	_		Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Forr	<b>_ Q</b> (	90	•		2023
1 011		50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e Do not enter social security numbers on this form as it may b		Ζυζυ
Depa	rtment o	f the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the latest	•	Open to Public Inspection
A F					
Bc	heck if	C Name o	ar year, or tax year beginning JUL 1, 2023 and ending	JUN 30, 2024 D Employer identificat	ion number
a	pplicable	e:	5		
	Addres	e AFRI	CAN WILDLIFE FOUNDATION, INC.		
	Name Change	e Doing b	usiness as	52-0781390	
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/suit		
	Final return/		NEW JERSEY AVENUE, SE 900	202-939-33	
	termin ated Ameno		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	40,187,050.
	_return	WASH	INGTON, DC 20003	<b>H(a)</b> Is this a group return	
	_ tion pendin		nd address of principal officer: KADDU SEBUNYA	for subordinates?	
				H(b) Are all subordinates includ	
	<u>ax-exe</u> Vebsit	empt status: [	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 5 AWF • ORG	27 If "No," attach a list H(c) Group exemption n	
				ar of formation: 1961 M S	
	irt I	Summary			late of legal dofinitie. De
			e the organization's mission or most significant activities: AWF'S MIS	SION IS TO ENS	URE THAT
Ice			E AND WILD LANDS THRIVE IN MODERN AFRIC		
nar		Check this bo			5.
ver	3	Number of vo	3	28	
ğ	4	Number of inc	ependent voting members of the governing body (Part VI, line 1b)		27
Activities & Governance	5	Total number	of individuals employed in calendar year 2023 (Part V, line 2a)		55
vitie	6	Total number	of volunteers (estimate if necessary)		38
Acti	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
	_	<b>.</b>		Prior Year	Current Year
ne			and grants (Part VIII, line 1h)	32,282,205.	<u>37,125,384.</u> 0.
Revenue		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	1,427,578.	1,399,184.
Re			24,677.	74,284.	
			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,734,460.	38,598,852.
			nilar amounts paid (Part IX, column (A), lines 1-3)	2,237,414.	3,371,538.
			to or for members (Part IX, column (A), line 4)	0.	0.
s		-	compensation, employee benefits (Part IX, column (A), lines 5-10)	15,321,061.	15,652,533.
JSe			undraising fees (Part IX, column (A), line 11e)	292,907.	533,880.
Expense			ng expenses (Part IX, column (D), line 25) 5 , 146 , 286 .		
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	18,825,076.	14,712,690.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	36,676,458.	34,270,641.
		Revenue less	expenses. Subtract line 18 from line 12	-2,941,998.	4,328,211.
t Assets or d Balances			F	Beginning of Current Year	End of Year
sset	20	Total assets (I	E E E E E E E E E E E E E E E E E E E	44,798,224.	54,338,355.
et A: nd F			(Part X, line 26)	8,789,995.	12,459,675.
	22 Irt II	Net assets or Signature	Fund balances. Subtract line 21 from line 20	36,008,229.	41,878,680.
			F DIUCK I declare that I have examined this return, including accompanying schedules and state	mante and to the bast of my kn	owledge and belief it is

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

Sign	Signature of officer	Date						
Here	RICHARD HOLLY, CHIEF FINA							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN				
Paid	ROBERT WILLIAMS	ROBERT WILLIAMS	02/14/25 self-employed	P01345960				
Preparer	Firm's name CLIFTONLARSONALLE	N LLP	Firm's EIN 41	0746749				
Use Only	Firm's address 950 NORTH GLEBE R	OAD, SUITE 1200						
ARLINGTON, VA 22203 Phone no. (571) 227-9								
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No				
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 332001 12-21-23		Form <b>990</b> (2023)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023)         AFRICAN WILDLIFE FOUNDATION, INC.         52-0781390         Page 2           t III         Statement of Program Service Accomplishments         Statement         Statem
1	Briefly describe the organization's mission:
	AWF'S MISSION IS TO ENSURE WILDLIFE AND WILD LANDS THRIVE IN MODERN
	AFRICA. WE WORK TO EQUIP AFRICAN GOVERNMENTS, INSTITUTIONS, BUSINESS,
	AND COMMUNITIES WITH THE TOOLS, INSIGHTS, AND SUPPORT THEY NEED TO
	DEFINE, OWN, AND REALIZE A CONSERVATION AGENDA TIED TO PROGRESS. OUR
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 \$ 14,874,179. including grants of \$ 1,902,925. ) (Revenue \$
	HEADQUARTERED IN NAIROBI, KENYA, IN FY24 AWF WORKED DIRECTLY IN 11
	AFRICAN COUNTRIES ACROSS 14 LANDSCAPES. OUR NETWORKS, BUSINESS
	DEVELOPMENT, AND POLICY EFFORTS SPANNED THE CONTINENT AND EXTENDED TO
	NORTH AMERICA AND EUROPE. THE WORK WAS ORGANIZED AROUND THREE
	INTEGRATED STRATEGIES: LEADING FOR WILDLIFE, LIVING WITH WILDLIFE, AND
	CARING FOR WILDLIFE, DESCRIBED HERE AND IN SECTIONS 4B AND 4C.
	LIVING WITH WILDLIFE
	LIVING WITH WILDLIFE INITIATIVES CREATED ECONOMIC OPPORTUNITY FOR
	INDIGENOUS PEOPLES AND LOCAL COMMUNITIES AND PROVIDED TOOLS AND TACTICS
	TO MANAGE HUMAN-WILDLIFE CONFLICT.
4b	(Code:) (Expenses \$ 8,020,873. including grants of \$1,373,304. ) (Revenue \$
	CARING FOR WILDLIFE
	CARING FOR WILDLIFE INITIATIVES INCLUDED MONITORING WILDLIFE
	POPULATIONS, STRENGTHENING PROTECTED AREA MANAGEMENT AND SECURITY,
	INTRODUCING INNOVATIVE SPATIAL TOOLS FOR LAND USE PLANNING AND THREAT
	ASSESSMENT, AND TRAINING AND OTHERWISE SUPPORTING INVESTIGATORS,
	PROSECUTORS, JUDICIARY MEMBERS, AND WILDLIFE AUTHORITIES TO DETER,
	DETECT, INVESTIGATE, AND PROSECUTE WILDLIFE CRIME.
	MONITORED WILDLIFE POPULATIONS. IN FY24, AWF ACTIVELY MEASURED 38
	POPULATIONS OF PRIORITY WILDLIFE SPECIES ACROSS 14 LANDSCAPES,
	ANALYZING FIELD AND GIS DATA TO DETERMINE THREATS. SPECIES SPECIFICALLY
4c	(Code:) (Expenses \$4,742,997. including grants of \$95,309. ) (Revenue \$
	LEADING FOR WILDLIFE
	LEADING FOR WILDLIFE INITIATIVES FOCUSED ON GROWING, ADVISING, AND
	MOBILIZING AFRICAN LEADERSHIP AT ALL LEVELS TO MAKE CONSERVATION A KEY
	PART OF AFRICA'S GROWTH STRATEGIES.
	ACCOMPLISHMENTS IN FY24 INCLUDE:
	BUILT BIODIVERSITY-FRIENDLY ECONOMIES. WE PARTNERED WITH AFRICAN
	COUNTRIES IN THE DEVELOPMENT OF NATIONAL PLANS AND STRATEGIES FOR
	DRIVING GREEN GROWTH. FOR EXAMPLE, WE SUPPORTED ZIMBABWE IN DEVELOPING
	AND LAUNCHING THE FIRST-EVER ZIMBABWE BIODIVERSITY ECONOMY REPORT,
	WHICH PROVIDED A FRAMEWORK TO MAINSTREAM THE VALUE AND CONTRIBUTION OF
4 ~!	
4d	
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 27,638,049.
	Form <b>990</b> (202
82002	SEE SCHEDULE O FOR CONTINUATION(S)
	^
	2 2023.05050 AFRICAN WILDLIFE FOUNDATI A131

Form	990	(2023)

Part IV Checklist of Required Schedules

AFRICAN WILDLIFE FOUNDATION, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in 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			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	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?	•		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10		10	х	
11	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	37	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	4.41-	х	
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Δ	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	- 11	
10	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	х	
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."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
332003	12-21-23	Form	990	(2023)

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332003 12-21-23

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	330	

			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	Х	<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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			v
~~	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
Ь	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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	23		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21			
	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		37	
	(gambling) winnings to prize winners?	1c	X 000	
332004	12-21-23	Form	<b>990</b>	(2023)

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## 15330214 131839 A131807

Form	990 (2023) AFRICAN WILDLIFE FOUNDATION, INC.	52-0783	<u>1390</u>	Р	age <b>5</b>		
Par	t 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 55	5				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	└──		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		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 countrySEE_SCHEDULE_O						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u> </u>		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		<u>x</u>		
	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					
	•		<u>6a</u>		<u> </u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts					
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?			<u> </u>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required					
	to file Form 8282?		7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		<u>x</u>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		──		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		<u> </u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	8				
	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
а			9a		──		
b			9b		<u> </u>		
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	_				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>		
	<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						
	organization is licensed to issue qualified health plans	13b	_				
С	Enter the amount of reserves on hand	13c	_				
14a			14a		X		
	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?		15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X		
	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						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		<u> </u>		
	If "Yes," complete Form 6069.						
332005	12-21-23		Form	990	(2023)		

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## AFRICAN WILDLIFE FOUNDATION, INC.

