance sheet works
Ia	of art, historical treasures, or other similar assets held for public	•		
	service, provide in Part XIII the text of the footnote to its finance			ice of public
h	If the organization elected, as permitted under FASB ASC 958			shoot works of
b	art, historical treasures, or other similar assets held for public	•		
	•	exhibition, education, or rese	arcii iii iuriilerance	e of public service,
	provide the following amounts relating to these items:			<b>c</b>
	(i) Revenue included on Form 990, Part VIII, line 1			
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical trea	scures or other similar assets		'
~	the following amounts required to be reported under FASB AS			provide
•				\$
a h	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X			
IJ	733063 III0IUUGU III I 01111 330, FAIL ∧			v

Schedule D (Form 990) 2022

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

### 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

e emplete il the erganization aneweret	- 100 0111 01111 000, 1 4111	, 11110 1 141. 000 1 01111 000	, , , , , , , , , , , , , , , , , , , ,	
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>b</b> Buildings		2,247,014.	568,336.	1,678,678.
c Leasehold improvements		2,350,764.	770,617.	1,580,147.
<b>d</b> Equipment		1,478,072.	1,055,201.	422,871.
<b>e</b> Other		2,151,414.	1,696,277.	455,137.
Total. Add lines 1a through 1e. (Column (d) must en	5,129,990.			

Schedule D (Form 990) 2022

	voetmente Oth	ou Coouwition				
Schedule D (For	m 990) 2022	AFRICAN W	VILDLIFE	FOUNDATION.	INC.	52-0781390

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
<b>(1)</b>		
(2)		
(3)		
(4)		

(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

(5) (6)

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2022

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

Par	t XI	Reconciliation of Revenue per Audited Financial Statement	s Witl	n Revenue per Ret	urn.	9-
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	revenue, gains, and other support per audited financial statements			1	34,959,226.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a	1,050,901.		
b	Donate	ed services and use of facilities	2b	271,264.		
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d	-2,416.		
е	Add lir	nes <b>2a</b> through <b>2d</b>			2e	1,319,749. 33,639,477.
3	Subtra	act line 2e from line 1			3	33,639,477.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	94,983.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes <b>4a</b> and <b>4b</b>			4c	94,983.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	33,734,460.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemen	ts Wi	th Expenses per R	eturi	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1		expenses and losses per audited financial statements			1	36,865,575.
2		nts included on line 1 but not on Form 990, Part IX, line 25:		254 254		
а		ed services and use of facilities	2a	271,264.		
b	Prior y	rear adjustments	2b			
С	Other	losses	2c	10.00		
d		(Describe in Part XIII.)	_	12,836.		224 422
е		nes <b>2a</b> through <b>2d</b>			2e	284,100.
3		act line 2e from line 1			3	36,581,475.
4		nts included on Form 990, Part IX, line 25, but not on line 1:		0.4.000		
		ment expenses not included on Form 990, Part VIII, line 7b	4a	94,983.		
		(Describe in Part XIII.)	4b			0.4.000
		nes <b>4a</b> and <b>4b</b>		F	4c	94,983.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	36,676,458.
		Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,			Part )	X, line 2; Part XI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal info	ormation.		
		T TATE: 4				

### PART V, LINE 4:

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

### PART X, LINE 2:

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

Schedule D (Form 990) 2022

# SCHEDULE F (Form 990)

# Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

**Employer identification number** 

52-0781390 AFRICAN WILDLIFE FOUNDATION, Part I General Information on Activities Outside the United States.