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

52-0781390 Page 6

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

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 1a 28								
	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 27								
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								
	of officers, directors, trustees, or key employees to a management company or other person?	3		X X					
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
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		X					
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		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	The governing body?	<u>8a</u>	X						
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								
<u>C</u>	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						
	Did the organization have local chapters, branches, or affiliates?	10a		X					
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104							
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	Λ						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	х						
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	120							
U	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		Х					
	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		Х					
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)	availat	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	d finano	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								
	$\frac{\text{RICHARD HOLLY} - (202)939 - 3333}{1100 \text{ NEW TEDGEN AVE CE CHE 000 MACHINGTON DG 20003}$								
	1100 NEW JERSEY AVE. SE STE 900, WASHINGTON, DC 20003	F .	000	(0000)					
332006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2023)					

Part VII	Co	mpensation (	of Officers,	Directors,	Trustees,	Key Employees,	Highest (	Compensated
	Em	ployees, and	l Independe	ent Contra	ctors			

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)

• List the organization's live current nighest 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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B) (C)						(D)	(E)	(F)	
Name and title	Average	ge Position (do not check more than one			one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pei	erson is both an		n an	compensation	compensation	amount of
	week		fficer and a director/trustee)		lee)	from	from related	other		
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC/	(W-2/1099-IMISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	ndividual trustee or director	n stitutional trustee	er	Key employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	High empl	Former			
(1) KADDU SEBUNYA	50.00									
CHIEF EXECUTIVE OFFICER		Х		Х				475,008.	0.	64,114.
(2) RICHARD HOLLY	50.00									
CHIEF FINANCIAL OFFICER				Х				247,641.	0.	48,770.
(3) LINDSAY KOSNIK	50.00									
SR VP, PRINCIPAL GIFTS & INVESTMENTS				Х				231,257.	0.	51,494.
(4) ERIC COPPENGER	50.00									
CHIEF OF STAFF				Х				239,014.	0.	42,502.
(5) CHARLY FACHEUX	50.00									
SR VP, CONSERVATION STRATEGY, IMPACT				Х				230,857.	0.	45,186.
(6) FREDERICK KUMAH	50.00									
VP, GLOBAL LEADERSHIP				Х				182,853.	0.	50,725.
(7) ANDREA ATHANAS	50.00									
VP, ENTERPRISE & INVESTMENT				Х				159,363.	0.	71,392.
(8) PHILIP MURUTHI	50.00									
VP, SPECIES CONSERVATION & SCIENCE				Х				201,170.	0.	24,734.
(9) BETH FOSTER	50.00									
SR VP, BRAND & PUBLIC ENGAGEMENT				Х				211,290.	0.	9,165.
(10) ALISTAIR POLE	40.00									
SR DIR, LANDSCAPE DEVELOPMENT						X		170,701.	0.	31,531.
(11) FELIX OTIENO	40.00									
DIRECTOR, INFORMATION TECHNOLOGY						X		150,450.	0.	33,414.
(12) IAN GRANT	40.00									
SPECIAL ADVISOR, DONOR RELATIONS						X		156,949.	0.	18,193.
(13) DAVID WILLIAMS	40.00									
DIRECTOR, CONSERVATION GEOGRAPHY						X		135,529.	0.	35,613.
(14) AMY GOSSOW	50.00									
VP, CORPORATE & FOUNDATION RELATIONS				Х				152,985.	0.	10,356.
(15) CRAIG SHOLLEY	24.00									
SR VP, AND SPECIAL ADVISOR				Х				134,353.	0.	28,359.
(16) NICOLE ENGDAHL	50.00									
VP, INDIVIDUAL GIVING				Х				144,985.	0.	4,270.
(17) MICHELLE BANKS	40.00									
DIRECTOR, MAJOR GIFTS						X		142,146.	0.	2,717.
00000 <del>7</del> /0 0/ 00										Form 990 (2022)

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Form 990 (2023) AFRICAN V	ILDLIFE	F	OU	ND	AT	IO	N,	INC.	52-07	813	90	Pa	ge <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C)							(D)	(E)			(F)		
Name and title	Average	(do not check more than one					ne	Reportable	Reportable		Esti	mated	b
	hours per	box,	unles	s per	son is	s both	an	compensation	compensation		amo	ount o	۰f
	week		cer an	d a di	rector	r/trust	ee)	from	from related			ther	
	(list any	recto						the	organizations		comp		
	hours for related	or di	ee			sated		organization	(W-2/1099-MISC	;/		m the	
	organizations	ustee	trust		e	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	nizatio relate	
	below	lual tr	tional		ploye	st con yee	_	1039-1120)			organ		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	iizatio	110
(18) HEATHER STURT HAAGA	4.00	_	_	0	×	± 0							
CHAIR		х		x				0.	(	o.			0.
(19) MARLEEN GROEN	2.00												
TREASURER		х		x				0.	(	o.			0.
(20) MYMA BELO-OSAGIE	2.00												
TRUSTEE (UNTIL OCT. 2023)		х						0.	(	o.			0.
(21) AKHIL BHARDWAJ	2.00												
TRUSTEE		х						0.	(	o.			Ο.
(22) HAILEMARIAM DESSALEGN BOSHE	2.00												
TRUSTEE		х						0.	(	o.			0.
(23) MARK BURSTEIN	2.00												
TRUSTEE		х						0.	(	o.			0.
(24) PAYSON COLEMAN	2.00												
TRUSTEE		х						0.	(	o.			0.
(25) LYNN DOLNICK	2.00												<u> </u>
TRUSTEE		х						0.	(	o.			0.
(26) BRAD DRUMMOND	2.00												
TRUSTEE (UNTIL OCT. 2023)		х						0.	(	o.			0.
1b Subtotal								3,366,551.		5.	572	. 53	
c Total from continuation sheets to Part VI								0.		<u>.</u>	• · -	,	0.
<u>d Total (add lines 1b and 1c)</u>							•	3,366,551.		5.	572	. 53	
2 Total number of individuals (including but no						) wh	0 re			1	• · -	,	
compensation from the organization		000		u ub	,	,	010						34
componentiation and organization												/es	No
3 Did the organization list any <b>former</b> officer,	director. truste	ee. k	ev e	mpl	ovee	e. or	hia	hest compensated empl	ovee on	Γ			
line 1a? If "Yes," complete Schedule J for su										- E	3		Х
4 For any individual listed on line 1a, is the su										··  -	-		
and related organizations greater than \$150										- E	4	x	
5 Did any person listed on line 1a receive or a										··· F			
rendered to the organization? If "Yes." com										[	5		Х
Section B. Independent Contractors	<u>proto correduie</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		10100								
1 Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	actor	s th	at received more than \$	100,000 of compe	nsati	on fron	n	
the organization. Report compensation for t	-												
(A)				-				(B)			(C)		
Name and business	address							Description of se	ervices	Co	mpens		I
SANKY COMMUNICATIONS													
360 W 31ST ST FL #6, NEW	YORK, N	Y	10	00	1		Z	ADVERTISING		2,	261	,26	7.
IFAW	-						1	LAW ENFORCEME	ENT			-	
290 SUMMER STREET, YARMOU	ТН, МА	02	67!	5			h	TRAINING			420	,53	6.
THE COMPASS GROUP-CONSULT	ANT												
32 CONWAY CIRCLE, BLOOMINGTON, IL 61704 FUNDRAISING 315,000						0.							
IMPACT BY DESIGN							-						
41 WATCHUNG PLAZA #322, M	ONTCLAI	R,	N	J	070	042	2 k	CONSULTING			154	,73	5.
CLIFTONLARSONALLEN LLP, 2													
#300, MINNEAPOLIS, MN 554							Z	ACCOUNTING			139	,69	4.
2 Total number of independent contractors (ir		ot lin	nited	l to t	hos	e list			re than				
\$100,000 of compensation from the organiz	-				9								
SEE PART VII, SECTION		IN	UA'	TI	ON	SI	ΗE	ETS	<b>i</b>	F	orm 9	<b>90</b> (2)	023)

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Part VII Section A. Officers, Directors, Trustees, Key Em						lighe	est (			<b>I</b>	
(A) (B)			(C)					(D)	(E)	(F)	
Name and title	Average	1-	Position (check all that					Reportable	Reportable	Estimated	
	hours	(C	heck T	all 1	that	app I	ly)	compensation from	compensation from related	amount of other	
	per week					e		the	organizations	compensation	
	(list any	ctor				voldu		organization	(W-2/1099-MISC)	from the	
	hours for	r dire				ted en		(W-2/1099-MISC)	,	organization	
	related	stee o	rustee			en sat				and related	
	organizations	al tru:	onal t		ployee	comp				organizations	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former				
	line)	Ē	Ë	Of	Ke	王	9				
27) GREG EDWARDS RUSTEE	2.00	x						0.	0.	0	
28) MARY GLASSER	2.00	^						0.	0.	0	
RUSTEE	2.00	x						0.	0.	0	
29) STEPHEN GOLDEN	2.00	~						0.	0.	0	
RUSTEE	2.00	x						0.	0.	0	
30) DONALD GRAY	2.00							0.	0.	0	
RUSTEE	2.00	x						0.	0.	0	
31) LARRY GREEN	4.00									Ů	
RUSTEE		x						0.	0.	0	
32) GILLES HARERIMANA	2.00									<b>u</b>	
RUSTEE		х						0.	0.	0	
33) CHRISTINE HEMRICK	2.00										
RUSTEE		х						0.	0.	0	
34) CATHERINE HERRING	2.00										
RUSTEE		Х						0.	0.	0	
35) STEPHEN JUELSGAARD	2.00										
RUSTEE		Х						0.	0.	0	
36) LAURA KOHLER	2.00										
RUSTEE		х						0.	0.	0	
37) ISSOUFOU MAHAMADOU	4.00										
RUSTEE		Х						0.	0.	0	
38) ANDREW MALK	2.00								•		
RUSTEE		Х						0.	0.	0	
39) CHARLES MBIRE	2.00								0		
RUSTEE		Х						0.	0.	0	
40) H.E. FESTUS G. MOGAE	2.00	v						0	0		
RUSTEE 41) CHRISTOPHER MURRAY	2.00	Х						0.	0.	0	
RUSTEE	2.00	x						0.	0.	0	
42) EMERY RUBAGENGA	2.00	^						0.	0.	0	
RUSTEE	2.00	x						0.	0.	0	
43) ANNE SCOTT	2.00		-					0.	0.	0	
RUSTEE	2.00	x						0.	0.	0	
44) FREDERICK R. STEINER	2.00				-				•		
RUSTEE		x						0.	0.	0	
45) PIERRE TRAPANESE	2.00	<u> </u>						<b>.</b>	<b>.</b>	, v	
RUSTEE		x						0.	0.	0	
46) MARIA WILHELM	2.00	<u> </u>						<b>.</b>	<b>.</b>	, v	
RUSTEE		х						0.	0.	0	

Ра	rt VII					w noto to any Par	in this Dout VIII			
		Check if Schedule O c	contains	s a respo	nse c	or note to any line	An this Part VIII (A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded from tax under
nts its	1 a	Federated campaigns		<b>1</b> a				function revenue	business revenue	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b									
ts, (	С	Fundraising events								
Gif	d	Related organizations				8,148,340.				
Sims,	e f	Government grants (contri All other contributions, gifts,				8,148,340.				
uti er		similar amounts not included				28,977,044.				
oti Oti	a	Noncash contributions included in I			6	2,435,441.				
Con	h	Total. Add lines 1a-1f					37,125,384.			
						Business Code				
e	2 a				[					
Program Service Revenue	b									
Se	с									
leve eve	d									
БĞ	е									
ā	f	All other program service	revenue	e						
		Total. Add lines 2a-2f								
	3	Investment income (includ	•				616 074			616 074
		other similar amounts)					616,974.			616,974.
	4	Income from investment o				oceeds	3,360.			3,360.
	5	Royalties		(i) Real		(ii) Personal	5,500.			5,500.
	6 a	Gross rents	6a	(i) rical	'	(ii) i cisonai				
		Gross rents	6b							
	c									
		Net rental income or (loss)								
		Gross amount from sales of		i) Securiti	ies	(ii) Other				
		assets other than inventory	7a 3	2,360,5	502.	9,906.				
	b	Less: cost or other basis								
ne		and sales expenses	7b 🗄	1,588,1	98.	٥.				
Revenue	с	Gain or (loss)	7c	772,3	304.	9,906.				
Re		Net gain or (loss)					782,210.			782,210.
her	8 a	Gross income from fundraisir	ng events	s (not						
Oth		including \$								
		contributions reported on								
		Part IV, line 18			8a					
					8b					
		Net income or (loss) from t		0						
	9 a	Gross income from gaming	-							
	h	Part IV, line 19			9a 9b					
		Net income or (loss) from (								
		Gross sales of inventory, le	0 0		Ĩ					
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from s			<u> </u>					
						Business Code				
sno	11 a	MISCELLANEOUS REVENU	JE		[	900099	70,924.			70,924.
ane	b				[					
scellanec Revenue	с									
Miscellaneous Revenue	d	All other revenue				900099				
		Total. Add lines 11a-11d					70,924.			
	12	Total revenue. See instructio	ons				38,598,852.	0.	0.	1473468.
33200	9 12-21	-23								Form <b>990</b> (2023)

AFRICAN WILDLIFE FOUNDATION, INC.

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AFRICAN WILDLIFE FOUNDATION, INC. Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX								
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	<b>(D)</b> Fundraising			
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	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	3,371,538.	3,371,538.					
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees	3,064,789.	2,543,774.	153,240.	367,775.			
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	8,195,914.	6,179,340.	377,508.	1,639,066.			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	760,293.	565,602.	38,463.	156,228.			
9	Other employee benefits	3,062,596.	2,317,515.	38,463. 154,669.	590,412.			
10	Payroll taxes	568,941.	433,806.	28,710.	106,425.			
11	Fees for services (nonemployees):							
а	Management							
	Legal	114,150.	51,912.		62,238.			
	Accounting	217,764.		217,764.				
	Lobbying							
	Professional fundraising services. See Part IV, line 17	533,880.			533,880.			
f	Investment management fees	72,289.		72,289.				
g	Other. (If line 11g amount exceeds 10% of line 25,							
	column (A), amount, list line 11g expenses on Sch O.)	2,278,956.	1,991,501.	194,900.	92,555.			
12	Advertising and promotion	49,221.	46,730.	625.	1,866.			
13	Office expenses	234,997.	135,204.	8,411.	91,382.			
14	Information technology	748,488.	541,486.	13,954.	193,048.			
15	Royalties							
16	Occupancy	1,394,307.	1,250,016.	30,261.	114,030.			
17	Travel	2,177,530.	1,998,595.	28,167.	150,768.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	1,829,096.	1,794,544.	9,186.	25,366.			
20	Interest	60.		60.				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	459,705.	451,653.	5,886.	2,166.			
23	Insurance	85,248.	85,161.	87.				
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		1,945,199.	954,549.	43.	990,607.			
b	SUPPLIES/FIELD SUPPLIES	894,821.	881,932.	7,391.	5,498.			
С	COMMUNICATIONS	586,334.	540,196.	39,849.	6,289.			
d	EQUIPMENT RENTAL AND MA	469,528.	469,363.		165.			
е	All other expenses	1,154,997.	1,033,632.	104,843.	16,522.			
25	Total functional expenses. Add lines 1 through 24e	34,270,641.	27,638,049.	1,486,306.	5,146,286.			
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)	2,272,286.	750,800.	0.	1,521,486.			
22201	0 12-21-23				Form <b>990</b> (2023			

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Savings and temporary cash investments			18,979.
Pledges and grants receivable, net			6,563,440.
Accounts receivable, net	478,063.		
Loans and other receivables from any current or	former	officer, director,	
trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%	
controlled entity or family member of any of these	e perso	ons	
Loans and other receivables from other disqualifi			
under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)	
Notes and loans receivable, net			360,640.
Inventories for sale or use			
Prepaid expenses and deferred charges			916,717.
Land, buildings, and equipment: cost or other			
basis. Complete Part VI of Schedule D	10a	9,573,558.	
Less: accumulated depreciation	10b	4,550,088.	5,129,990.

Part 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

INC.

3,647,480.

AFRICAN WILDLIFE FOUNDATION,

Cash - non-interest-bearing

52-0781390 Page 11

1

2

**(B)** End of year

3,956,733.

19,366.

	2	Savings and temporary cash investments		L	18,979.	2	19,366.
	3	Pledges and grants receivable, net			6,563,440.	3	16,490,106.
	4	Accounts receivable, net			478,063.	4	390,512.
	5	Loans and other receivables from any current or	former c	officer, director,			
		trustee, key employee, creator or founder, substa	antial co	ntributor, or 35%			
		controlled entity or family member of any of thes	e persor	ns		5	
	6	Loans and other receivables from other disqualif	ied perso	ons (as defined			
		under section 4958(f)(1)), and persons described	in sectio	on 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net			360,640.	7	223,395.
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			916,717.	9	583,049.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	4,550,088.	5,129,990.	10c	5,023,470.
	11	Investments - publicly traded securities	23,332,003.	11	23,853,021.		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	·····	4,350,912.	15	3,798,703.	
	16	Total assets. Add lines 1 through 15 (must equa			44,798,224.	16	54,338,355.
	17	Accounts payable and accrued expenses	1,846,519.	17	2,180,644.		
	18	Grants payable			18		
	19	Deferred revenue	2,242,278.	19	6,296,046.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
-iat		controlled entity or family member of any of thes		Γ		22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		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 of Schedule D	-	· ·	4,701,198.	25	3,982,985.
	26	of Schedule D Total liabilities. Add lines 17 through 25		F	8,789,995.	25	12,459,675.
	20	Organizations that follow FASB ASC 958, che			0,,00,000	20	12,100,010
se		and complete lines 27, 28, 32, and 33.					
3alances	27				23,052,231.	27	19,292,147.
Bala	 28	Net assets with donor restrictions			12,955,998.	28	22,586,533.
Πpr		Organizations that do not follow FASB ASC 9	k here	, ,		, ,	
Fur		and complete lines 29 through 33.					
or	29	Capital stock or trust principal, or current funds			29		
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ast	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund	32	Total net assets or fund balances			36,008,229.	32	41,878,680.
-	33	Total liabilities and net assets/fund balances			44,798,224.	33	54,338,355.
							Form <b>990</b> (2023)

1

2

Form	AFRICAN WILDLIFE FOUNDATION, INC.	52-0	781390	Pag	<sub>ge</sub> 12
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	38,598		
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,270		
3	Revenue less expenses. Subtract line 2 from line 1	3	4,328	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,008		
5	Net unrealized gains (losses) on investments	5	1,539	9,30	<u>69.</u>
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		2,8'	<u>71.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	41,878	3,68	80.
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	e O.			
2a			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

## **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.

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

	OMB No. 1545-0047				
	2023				
	Open to Public Inspection				
Employer identification numb					

Name of the o	organization
---------------	--------------

Num		AFRI	CAN WILDLI	FE FOUNDATION	N. INC	2.			2-0781390
Pa	rt I	Reason for Public (					ee instructions		
The	organ	ization is not a private found							
1		A church, convention of ch					1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental un	it describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from the	e general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a l	and-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of t	he college	or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	o fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	• •						
11		An organization organized a	•		•				
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						Check the box on
		lines 12a through 12d that	• •					-	
а		<b>Type I.</b> A supporting orga		-	•	-			
		the supported organization			majority o	of the direc	tors or trustee	s of the su	ipporting
Ŀ.		organization. You must o	-					(a) b b a.	
b		<b>Type II.</b> A supporting org	-				-		•
		control or management o			ame perso	ns that co	ntroi or manag	e the supp	Joned
с		organization(s). You mus <b>Type III functionally inte</b>			in connoct	ion with a		intograte	od with
U		its supported organization					-	rinegrate	a with,
d		Type III non-functionally		-				ed organia	zation(s)
u		that is not functionally int	• •					Ŭ,	
		requirement (see instructi			•		-		
е		Check this box if the orga	,	•				Type III	
-		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , pe	
f	Ente	er the number of supported of			9 - 9				
g		vide the following informatior	•	d organization(s).					
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed no document?	(v) Amount of	monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
Tota									

# Schedule A (Form 990) 2023 Part II Support Sch

AFRICAN WILDLIFE FOUNDATION, INC.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	28651691.	<u>31809676.</u>	33360273.	32282205.	37125384.	163229229
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 $\dots$						
4	Total. Add lines 1 through 3	28651691.	31809676.	33360273.	32282205.	37125384.	163229229
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)						5077228.
6	Public support. Subtract line 5 from line 4.						158152001
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	28651691.	31809676.	33360273.	32282205.	37125384.	163229229
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	739,748.	569,820.	710,077.	618,488.	620,334.	3258467.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	238,111.	49,545.	79,683.	18,721.	70,924.	456,984.
11	Total support. Add lines 7 through 10						166944680
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 1	<u>,959,557.</u>
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and sto						<u></u>
See	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2023 (	line 6, column (f), d	ivided by line 11, o	column (f))		14	94.73 %
15						15	93.37 %
<b>16</b> a	a 33 1/3% support test - 2023. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2022.</b> If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua		• •				
17a	a 10% -facts-and-circumstances test	t - 2023. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	blicly supported o	rganization		
b	o 10% -facts-and-circumstances test	t - 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2023