	Farm 000 Dart IV	/ line 1 4 h		Side the Childa States. Comple	ete ii tile organization answered i	es on
_	Form 990, Part IV		maintain racara	do to authoroptioto the amount of its are	ante and other againtance	
1				ds to substantiate the amount of its gra he selection criteria used to award the		Yes No
	the grantees eligibility it	or the grants or a	issistarice, ariu t	he selection chiena used to award the	grants or assistance? 21	res No
2	For grantmakers Desc	rihe in Part V the	organization's r	procedures for monitoring the use of its	s grants and other assistance outsi	ide the
-	United States.	inde in rain vario	organization of	sreedaties for mornioning the use of ite	grante and other assistance outsi	ide tile
3		ne following Part	L line 3 table ca	ın be duplicated if additional space is n	eeded )	
	(a) Region	(b) Number of	(c) Number of		(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	independent	gram services, investments, grants to		for and investments
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region
					CONSERVATION PROGRAMS,	
SUB-	-SAHARAN AFRICA	23	200		EDUCATION & OUTREACH	21,104,948.
						1
EURC	DPE	3	5	   FUNDRAISING		659,108.
						, -
NORI	TH AMERICA	1	1	   FUNDRAISING		109,861.
		_				,
EAST	ASIA AND THE			GRANTS TO RECIPIENTS		
	FIC	0		LOCATED IN THE REGION		80,000.
				Leciniza in ind nicion		50,000.
						+
	0.1-1-1-1	27	207			21 052 017
	Subtotal	27	207			21,953,917.
b	Total from continuation		_			
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					I .

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

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Schedule F (Form 990) 2022

21,953,917.

and 3b)

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	SUPPORT TO FARO NATIONAL PARK IN					
		AFRICA	CAMEROON	17,549.	WIRE TRANSFER	0.	N/A	N/A
			SUPPORT TO ZOOS IN CHINA	80,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	AWF PARTNER SUPPORT	5,630.	WIRE TRANSFER	0.	N/A	N/A
			SUB-GRANTEE FARO NATIONAL PARK	30,355.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT CONSERVATION EFFORTS IN THE MASAI MARA IN KENYA	103,817.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT SNIFFER DOGS IN THE ADDIS AIRPORT	138,823.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	ANTI-POACHING OPERATIONS IN MANYARA RANCH IN TANZANIA	60,791.	WIRE TRANSFER	0.	N/A	n/A
		SUB-SAHARAN AFRICA	MANAGEMENT OF THE BILI MBOMU FOREST SAVANNA COMPLEX ecognized as charities by the	, ,	WIRE TRANSFER	0.	N/A	N/A

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

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency lette

3 Enter total number of other organizations or entities

► 10 ► 14

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

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

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

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

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

Schedule F (Form 990) 2022

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

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

### PART I, LINE 2:

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

### PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

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

PROGRAM, TSAVO WEST NATIONAL PARK RHINO ANTIPOACHING & WATER IMPROVEMENT

REGION: SUB-SAHARAN AFRICA

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

REGION: SUB-SAHARAN AFRICA

OF GOVERNMENT MEETING IN RWANDA

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

Schedule F (Form 990) 2022

### SCHEDULE G (Form 990)

### **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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name	of the	organizatio

Department of the Treasury Internal Revenue Service

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Emp	loyer	ident	ification	number
- ~	^ -		^ ^	

AFRICAN WILDLIFE FOUNDATION, 52-078<u>1390</u> 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. X Mail solicitations e X Solicitation of non-government grants f X Solicitation of government grants X Internet and email solicitations g X Special fundraising events Phone solicitations X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser have custody or control of (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization contributions' listed in col. (i) SANKY COMMUNICATIONS INC -MANGEMENT OF DIRECT MAIL Yes No 368 9TH AVENUE, SUITE 12-131 AND ONLINE PROGRAM Х 4,988,805 185,800 4,803,005. STELTER - 10435 NEW YORK CONSULTING FOR PLANNED AVENUE, DES MOINES, IA 50322 GIVING PROGRAM Х 3,052,473 107,107 2,945,366. 8,041,278. 292 907. 7,748,371. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AK,AL,AR,AZ,CA,CO,CT,DC,DE,FL,GA,HI,IA,ID,IL,IN,KS,KY,LA,MA,MD,ME,MI,MN,MO MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV

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

Schedule G (Form 990) 2022

che	edul	le G (Form 990) 2022 <b>AFRICAN</b>	WILDLIFE FO	UNDATION, INC	52-	0781390 Page <b>2</b>
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups are the contributions.				
		or randraising event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
m)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
	2	Less: Contributions				
_	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct Ey	7	Food and beverages				
٦	8	Entertainment				
	9	Other direct expenses	O in a a luman (al)			
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lines	. ,			
Pa	rt I			990, Part IV, line 19, or r	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.				
anue		ψ10,000 0111 01111 000 EE, 11110 0α.		5		1
اڇ		\$10,000 0111 0111 000 <u>cm</u> , iiilo ou.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
	2	Gross revenue	(a) Bingo		(c) Other gaming	
Direct Expenses Reve	2	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Gross revenue  Cash prizes  Noncash prizes	(a) Bingo		(c) Other gaming	
	2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	(a) Bingo  Yes %  No		(c) Other gaming  Yes %  No	
	2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes %	bingo/progressive bingo  Yes%		
	2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes % No 5 in column (d)	bingo/progressive bingo  Yes%  No		
Direct Expenses	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes%  No  5 in column (d)  from line 1, column (d)	bingo/progressive bingo  Yes%  No		

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

Schedule G (Form 990) 2022

**b** If "Yes," explain: \_

Sch	edule G (Form 990) 2022 AFRICAN WILDLIFE FOUNDATION, INC. 52-0	781.	<u> 390</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	<u></u> □ '	Yes	L No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	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 \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Coming manager componenties			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш,	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part			
Га		τ III, IIne	es 9, s	9D, 1UD,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	<b>:</b>		
<u> </u>	minded of that if him by hid of the middle into tombuning	•		
<u>(I</u>	) NAME OF FUNDRAISER: SANKY COMMUNICATIONS INC			
<u>(I</u>	) ADDRESS OF FUNDRAISER:			
26	O OMIL ATTENDED CLITTE 10 101 NEW YORK MY 10001			
<u> </u>	8 9TH AVENUE, SUITE 12-131, NEW YORK, NY 10001			

Schedule G (Form 990) 2022

Schedule G	i (Form 990)	AFRICAN	WILDLIFE	FOUNDATION,	INC.	52-0781390	Page 4
Part IV	(Form 990) Supplemental Inform	mation <sub>(contin</sub>	ued)				

# SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

Pa	art I Questions Regarding Compensation				
	·			Yes	No
1a	Check the appropriate box(es) if the organization provided any of	the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any releva	ant information regarding these items.			
	First-class or charter travel	X Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	X Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization fo	llow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described abov	e? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or	allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regard	rding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the organization used to es	tablish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any b	oxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain	in in Part III.			
	X Compensation committee	X Written employment contract			
	X Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section 2015	ion A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		4a		_X_
b	Participate in or receive payment from a supplemental nonqualifie	ed retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation	ation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the appli-	cable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	-			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the	e organization pay or accrue any compensation			
	contingent on the revenues of:				
			5a		_ <u>X</u> _
b			5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did th	e organization pay or accrue any compensation			
	contingent on the net earnings of:		_		37
	The organization?		6a		X
b			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				77
	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 accrue				
	initial contract exception described in Regulations section 53.495		8		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable p	resumption 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) 2022

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.