332022 12-21-23

_	qualify under the tests listed b	elow, please com	plete Part II.)				
Sec	ction A. Public Support		1	1		1	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
-	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
78	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6		(10/2020				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), c	divided by line 13, o	column (f))		15	%
<u>16</u>						16	%
Sec	ction D. Computation of Inves					<u> </u>	
17	1 0			ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2023.</b> If the						7 is not
	more than 33 1/3%, check this box ar						L
b	<b>33 1/3% support tests - 2022.</b> If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see ins		
33202	23 12-21-23		16			Schedule A	(Form 990) 2023

## AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390 Page 3 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

Schedule	A (Form	n 990)	2023	
			<u> </u>	

Yes No

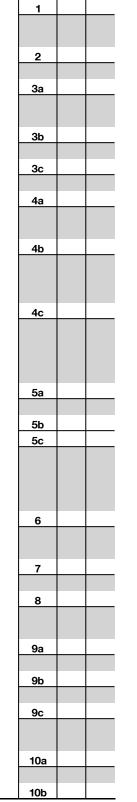
## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

332024 12-21-23



Schedule A (Form 990) 2023

17

Sche	edule A (Form 990) 2023	AFRICAN V	WILDLIFE	FOUNDATION,	INC.	52-078	8139	0 Ра	age 5
Ра	rt IV Supporting Org	ganizations <sub>(continu</sub>	ed)						
			·			_		Yes	No
11	Has the organization accept	oted a gift or contributior	n from any of the	following persons?					
а	A person who directly or in	directly controls, either a	alone or together	with persons described	on lines 11b and				
	11c below, the governing b	ody of a supported orga	anization?				11a		
b	A family member of a perso	on described on line 11a	above?				11b		
с	A 35% controlled entity of	a person described on lir	ne 11a or 11b ab	ove? If "Yes" to line 11a	a, 11b, or 11c, provide				
	detail in Part VI.						11c		
Ser	tion B Type I Suppor	ting 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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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</i>			
	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		
Sec	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		
Sec	ction 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		

## Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	C	on used to satisfy the Integral Part Test during the year (see instruction	ns).
--	---	--	------

a 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.
---	--	-------------------------	---------------------------------	---------------------------------------

c 🗋	The organization supported a governmental entity	Describe in Part VI how y	ou supported a governmental entity	/ (see instruction <u>s).</u>
-----	--	---------------------------	------------------------------------	-------------------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

## 15330214 131839 A131807

Sche	dule A (Form 990) 2023 AFRICAN WILDLIFE FOUNDAT			52-0781390 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
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		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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	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-functionally	/ integra	ted Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

	able cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
а	From 2018		
b	From 2019		
с	From 2020		
d	From 2021		
е	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D,		
	line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
C	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		
		So	chedule A (Form 990) 2023

(i)

**Excess Distributions** 

52-0781390 Page 7 INC.

1

2

3

4

5

6

7

8 9

10

(ii)

Underdistributions

Pre-2023

**Current Year** 

(iii)

Distributable

Amount for 2023

Schedule A	(Form 990	) 2023

Section D - Distributions

2

3

4

6

7

8

9

10

1

2

Schedule A				WILDLIFE				
Part V	Type III	Non-Fun	ctionally Integr	ated 509(a)(3)	Supporting	g Organ	izations	(continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2023 from Section C, line 6

Distributable amount for 2023 from Section C, line 6

Underdistributions, if any, for years prior to 2023 (reason-

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

Line 8 amount divided by line 9 amount

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

Schedule A	(Form 990) 2023	AFRICAN	WILDLIFE	FOUNDATION	INC.	52-0781390 Page <b>8</b>
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and (See instructions.)	. lines 2 and 3: Pa	art IV. Section E. lir	nes 1c. 2a. 2b. 3a. and	3b: Part V. line 1: Par	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V, tional information.
332028 12-21-2	3			21		Schedule A (Form 990) 2023
				<u>۲</u>		

\*\* PUBLIC DISCLOSURE COPY \*\*

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

2	AFRICAN	WILDLIFE	FOUNDATION,	INC.	
Organization type (check one):					

52-0781390

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

## **General Rule**

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

## **Special Rules**

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

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

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

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

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

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AFRICAN WILDLIFE FOUNDATION, INC.

Part I	<b>Contributors</b> (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		\$ 4,300,000.	Person     X       Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$2,000,000.	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		
3		\$ 1,000,000.	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		
4_		\$ <u>1,000,000.</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		
5		\$ <u>1,000,000.</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		
6		\$ <u>916,953.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)		

Employer identification number

52-0781390

(a)     (b)     (c)     (f)       Part 1     Description of noncash property given     \$	No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions.)	(d) Date received
(a)     No.     (b)     (c)     FMV (or estimate)     (ci)       Part 1     Description of noncesh property given     \$			  \$	
(a)     (b)     (c)     (d)       Part I     Description of noncash property given     (c)     (d)       (a)     (b)     (c)     (d)       (a)     (b)     (c)     (c)       (a)     (b)     (c)     (c)       Part I     Description of noncash property given     (c)     (d)       (a)     (b)     (c)     (c)       Part I     Description of noncash property given     (c)     (d)       (a)     (b)     (c)     (c)       (a)     (b)     (c)     (d)       (a)     (b)     (c)     (d)       (a)     (b)     (c)     (d)       (b)     (c)     (d)     Date received       (a)     (b)     (c)     FMV (or estimate)     (c)       (a)     (b)     (c)     FMV (or estimate)     (c)       (b)     (b)     (c)     (c)     Date received       (a)     (b)     (c)     (c)     (d)       (a)     (b)     (c)     (c)     (d)       (a)     (b)     (c)     (c)     (c)       (b)     (b)     (c)     (c)     (c)       (b)     (b)     (c)     (c)     (c)	No. from		(c) FMV (or estimate)	
No. from Part 1     (c) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received			\$	
(a)     (b)     (c)     (d)       from     Description of noncash property given     (d)     Date received	No. from		FMV (or estimate)	
No.     (b)     (c)     (d)       Part I     Description of noncash property given     (d)     Date received			\$	
(a)     (b)     (c)     (d)       from     Description of noncash property given     (c)     FMV (or estimate)       Part I     Image: Construction of noncash property given     (c)     Image: Construction of noncash property given       (a)     (b)     (c)     (c)     Image: Construction of noncash property given       (a)     (b)     (c)     (c)     (d)       No.     (b)     (c)     (d)       from     Description of noncash property given     (c)     (d)	No. from		FMV (or estimate)	
No. from Part I     (c) FMV (or estimate) (See instructions.)     (d) Date received			\$	
(a)     (c)     (d)       No.     (b)     FMV (or estimate)     (d)       from     Description of noncash property given     (See instructions.)     Date received	No. from		FMV (or estimate)	
No.     (b)     (c)     (d)       from     Description of noncash property given     (See instructions.)     Date received			\$	
	No. from		FMV (or estimate)	
323453 12-26-23 Schedule B (Form 990)			\$	

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Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (2023) Name of organization

Part II

(a)

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number

52-0781390

(c)

## 15330214 131839 A131807

Schedule [	B (Form 990) (2023)		Page <b>4</b>			
	rganization		Employer identification number			
AFRIC	AN WILDLIFE FOUNDATION,	TNC	52-0781390			
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	) through (e) and the following line ent charitable, etc., contributions of <b>\$1,000 or</b>	ry. For organizations less for the year. (Enter this info. once.)			
	Use duplicate copies of Part III if additional	space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gif	t			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			<u> </u>			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of git	t			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
323454 12-26	3-23		Schedule B (Form 990) (2023)			

## 15330214 131839 A131807

SCHEDULE D	

(Form	990)
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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.



Department of the Treasury Internal Revenue Service

Name of the organization

\_\_\_\_ Employer identification number

_	AFRICAN WILDLIFE FO		52-0781390				
Pa			or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds				
	are the organization's property, subject to the organization's	exclusive legal control?					
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only				
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring				
	impermissible private benefit?		Yes No				
Pa	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)	f a historically important land area				
	Protection of natural habitat	Preservation o	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b							
с	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c				
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rel						
	year						
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year				
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement and				
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
	organization's accounting for conservation easements.						
Pa	t III Organizations Maintaining Collections of		ther 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 a	and balance sheet works				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance 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 treat						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1		\$				
b	Assets included in Form 990, Part X						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

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Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 AFRICAN	WILDLIFE H	FOUNI	DATION	, INC.				81390		age <b>2</b>	
Par	t III Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, o	r Other	Simila	r Assets	s (continu	ued)		
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	t make sig	gnificant ι	use of its				
	collection items (check all that apply).											
а	Public exhibition	d		Loan or excl	hange progra	am						
b	Scholarly research	е			0.0							
с												
4												
5												
-	to be sold to raise funds rather than to be ma								Yes		No	
Par	t IV Escrow and Custodial Arran					Yes" on F	orm 990	Part IV li			<u>,</u>	
	reported an amount on Form 990, Par			organization			01111 0000,	r arcri, i	10 0, 01			
1a	Is the organization an agent, trustee, custodi		liary for	contribution	s or other as	sets not i	ncluded					
iu	on Form 990, Part X?	•	•						Yes		No	
h	If "Yes," explain the arrangement in Part XIII							∟	_ 165	L		
D		and complete the for	lowing t	able.					Amount			
_							4.		/ inouni			
	Beginning balance											
	Additions during the year											
e	Distributions during the year											
T	Ending balance						1f				1	
	Did the organization include an amount on Fe							····· ∟	Yes		No	
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if										]	
1 41				rior year				voare back		voaro	hack	
		(a) Current year 23,094,119.	. /	,516,373.	(c) Two yea			vears back	(e) Four			
1a	Beginning of year balance	23,094,119.		, ,	33,43	'		38,377.		737,6		
b	Contributions	0.040.700		,670,240.	,	'		00,000.		000,0		
С	Net investment earnings, gains, and losses	2,840,790.	2	,377,746.	-4,583	1,727.	5,8	81,291.		645,	753.	
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	2,350,000.	2	,129,760.	87	8,965.	8	88,238.		845,0	000.	
f	Administrative expenses											
g	End of year balance	23,584,909.	23	,094,119.	26,510	5,373.	33,4	31,430.	30,5	538,3	377.	
2	Provide the estimated percentage of the curr		e (line 1g	g, column (a)	) held as:							
а	Board designated or quasi-endowment	78.6170	_%									
b	Permanent endowment 21.3830	%										
С	Term endowment .0000	%										
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.										
3a	Are there endowment funds not in the posse	ssion of the organiza	tion tha	t are held an	nd administer	ed for the	e		_			
	organization by:								`	Yes	No	
	(i) Unrelated organizations?								3a(i)		<u>X</u>	
									3a(ii)		X	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on So	chedule R?					3b			
4	Describe in Part XIII the intended uses of the	organization's endov	wment f	unds.								
Par	t VI Land, Buildings, and Equipm	ent										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990	, Part X, I	ine 10.					
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value	э	
		basis (investr		basis	(other)		reciation		.,			
1a	Land			99	3,157.				993	,15	57.	
	Buildings				7,014.	6	13,3	96.	1,633			
	Leasehold improvements				3,375.		92,7		1,580			
	Equipment				9,599.		.60,10		329			
	Other				0,413.		'83,7'		486			
	Add lines 1a through 1e. (Column (d) must e		V line 1		-				5,023			
Total	, a mos ra mough re. (Column (a) must e	<u>uuai Futtii 990, Patti</u>	<u>^, iirie 10</u>	uc, column	<i>الإ</i> كار			Schodula	D (Form			
								ocheudie		330)	2023	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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 er	nd-of-year market value
(1)	( )		,
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description		(b) Book value
(1) ADVANCE TO PARTNERS	Description		721,456
			261,209
			2,816,038
			2,010,030
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			2 700 702
Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities	. <i>(B)</i> )		3,798,703
	are Fourse 000. Doubly/ lines	11. ou 11f Coo Fours 000 Dout V line 0	r
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			2 040 422
(2) DEFERRED RENT & LEASE INCH	INTIVES		3,848,433
(3) ANNUITIES PAYABLE			134,552
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(-)			3,982,985