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

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

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

AFRICAN WILDLIFE FOUNDATION TNC Employer identification number 52-0781390

<b>D</b> -	AFRICAN WILD	LIFE F	OUNDATION	, INC.			52-0	781	390	
Pa	rt I Types of Property	(a)	(b)	(c)			(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1	g n	Metho oncash c	d of de			S
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
3	Cars and other vehicles									
7	Boats and planes									
3	Intellectual property									
)	Securities - Publicly traded	X	96	3,472,893	• AVE	RAGE	OF :	HIG	H/L	ЭW
)	Securities - Closely held stock									
1	Securities - Partnership, LLC, or									
	trust interests									
2	Securities - Miscellaneous									
3	Qualified conservation contribution -									
	Historic structures									
ŀ	Qualified conservation contribution - Other $_{\dots}$									
5	Real estate - Residential									
	Real estate - Commercial									
•	Real estate - Other									
3	Collectibles									
)	Food inventory									
)	Drugs and medical supplies									
í	Taxidermy									
2	Historical artifacts									
3	Scientific specimens									
ŀ	Archeological artifacts									
5	Other ()									
6	Other ()									
7	Other ()									
3_	Other ( )									
)	Number of Forms 8283 received by the organi	zation durino	g the tax year for c	ontributions						
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement <b>29</b>					0	
									Yes	N
a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 thro	ugh 28, t	hat it				
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be use	d for					
	exempt purposes for the entire holding period	?						30a		2
b	If "Yes," describe the arrangement in Part II.									
ı	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contrib	outions?			31	Х	
2a			•					00	v	
	contributions?							32a	X	
	If "Yes," describe in Part II.	- Al- man (-) 5		. fa	اد مراجع					
3	If the organization didn't report an amount in o	column (c) to	r a type of property	rior which column (a) is ch	іескеа,					
	describe in Part II.  For Paperwork Reduction Act Notice, see					Sche				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

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

232211 10-28-22

Schedule O (Form 990) 2022

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

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

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

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

AFRICAN COUNTRIES ALIGNED POSITIONS AND STRATEGIZED ON HOW BEST TO

APPROACH NEGOTIATIONS; WE PROVIDED ENGLISH-FRENCH INTERPRETATION FOR

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

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

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

BIODIVERSITY CONFERENCE, TWO AWF POLICY FELLOWS SUPPORTED THE AGN

ADMINISTRATIVELY.

WE CONTRIBUTED FINANCIAL AND TECHNICAL SUPPORT FOR THE ZIMBABWE

GOVERNMENT'S DEVELOPMENT OF THE FIRST-EVER ZIMBABWE BIODIVERSITY

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

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

NATURE INTO PRIVATE AND PUBLIC SECTOR ECONOMIC DECISION—MAKING.

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

MID—ZAMBEZI VALLEY LANDSCAPE TO STRENGTHEN COLLABORATION BETWEEN

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

STRENGTHEN CROSS—BORDER WILDLIFE SECURITY COLLABORATION BETWEEN KENYA

AND TANZANIA, INCLUDING PLANNING FOR CONCURRENT OPERATIONS IN EVERY

ECOSYSTEM ALONG THE KENYA—TANZANIA INTERNATIONAL BORDER.

IN TANZANIA, WE COMPLETED THE RELOCATION AND CONSTRUCTION OF MANYARA

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

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

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

ADDITIONALLY, WE MADE INVESTMENTS IN TRAINING AFRICAN CONSERVATION

FILMMAKERS AND JOURNALISTS THROUGH AWF'S AFRICAN CONSERVATION VOICES

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

NATURAL HISTORY FILMMAKING CONFERENCE TO NETWORK AND PREMIERE

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

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

CENTRAL AFRICA ON TOPICS SUCH AS FEATURE WRITING, PITCHING,

STORYTELLING, INVESTIGATIVE JOURNALISM IN THE DIGITAL AGE,

FACT-CHECKING, AND EFFECTIVE SOCIAL MEDIA WRITING.

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

SNIFFER DOG UNITS WERE DEPLOYED BY GOVERNMENT HANDLERS IN SIX AIRPORTS

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

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

FOUR PROTECTED AREAS.

Schedule O (Form 990) 2022 Page 2

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

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

CAMEROON, CANADA, CONGO, DEM REP, ETHIOPIA,

KENYA, NIGER, RWANDA, TANZANIA,

UGANDA, UNITED KINGDOM

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

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

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

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

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

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

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

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

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

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

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

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

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

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

CONSTITUTE A QUORUM.

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

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

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

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

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

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

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

TRUSTEES AND OFFICERS RECEIVE AND SIGN A CONFLICT OF INTEREST POLICY

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

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

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

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

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

CONFLICTS OF INTEREST ARE BROUGHT TO THE HUMAN RESOURCES AND CULTURE

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

LEADERSHIP TEAM WHEN REQUIRED.

Schedule O (Form 990) 2022 Page 2

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

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

POTENTIAL CONFLICTS OF INTEREST. LOCAL FINANCE OFFICERS REVIEW TRANSACTIONS

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

DIRECTOR OF ADMINISTRATION AND FACILITIES. ANY POTENTIAL CONFLICTS OF

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

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

THE CFO GATHERS DATA FROM PUBLICLY AVAILABLE SOURCES TO COMPARE

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

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

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

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

DECIDES THE LEVEL OF THE CEO'S COMPENSATION.

INFORMAL SALARY REVIEWS FOR OFFICERS AND KEY EMPLOYEES ARE PERFORMED

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

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

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

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

COMPARABLE ORGANIZATIONS IS COLLECTED THROUGH PUBLICLY AVAILABLE FEDERAL

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

COMPENSATION STUDIES ARE OBTAINED AS NECESSARY TO PROVIDE COMPARABLE DATA.

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

COMPENSATION DECISIONS.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

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

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

232212 10-28-22

Schedule O (Form 990) 2022

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

### **SCHEDULE R** (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AFRICAN WILDL	FE FOUNDATION, IN	NC.			52	2-07813	90	
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Y	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	eme End-of-yea		(f) Direct controll entity		J
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had one	or more rel	lated tax-exen	npt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity			3) 512(b)(13 colled ity?
, and the second		Toroigir oddinay)		501(c)(3))		•	Yes	No
AWF UNITED KINGDOM  35 BERKELEY SQUARE, MAYFAIR  LONDON, UNITED KINGDOM W1J 5BF	WILDLIFE CONSERVATION	UNITED KINGDOM	501(C)(3)	LINE 7		WILDLIFE	v	
AWF SWITZERLAND	WILDLIFE CONSERVATION	UNITED KINGDOM	501(C)(3)	LINE /	FOUNDATI:	ON, INC.	Х	
RUE MAUVERNEY 28	-				AFRICAN 1	WILDLIFE		
GLAND, SWITZERLAND 1196	WILDLIFE CONSERVATION	SWITZERLAND	501(C)(3)	LINE 7	FOUNDATI		Х	
AWF CANADA						,		
18 KIND STREET EAST, STE 1400	1				AFRICAN 1	WILDLIFE		
TORONTO, CANADA M5C 1C4	WILDLIFE CONSERVATION	CANADA	501(C)(3)	LINE 7	FOUNDATI	ON, INC.	Х	

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  Primary activity  Of related organization  (c)  Legal domicile (state or foreign country)  Primary activity  Of related organization  (d)  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total income end-of-year assets  Of share of end-of-year allocations?  Of share of end-of-year assets  Of share of end-of-year assets  Of share of end-of-year allocations?  Of share of total income end-of-year allocations?  Of share of end-of-year allocations?  Of share of end-of-year allocations?  Of share of total income end-of-year allocations?  Of share of end-of-year allocations?  Of share of end-of-year allocations?  Of share of total income end-of-year allocations?  Of share of end-of-year allocations?  Of share of end-of-year allocations?  Of share of total income end-of-year allocations?  Of share of end-of-year allocations?  Of share of end-of-year allocations?  Of share of total income end-of-year allocations?  Of share of end-of-year allocations?  Of share of total income end-of-year allocations?  Of share of t
Name, address, and EIN of related organization  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Primary activi
(state or foreign excluded from tax under sections 512-514)    State or foreign excluded from tax under sections 512-514)
sections 512-514) Voc No. K-1 (Form 1065) Voc No.
res No Ref (office)

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		country)		ŕ				Yes	No
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Schedule R (Form 990) 2022

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Yes No

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		Gener mana partn	(kal or Perce ging owne	(k) entage ership
								Ochodolo			

Schedule R	(Form 990) 2022	AFRICAN	WILDLIFE	FOUNDATION,	INC.	52-0781390	Page 5
Part VII	(Form 990) 2022 Supplemental Infor	mation					
	Provide additional inform		es to questions on	Schedule R. See instru	ctions.		
	T TO VIGO GGGILIOTIGI II TOTTI	anon for response	oo to quoditorio di	Corrodato Ft. Coo inotic	otiono.		
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