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 ... 🗴

15330214 131839 A131807

Sche	dule D (Form 990) 2023 AFRICAN WILDLIFE FOUNDATION	I, IN	с.	52-	0781390 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	h Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	40,395,169.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,539,369.		
b	Donated services and use of facilities	2b	326,366.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	2,871.		
е	Add lines 2a through 2d			2e	1,868,606.
3	Subtract line 2e from line 1			3	38,526,563.
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	72,289.	_	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	72,289.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	38,598,852.
Ра	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per I	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	
1	Total expenses and losses per audited financial statements			1	34,524,718.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	т т			
а	Donated services and use of facilities	2a	326,366.	_	
b	Prior year adjustments			_	
С	Other losses			_	
d	Other (Describe in Part XIII.)				
е	Add lines <b>2a</b> through <b>2d</b>			2e	326,366.
3	Subtract line 2e from line 1			3	34,198,352.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		=		
~			72 289		
а	Investment expenses not included on Form 990, Part VIII, line 7b		72,289.	-	
a b	Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)		12,209.		
	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b		4c	72,289.
b c 5	Other (Describe in Part XIII.)	4b			72,289. 34,270,641.

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

PART V, LINE 4:

THE BOARD OF TRUSTEES HAS ADOPTED A SPENDING POLICY TO USE UP TO THREE
PERCENT OF THE AVERAGE BEGINNING INVESTED MARKET VALUES FOR THE PRIOR FOUR
FISCAL YEARS, OF THE BOARD-DESIGNATED RESERVE TO MEET BOARD APPROVED
BUDGETED EXPENDITURES. SPECIAL CIRCUMSTANCES THAT REQUIRE ADDITIONAL USE
OF RESERVES MUST BE APPROVED BY THE BOARD OF TRUSTEES UPON RECOMMENDATION
FROM THE FINANCE COMMITTEE. THE BOARD-DESIGNATED RESERVE FUND IS EXPECTED
TO ACHIEVE REAL GROWTH NET OF INFLATION OVER THE LONG RUN.

PART X, LINE 2:

AWF PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEAR

ENDED JUNE 30, 2024, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD 332054 09-28-23
Schedule D (Form 990) 2023
29

Schedule D (Form 990) 2023 AFRICAN WILDLIFE FOUNDATION, INC. 52-	-0781390 Page 5
Part XIII Supplemental Information (continued)	
REQUIRE RECOGNITION OR DISCLOSURE IN THESE CONSOLIDATED FINANCIA	<u>،</u>
STATEMENTS OR WHICH MAY HAVE AN EFFECT ON THE TAX-EXEMPT STATUS	OF AWF,
INC.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
UNREALIZED GAIN/LOSS ON TRUST AND ANNUITIES	2,871.
Sche	edule D (Form 990) 2023
332055 09-28-23	

(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.								
Department of the Treasury			Attach to Form 990.			Open to Public			
Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest i	nformation.		Inspection			
Name of the organization					Employer i	dentification number			
AFRICAN WILDLI	FE FOUNDA	υτον τνα	<b>-</b>		52-078	1390			
Part I General Infe	ormation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answe	ered "Yes" on			
Form 990, Part			Compi	oto il tilo organ					
		n maintain record	ds to substantiate the amount of its gra	ints and other	assistance.				
			he selection criteria used to award the			X Yes No			
•	scribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistanc	e outside the			
United States.									
			an be duplicated if additional space is n			· · · · · ·			
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in ( gram service,	for the second s			
	in the region	agents, and independent	gram services, investments, grants to		e specific type	for and			
	the region	contractors	recipients located in the region)		(s) in the region	I Investments			
		in the region			•				
				CONCEDUARTO	NI DDOCDAMO				
SUB-SAHARAN AFRICA	23	198	PROGRAM SERVICES	CONSERVATIO EDUCATION &		, 19,305,262.			
SUB-SARARAN AFRICA	23	198	PROGRAM SERVICES	EDUCATION &	OUTREACH	19,303,202.			
EUROPE	3	4	FUNDRAISING			737,963.			
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
NORTH AMERICA	1	1	FUNDRAISING			131,025.			
			GRANTS TO RECIPIENTS						
SUB-SAHARAN AFRICA	0	0	LOCATED IN THE REGION			3,371,538.			
	27	203				23,545,788.			
<b>3 a</b> Subtotal		203				23,545,708.			
<b>b</b> Total from continuatio		0				0.			
sheets to Part I c Totals (add lines 3a	·	,				0.			
and 3b)	27	203				23,545,788.			

**Statement of Activities Outside the United States** 

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

LHA 332071 11-29-23

SCHEDULE F

52-0781390

# 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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			SUPPORT TO ICCN FOR					
			MANAGEMENT OF THE					
		SUB-SAHARAN	BILI MBOMU FOREST					
		AFRICA	SAVANNA COMPLEX IN	668,377.	WIRE TRANSFER	٥.	N/A	N/A
			COMMUNITY RELOCATION					
			COMPENSATION DUE TO					
		SUB-SAHARAN	LAND ACQUISITION					
		AFRICA	AROUNT VOLCANOES	580,899.	WIRE TRANSFER	0.	N/A	N/A
			COUNTERING WILDLIFE					
			TRAFFICKING THROUGH					
		SUB-SAHARAN	AIR TRANSIT ROUTES IN					
		AFRICA	KENYA AND TANZANIA	366,071.	WIRE TRANSFER	0.	N/A	N/A
			INFRASTUCTURAL					
			SUPPORT TO ZAMBEZI					
		SUB-SAHARAN	VALLEY PROTECTED AREA					
		AFRICA	AND SURROUNDING	246,760.	WIRE TRANSFER	0.	N/A	N/A
			CANINE FOR					
			CONSERVATION SUPPORT					
		SUB-SAHARAN	AND OTHER					
		AFRICA	CONSERNVERATION	198,106.	WIRE TRANSFER	0.	N/A	N/A
			STRENGTHENED SYSTEMS					
			AND GOVERNANCE FOR					
		SUB-SAHARAN	CLIMATE INTEGRATION,					
		AFRICA	BIODIVERSITY	187,002.	WIRE TRANSFER	0.	N/A	N/A
			ENHANCE COMMUNITY					
			RELATIONSHIP, SUPPORT					
		SUB-SAHARAN	ANTI-POACHING AND					
		AFRICA	WILDLIFE MONITORING	139,653.	WIRE TRANSFER	0.	N/A	N/A
			ANTI-POACHING					
			OPERATIONS SUPPORT					
		SUB-SAHARAN	FOR MANAYARA RANCH IN					
		AFRICA	TANZANIA	138,570.	WIRE TRANSFER	0.	N/A	N/A

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

<u>19</u> 10

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2023

	(Form 990)			FOUNDATION, INC.		52-07			Page
Part II	Continuation o	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name o	of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FM appraisal, other)
				CANINE FOR					
				CONSERVATION					
			SUB-SAHARAN	OPERATIONS IN KENYA,					
			AFRICA	TANZANIA, UGANDA,	110,127.	WIRE TRANSFER	0.	N/A	N/A
				ANTI-POACHING SUPPORT					
				WITHIN FARO NATIONAL					
			SUB-SAHARAN	PARK LANDSCASCAPE IN					
			AFRICA	CAMEROON	104,606.	WIRE TRANSFER	0.	N/A	N/A
				SUPPORT COMMUNITY					
				DEVELOPMENT WITHIN					
			SUB-SAHARAN	FARO NATIONAL PARK					
			AFRICA	LANDSCAPE IN	93,365.	WIRE TRANSFER	0.	N/A	N/A
				ENHANCED					
				BIODIVERSITY,					
			SUB-SAHARAN	RESILIENCE,					
			AFRICA	LIVELIHOODS, AND	92,328.	WIRE TRANSFER	0.	N/A	N/A
				COUNTER WILDLIFE					
				TRAFFICKING SUPPORT					
			SUB-SAHARAN	THROUGH CANINE FOR					
			AFRICA	CONSERVATION	63,982.	WIRE TRANSFER	0.	N/A	N/A
				CONSERVATION PARTNER					
				SUPPORT TO MINFOF FOR					
			SUB-SAHARAN	ONSERVATION					
			AFRICA	OPERATIONS IN FARO,	55,720.	WIRE TRANSFER	0.	N/A	N/A
				SUPPORT TO NGULIA					
				RHINO PROGRAM, TSAVO					
			SUB-SAHARAN	WEST NATIONAL PARK					
			AFRICA	RHINO ANTIPOACHING	52,062.	WIRE TRANSFER	0.	N/A	N/A
				AWF JUREC SUB GRANT					
				AGREEMENT WILDLIFE					
			SUB-SAHARAN	LAW ENFORCEMENT					
			AFRICA	SUPPORT IN CONGO DR	49,490.	WIRE TRANSFER	0.	N/A	N/A
				LAB FUNDS AND					
				MISCELLANEOUS					
			SUB-SAHARAN	PURCHASES FOR MINFOF					
			AFRICA	FARO IN CAMEROON	37,164.	WIRE TRANSFER	٥.	N/A	N/A

chedule F (Form 990)			FOUNDATION, INC		52-07			Page
Part II Continuation	on of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organizati	ion <b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM) appraisal, other)
			SUPPORT TO OLDERKESI					
			COMMUNITY TO MANAGE					
		SUB-SAHARAN	WILDLIFE CONSERVANCY					
		AFRICA	THROUGH COTTARS	31,809.	WIRE TRANSFER	٥.	N/A	N/A
			SUPPORT SUSTAINABLE					
			TOURISM SECTOR FOR					
		SUB-SAHARAN	THE CONSERVANCIES AND					
		AFRICA	IMPROVE LIVELIHOODS	28,559.	WIRE TRANSFER	٥.	N/A	N/A
			CONTRIBUTION TO					
			TEAMING AGREEMENT					
		SUB-SAHARAN	WITH IUCN TOWARDS					
		AFRICA	GREEN CLIMATE FUND	25,000.	WIRE TRANSFER	٥.	N/A	N/A
			FINANCIAL MANAGEMENT					
			TRAINING SUPPORT TO					
		SUB-SAHARAN	MANYARA RANCH					
		AFRICA	MANAGEMENT TRUST IN	16,558.	WIRE TRANSFER	٥.	N/A	N/A
			SUSTAINABLE	,				
			NON-TIMBER FOREST					
		SUB-SAHARAN	PRODUCTS IN THE					
		AFRICA	TRIDOM LANDSCAPE IN	15,172.	WIRE TRANSFER	٥.	N/A	N/A
			SUPPORT TO	,				
			IMPLEMENTATION AND					
		SUB-SAHARAN	MONITORING OF					
		AFRICA	ECOTOURISM IN	12 474.	WIRE TRANSFER	0.	N/A	N/A
			SUPPORT TO TAWA WITH	,				
			CANINE FOR					
		SUB-SAHARAN	CONSERVATION PROGRAM					
		AFRICA	IN TANZANIA	11 196	WIRE TRANSFER	0	N/A	N/A
			SUPPORT WITH	,				
			ANTI-POACHING AND					
		SUB-SAHARAN	TRAINING IN BILI UELE					
		AFRICA	LANDSCAPE IN CONGO DR	10 276	WIRE TRANSFER	n	N/A	N/A
			SUPPORT TO SAVE	10,270.		0.		
			VALLEY CONSERVANCY					
		SUB-SAHARAN	TRUST REGISTRATION IN					
		AFRICA	ZIMBABWE	9 940	WIRE TRANSFER		N/A	N/A
		AT ALLA		0,042.	MIVE IVANSLEK	۰ <sup>0</sup>	M/ 12	۳/۸

Schedule F				FOUNDATION, INC.		52-07			Page <b>2</b>		
Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)											
<b>1</b> (a) Name	of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
				SUPPORT WITH WATER							
				RETICULATION IN							
			SUB-SAHARAN	KISIMA SANCTUARY IN							
			AFRICA	MKOMAZI IN TANZANIA	5,958.	WIRE TRANSFER	0.	N/A	N/A		
				SUPPORT TO HUMAN							
				WILDLIFE CONFLICT							
			SUB-SAHARAN	MITIGATION IN LOWER							
			AFRICA	ZAMBEZI IN ZIMBABWE	5,462.	WIRE TRANSFER	0.	N/A	N/A		

### AFRICAN WILDLIFE FOUNDATION, INC. Schedule F (Form 990) 2023

52-0781390

### 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.

<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
	(b) Region	(b) Region       (c) Number of recipients	(b) Region       (c) Number of recipients       (d) Amount of cash grant         (b) Region       (c) Number of recipients       (d) Amount of cash grant         (c) Number of recipients       (d) Amount of cash grant         (c) Number of recipients       (d) Amount of cash grant         (c) Number of recipients       (d) Amount of cash grant         (c) Number of recipients       (d) Amount of cash grant         (c) Number of recipients       (d) Amount of cash grant         (c) Number of recipients       (d) Amount of cash grant         (c) Number of recipients       (d) Amount of cash grant         (c) Number of recipients       (d) Amount of cash grant         (c) Number of recipients       (d) Amount of cash grant         (c) Number of recipients       (d) Amount of cash grant         (c) Number of recipients       (d) Amount of cash grant         (c) Number of recipients       (d) Amount of cash grant         (c) Number of recipients       (d) Number of cash grant         (c) Number of recipients       (d) Number of cash grant         (c) Number of recipients       (d) Number of cash grant         (c) Number of recipients       (d) Number of cash grant         (c) Number of recipients       (d) Number of cash grant         (c) Number of recipients       (d) Number of cash grant	(b) Region       (c) Number of recipients       (d) Amount of cash grant       (e) Manner of cash disbursement         (b) Region       (c) Number of recipients       (c) Amount of cash grant       (c) Amount of cash grant         (c) Number of recipients       (c) Amount of cash grant       (c) Amount of cash grant       (c) Amount of cash disbursement         (c) Number of recipients       (c) Amount of cash grant       (c) Amount of cash grant       (c) Amount of cash disbursement         (c) Number of cash grant       (c) Amount of cash grant       (c) Amount of cash grant       (c) Amount of cash disbursement         (c) Number of cash grant       (c) Amount of cash grant       (c) Amount of cash grant       (c) Amount of cash grant         (c) Number of cash grant       (c) Amount of cash grant       (c) Amount of cash grant       (c) Amount of cash grant         (c) Number of cash grant       (c) Amount of cash grant       (c) Amount of cash grant       (c) Amount of cash grant         (c) Number of cash grant       (c) Amount of cash grant       (c) Amount of cash grant       (c) Amount of cash grant         (c) Number of cash grant       (c) Amount of cash grant       (c) Amount of cash grant       (c) Amount of cash grant         (c) Number of cash grant       (c) Amount of cash grant       (c) Amount of cash grant       (c) Amount of cash grant         (c) Number of cash grant       (c) Am	(b) Region       (c) Number of recipients       (d) Amount of cash grant       (e) Manner of cash disbursement       (f) Amount of noncash assistance         Image: Ima	(b) Region       (c) Number of recipients       (d) Amount of cash grant       (e) Manner of cash disbursement       (f) Amount of noncash assistance         Image: State of the state o

Schedule F (Form 990) 2023

Page 3

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 the 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 the 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? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	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? <i>If</i> "Yes," <i>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 the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

(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 REVIEW 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: SUPPORT TO ICCN FOR MANAGEMENT OF THE BILI MBOMU

FOREST SAVANNA COMPLEX IN CONGO DR

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: COMMUNITY RELOCATION COMPENSATION DUE TO LAND

ACQUISITION AROUNT VOLCANOES NATIONAL PARK IN RWANDA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INFRASTUCTURAL SUPPORT TO ZAMBEZI VALLEY PROTECTED

AREA AND SURROUNDING COMMUNITIES' LIVELIHOOD PROJECTS IN ZIMBABWE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CANINE FOR CONSERVATION SUPPORT AND OTHER

CONSERNVERATION INITIATIVES IN SIMIEN NATIONAL PARK IN ETHIOPIA

#### **REGION: SUB-SAHARAN AFRICA**

(D) PURPOSE OF GRANT: STRENGTHENED SYSTEMS AND GOVERNANCE FOR CLIMATE

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Schedule F (Form 990) 2023

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.

## INTEGRATION, BIODIVERSITY CONSERVATION, AND EQUITABLE COMMUNITY BENEFITS

## IN KAJIADO COUNTY IN KENYA

## REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ENHANCE COMMUNITY RELATIONSHIP, SUPPORT

ANTI-POACHING AND WILDLIFE MONITORING WITHIN FARO NATIONAL PARK LANDSCAPE

IN CAMEROON

### REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CANINE FOR CONSERVATION OPERATIONS IN KENYA,

TANZANIA, UGANDA, ETHIOPIA, BOTSWANA AND CAMEROON

### REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT COMMUNITY DEVELOPMENT WITHIN FARO NATIONAL

PARK LANDSCAPE IN CAMEROON

### REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ENHANCED BIODIVERSITY, RESILIENCE, LIVELIHOODS,

AND GOVERNANCE FOR EQUITABLE CONSERVATION IN NAROK COUNTY IN KENYA

## REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: COUNTER WILDLIFE TRAFFICKING SUPPORT THROUGH

## CANINE FOR CONSERVATION OPERATIONS SUPPORT IN MOZAMBIQUE

## REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CONSERVATION PARTNER SUPPORT TO MINFOF FOR

ONSERVATION OPERATIONS IN FARO, CAMPO AND DJA LANDSCAPES IN CAMEROON

39

### (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### **REGION: SUB-SAHARAN AFRICA**

(D) PURPOSE OF GRANT: SUPPORT TO NGULIA RHINO PROGRAM, TSAVO WEST

NATIONAL PARK RHINO ANTIPOACHING AND OTHER CONSERVATION INITIATIVES IN

KENYA

#### REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT TO OLDERKESI COMMUNITY TO MANAGE WILDLIFE

CONSERVANCY THROUGH COTTARS WILDLIFE TRUST IN KENYA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT SUSTAINABLE TOURISM SECTOR FOR THE

CONSERVANCIES AND IMPROVE LIVELIHOODS OF THE RURAL COMMUNITIES IN TAITA

TAVETA COUNTY IN KENYA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CONTRIBUTION TO TEAMING AGREEMENT WITH IUCN

TOWARDS GREEN CLIMATE FUND PROGRAMME IN EASTERN AND SOUTHERN AFRICA

REGION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FINANCIAL MANAGEMENT TRAINING SUPPORT TO MANYARA

RANCH MANAGEMENT TRUST IN TANZANIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUSTAINABLE NON-TIMBER FOREST PRODUCTS IN THE

40

TRIDOM LANDSCAPE IN MINTOM COUNCIL AREA IN CAMEROON

52-0781390	Page 5
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Schedule F (Form 990) 2023	AFRICAN	WILDLIFE	FOUNDATION,	INC.
Part V Supplementa	Information			

V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of

investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

### REGION: SUB-SAHARAN AFRICA

### (D) PURPOSE OF GRANT: SUPPORT TO IMPLEMENTATION AND MONITORING OF

## ECOTOURISM IN CAMPO-MA'AN NATIONAL PARK IN CAMEROON

Schedule F (Form 990) 2023

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047			
(Form 990)	Complete if the	or if the	2023								
Department of the Treasury		Attach to Form 990 c		Open to Public							
Internal Revenue Service		to www.irs.gov/Form990 for instruc	tions	and t	he latest information	n.		Inspection			
Name of the organization								lentification number			
		WILDLIFE FOUNDATION					52-078				
	complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E	Z filers are not			
1 Indicate whether th	e organization rais	sed funds through any of the followin	g activ	vities. (	Check all that apply.						
a X Mail solicitations e X Solicitation of non-government grants											
<b>b</b> X Internet and	b X Internet and email solicitations f X Solicitation of government grants										
c 🔄 Phone solici		g 🔀 Special	fundra	aising	events						
d X In-person so	licitations										
2 a Did the organization	on have a written o	or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,					
key employees list	ed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fi	undraising services?		XY	es 🔄 No			
<b>b</b> If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursua	ant to	agreei	ments under which th	ne fur	ndraiser is to	be			
compensated at le	east \$5,000 by the	organization.									
			(iii)	Did		(v)	Amount paid				
(i) Name and addres		(ii) Activity		Did aiser ustody	dy I	to (or retained b	or retained by				
or entity (fund	draiser)			trol of utions?	from activity		fundraiser ted in col. (i)	organization			
	20. 2017111		Yes								
THE COMPASS GROUP		AND TON OPPUTOES		No	10 630 070			10 205 470			
CIRCLE, BLOMINGTON SANKY - 360 W 31ST		CAMPAIGN SERVICES		X	19,632,978.		247,500	19,385,478.			
					4 220 700		105 000	4 144 000			
FLOOR 6, NEW YORK, THE STELTER COMPANY		FUNDRAISING SERVICES		x	4,330,786.		185,800	4,144,986.			
5228, DES MOINES, 1		DICIMAL COLUMIONS CEDUICES			2 074 007		100 500	2 0 7 2 4 2 7			
5226, DES MOINES, 1	IA 50505	DIGITAL SOLUTIONS SERVICES		X	3,074,007.		100,580	2,973,427.			
			•	•							
Total	<u></u>		<u></u>		27,037,771.		533,880	26,503,891.			
3 List all states in whi or licensing.	ich the organizatic	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from	registration			

AL, AK, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

AFRICAN WILDLIFE FOUNDATION, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising quart contributions and gross income on Form 000 F7 lines 1 and 6b. List quarte with gross receipte groster than \$5,000

		of fundraising event contributions and gro	53 Income on Form 350	LZ, III IES T AITU OD. LIST E	venta with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	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 li				
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(1) Dull take (instant		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Вe	1	Gross revenue				
ses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)			
						•
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	) If "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	woked, suspended, or te	rminated during the tax y	ear?	Yes No
		· · · · · · · · · · · · · · · · · · ·				

332082 09-13-23

Schedule G (Form 990) 2023

Schedu	ile G (Form 990) 2023	AFRICAN	WILDLIFE	FOUNDATION,	INC. 52-	0781390 Page 3
<b>11</b> Do	es the organization conduct ga	ming activities w	vith nonmembers?			Yes No
	the organization a grantor, bene					
	administer charitable gaming?					Yes No
	dicate the percentage of gaming					
	e organization's facility					<b>13a</b> % <b>13b</b> %
	ter the name and address of the					
			sparse the organiz	ation o gaming, opeoiar e		
Na	ame					
Ad	Idress					
<b>15a</b> Do	pes the organization have a con	tract with a third	party from whom	the organization receive	s gaming revenue?	Yes No
b lf "	'Yes," enter the amount of gam	ina revenue rece	ived by the organi	zation \$	and the amount	
	gaming revenue retained by the					
	'Yes," enter name and address					
Na	ame					
٩	l alva a a					
Ad	Idress					
<b>16</b> Ga	aming manager information:					
Na	ame					
Ga	aming manager compensation	\$				
De	escription of services provided					
De	scription of services provided					
_						
	Director/officer	Employee		Independent contractor		
	andatory distributions: the organization required under	etato love to mal	co oboritoblo diotri	butions from the gamine	a prococida to	
	ain the state gaming license?					Yes No
	ter the amount of distributions					
or	ganization's own exempt activit				•	
Part I					2b, columns (iii) and (v); and Pa	art III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also	provide any addit	ional information. See ir	nstructions.	
332083 09	9-13-23				Sche	dule G (Form 990) 2023
				44	2010	

Schedule G	(Form 990)
Dart IV	Sunnlar

Part IV Sup	plemental information	(continued)		
				Schedule G (Form 990)

15330214 131839 A131807

SCHEDULE J		Compensation Information	[	OMB No. 1	1545-004	47
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest		2023		)
		Compensated Employees		<b>ZU</b>	Ľ٦	
Dono	tmont of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Public		
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection		
Nan	e of the organization	1		identificatio		mber
		AFRICAN WILDLIFE FOUNDATION, INC.	52-0	078139	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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 c		nal use			
	Travel for com					
	Tax indemnific					
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or			37	
_		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>	Х	
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			37	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
~	te d'a sta colstata de la co					
3	,	ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO/Fuendation but available in Part III	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	a committee     Written employment contract       compensation consultant     X Compensation survey or study				
	X Form 990 of o		ommittaa			
			ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
С	-	eive payment from an equity-based compensation arrangement?				X
	-	hes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	-			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
b		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III					<u>x</u>
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
For	Paperwork Reduct	ion Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	n 990)	) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KADDU SEBUNYA	(i)	383,787.	0.	91,221.	38,379.	25,735.	539,122.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD HOLLY	(i)	247,641.	0.	0.	24,635.	24,135.	296,411.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LINDSAY KOSNIK	(i)	231,257.	0.	0.	22,936.	28,558.	282,751.	0.
SR VP, PRINCIPAL GIFTS & INVESTMENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERIC COPPENGER	(i)	239,014.	0.	0.	23,856.	18,646.	281,516.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHARLY FACHEUX	(i)	223,982.	0.	6,875.	22,398.	22,788.	276,043.	0.
SR VP, CONSERVATION STRATEGY, IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) FREDERICK KUMAH	(i)	174,687.	0.	8,166.	17,469.	33,256.	233,578.	0.
VP, GLOBAL LEADERSHIP	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANDREA ATHANAS	(i)	159,363.	0.	0.	15,936.	55,456.	230,755.	0.
VP, ENTERPRISE & INVESTMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PHILIP MURUTHI	(i)	201,170.	0.	0.	20,117.	4,617.	225,904.	0.
VP, SPECIES CONSERVATION & SCIENCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BETH FOSTER	(i)	211,290.	0.	0.	7,875.	1,290.	220,455.	0.
SR VP, BRAND & PUBLIC ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ALISTAIR POLE	(i)	170,701.	0.	0.	17,070.	14,461.	202,232.	0.
SR DIR, LANDSCAPE DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) FELIX OTIENO	(i)	150,450.	0.	0.	15,000.	18,414.	183,864.	0.
DIRECTOR, INFORMATION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) IAN GRANT	(i)	156,949.	0.	0.	7,667.	10,526.	175,142.	0.
SPECIAL ADVISOR, DONOR RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DAVID WILLIAMS	(i)	135,529.	0.	0.	13,420.	22,193.	171,142.	0.
DIRECTOR, CONSERVATION GEOGRAPHY	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) AMY GOSSOW	(i)	147,985.	5,000.	0.	0.	10,356.	163,341.	0.
VP, CORPORATE & FOUNDATION RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) CRAIG SHOLLEY	(i)	134,353.	0.	0.	12,930.	15,429.	162,712.	0.
SR VP, AND SPECIAL ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Schedule J (Form 990) 2023

#### 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. THE BENEFITS

#### RECEIVED ARE NOT TAXABLE.

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	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

23

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

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

Name of the organization

### AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number

ſ ZU

AFRICAN WILDLIFE FOUNDATION, INC. 52-0781					7813	90		
Par	t I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		0	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	76	2 435 441.	AVERAGE OF 3	нтсн	T.C	าพา
10	Securities - Closely held stock		,,,	2,155,111			.,	
11	Securities - Partnership, LLC, or							
••								
10	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ( )							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	-					~	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	/ 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 t							
	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 p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties of	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) foi	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.		-					

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF ITEMS RECEIVED.

SCHEDULE M, LINE 32B:

WE HAVE HIRED A SPECIALIZED LAW FIRM TO ASSIST THE ORGANIZATION MANAGE

BEQUESTS. THAT FIRM WOULD BE USED TO ASSIST WITH THE SALE OF NON-CASH

CONTRIBUTIONS. ADDITIONALLY, THE ORGANIZATION HOLD BROKERAGE ACCOUNTS

TO BE ABLE TO RECEIVE AND SELL STOCK GIFTS.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Name of the organization

## 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.



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 1, DESCRIPTION OF ORGANIZATION MISSION:

STRATEGIES BRIDGE SCIENCE, ON-THE-GROUND PROGRAMS, EDUCATION, AND

PUBLIC POLICY.

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

ACCOMPLISHMENTS IN FY24 INCLUDE:

DEVELOPED SUSTAINABLE LIVELIHOOD OPPORTUNITIES, PARTICULARLY WITH WOMEN AND YOUTH, IN EIGHT COUNTRIES. FOR EXAMPLE IN FY24, IN THE DRC, NEARLY 800 WOMEN WERE TAUGHT TRADES SUCH AS TAILORING AND SOAP-MAKING; 180 HOUSEHOLDS PARTICIPATED IN A COMMUNITY ENTERPRISE PROGRAM TO LEARN BUSINESS PLANNING, MANAGEMENT, AND SAVINGS; AND INDIGENOUS WOMEN WERE TRAINED IN THE HARVEST AND SALE OF NON-TIMBER FOREST PRODUCTS.

PROVIDED CLIMATE-SMART AGRICULTURAL TRAINING AND SUPPORT. IN CAMEROON,

AWF HELPED LOCAL COMMUNITIES ESTABLISH NURSERIES AND SEED 140,000 COCOA

PLANTS, PROVIDING 115 COMMUNITY MEMBERS THE OPPORTUNITY TO ESTABLISH A

ONE-HECTARE COCOA PLANTATION. IN TANZANIA, AWF SENSITIZED 1,209 FARMERS

IN CLIMATE-SMART AGRICULTURE AND DEVELOPED TWELVE ACRES OF

DEMONSTRATION PLOTS. BOTH ACTIVITIES WERE AIMED AT INCREASING

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

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Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
PRODUCTIVITY AND REDUCING WATER USE AND LAND DEGRADATION.	IN CAMEROON,
AWF IMPROVED COMMUNITY LIVELIHOODS THROUGH SUSTAINABLE AGR	ICULTURE,
INCLUDING THE DEVELOPMENT OF AGROFORESTRY AGRICULTURE SUCH	AS COCOA
FARMING AND CREATING MARKETS FOR NON-TIMBER FOREST PRODUCT	S. IN THE
DEMOCRATIC REPUBLIC OF THE CONGO, FARMERS WERE TRAINED IN	SUSTAINABLE
FARMING PRACTICES SUCH AS PLANTING TECHNIQUES AND WEED CON	TROL, AND
THEY WERE PROVIDED DROUGHT-TOLERANT SEEDS, SPECIFICALLY AD	APTED TO
THEIR REGION.	
ADDRESSED WATER ACCESS FOR PEOPLE, LIVESTOCK, AND WILDLIFE	IN SEVEN
COUNTRIES. PREVIOUSLY, WOMEN AND CHILDREN WERE REQUIRED TO	WALK MANY
MILES TO FETCH WATER, CAUSING CHILDREN TO MISS SCHOOL. TO	ADDRESS THIS
ISSUE, IN CAMEROON, WE PROVIDED EASILY ACCESSIBLE WATER SC	URCES TO
17,500 RESIDENTS AND THEIR LIVESTOCK AND GARDENS. IN KENYA	, NEW
BOREHOLES PROVIDED A CONVENIENT WATER SOURCE TO 10,000 HOU	SEHOLDS AND
THEIR LIVESTOCK, AND IN ZIMBABWE, FOUR SOLAR-POWERED WATER	SOURCES
PROVIDED 1,250 HOUSEHOLDS WITH CLEAN, RELIABLE WATER.	
ENSURED A RIGHTS-BASED APPROACH TO CONSERVATION. WE CARRIE	D OUT
RIGHTS-BASED TRAINING WITH 150 WILDLIFE AUTHORITIES AND SE	NSITIZED
1,647 INDIGENOUS PEOPLES AND LOCAL COMMUNITIES. WE ALSO ES	TABLISHED A
COMPLAINT AND CONFLICT MANAGEMENT MECHANISM (CCMM) IN SIX	LANDSCAPES TO
PROVIDE COMMUNITIES A MEANS FOR LODGING CONCERNS. OTHER EX	AMPLES OF
THIS WORK INCLUDE RWANDA, WHERE WE LED A RIGHTS-BASED APPR	OACH ENGAGING
MEMBERS OF 74 VILLAGES ABOUT LAND USE PLANS FOR THE REGION	. THIS WORK
WILL INCLUDE FUTUREDEVELOPMENT OF GREEN VILLAGES THAT OFFE	R
ELECTRICITY, INDOOR PLUMBING, HEALTH CARE, EDUCATION FACIL	ITIES, AND
OTHER MODERN INFRASTRUCTURE. AWF LANDSCAPE MANAGERS FROM K	
<sup>332212</sup> 11-14-23 52 ביס געגע געגע געגע געגע געגע געגע געגע גע	Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023	Page <b>2</b>			
Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390			
(TANZANIA), FARO (CAMEROON), KIDEPO (UGANDA), SIMIEN MOUNTAINS				
(ETHIOPIA), CAMPO MA'AN (CAMEROON), BILI-UELE (DRC), TSAVO	-MKOMAZI			
(KENYA/TANZANIA), AND MID-ZAMBEZI (ZIMBABWE) CAME TOGETHER	TO DEVELOP A			
PILOT PROJECT WITH PEACE NEXUS FOUNDATION THAT INTEGRATED	PEACE AND			
CONFLICT SENSITIVITY INTO THE EXISTING RIGHTS-BASED CONSER	VATION WORK			
WE ALREADY DO. THIS PROGRAM WILL PROVIDE TRAINING ON MEDIA	TION AND			
CONFLICT RESOLUTION TOOLS, BUILDING A MORE PEACEFUL COMMUN	ITY STARTING			
<u>IN FY25.</u>				
MANAGED HUMAN-WILDLIFE CONFLICT. WHILE HUMAN-WILDLIFE CONF	LICT OFTEN			
FOCUSES ON PREVENTING DEATH OR DESTRUCTION TO PEOPLE AND T	HEIR			
PROPERTY, HUMANS CAN ALSO HAVE AN ADVERSE EFFECT ON WILDLIFE.				
STEWARDSHIP OF LIVESTOCK IS IMPORTANT IN PROTECTING WILDLIFE FROM				
DISEASES THAT DOMESTIC ANIMALS CAN ACQUIRE AND SPREAD. THE AWF				
ETHIOPIAN TEAM ESTABLISHED A MONITORING TOOL WITH THE SIMIEN MOUNTAINS				
NATIONAL PARK THAT ENABLED THEM TO QUICKLY IDENTIFY AN OUT	BREAK IN THE			
PARK'S BUFFER ZONE THAT PUT THE ENDANGERED WALIA IBEX AT HIGH RISK. IN				
COLLABORATION WITH THE ETHIOPIAN WILDLIFE CONSERVATION AUTHORITY AND				
THE DEBARK WOREDA ANIMAL HEALTH DEPARTMENT, AWF DESIGNED A	VACCINATION			
PROGRAM FOR LIVESTOCK AROUND THE PARK, DELIVERING 78,761 D	OSES. IN			
UGANDA, MUCH OF THE CONFLICTS OCCUR OUTSIDE OF PROTECTED AREAS, SO				
COMMUNITY WILDLIFE SCOUTS PLAY A CRITICAL ROLE BY SENSITIZING THEIR				
COMMUNITIES TO HUMAN WILDLIFE CONFLICT MANAGEMENT TECHNIQUES AND				
SWIFTLY SHARING WILDLIFE MOVEMENT. IN A THREE-DAY INTENSIVE WORKSHOP,				
AWF TRAINED COMMUNITY SCOUTS IN ANIMAL BEHAVIOR, EFFECTIVE	MITIGATION			
STRATEGIES (INCLUDING PLANTING CHILI PEPPERS AND USING ELECTRIC HORNS),				
AND HOW TO EFFECTIVELY WORK ALONGSIDE COMMUNITY MEMBERS.				

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Name of the organization	Page 2 Employer identification number	
AFRICAN WILDLIFE FOUNDATION, INC.	52-0781390	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:	
MONITORED WERE 12 ELEPHANT POPULATIONS, 8 LARGE CARNIVORE POPULATIONS,		
7 GREAT APE POPULATIONS, 4 GIRAFFE POPULATIONS, AND 6 RHINO		
POPULATIONS. POPULATIONS WERE CHOSEN FOR MONITORING BECAUSE THEIR		
VIABILITY PROVIDED GOOD INDICATIONS OF OVERALL ECOSYSTEM H	EALTH AND	
WILDLIFE SECURITY.		

STRENGTHENED PROTECTED AREA MANAGEMENT. AWF SUPPORTED WILDLIFE AUTHORITIES IN PROTECTED AREA MANAGEMENT THROUGH TRAINING AND DONATION OF EQUIPMENT FOR RANGERS AND ECO-GUARDS IN FIVE COUNTRIES. THIS INCLUDED TRAINING IN THE DRC, ETHIOPIA, KENYA, TANZANIA, AND UGANDA.

PROVIDED TECHNOLOGICAL TOOLS. AWF'S ONGOING STRATEGIC PARTNERSHIP WITH ESRI, THE PREEMINENT SPATIAL TECHNOLOGY COMPANY, GENERATED INNOVATIVE, ACCESSIBLE TOOLS TO FACILITATE EVIDENCE-BASED DECISION-MAKING AND EASE OF USE BY NON-TECHNICAL USERS. IN TURN, THESE TOOLS HAVE SCALED EFFORTS WITH PARTNERS THROUGHOUT AFRICA, INCLUDING AFRICA CIVIL SOCIETY BIODIVERSITY ALLIANCE, AFRICA PROTECTED AREA DIRECTORS, AND WILDLIFE AUTHORITIES IN KENYA, CAMEROON, ZIMBABWE, AND ETHIOPIA. THE TOOLS COLLECTED DATA ON WILDLIFE MOVEMENT AND POPULATION DYNAMICS AND HELPED AWF, PARTNERS, PROTECTED AREA MANAGERS, AND LOCAL COMMUNITIES MAKE INFORMED CONSERVATION DECISIONS.

INCREASED CAPACITY TO INVESTIGATE AND PROSECUTE WILDLIFE CRIME. AWF'S COUNTER WILDLIFE TRAFFICKING (CWT) DIVISION CONDUCTED SEVERAL PROGRAMS. THE JUDICIAL AND PROSECUTORIAL ASSISTANCE TRAINING PROGRAM TRAINED 665 LAW ENFORCEMENT OFFICIALS IN THE DRC, ETHIOPIA, KENYA, TANZANIA, AND UGANDA. COURT MONITORING IN KENYA AND TANZANIA LED TO A 68% CONVICTION 332212 11-14-23 Schedule O (Form 990) 2023 54

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Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number			
AFRICAN WILDLIFE FOUNDATION, INC.	52-0781390			
RATE AMONG CASES. THE WILDLIFE INVESTIGATION AND EMERGING CRIMES				
PROGRAM BUILT CAPACITY AMONG 386 OFFICIALS IN THE DRC, ETH	HIOPIA, KENYA,			
TANZANIA, AND UGANDA BY PROVIDING NEW TOOLS AND METHODOLOG	GIES TO			
ADDRESS THE CHANGING WILDLIFE CRIME LANDSCAPE. IN ADDITION	N, AWF			
DEVELOPED TRAINING MANUALS AND SUPPORTED SPECIAL INVESTIGA	ATIVE			
OPERATIONS IN THE DRC, KENYA, AND TANZANIA. THOSE EFFORTS	NETTED 34			
ARRESTS AND THE RECOVERY OF 167 KILOGRAMS OF IVORY. AWF AI	LSO DONATED			
LAW ENFORCEMENT EQUIPMENT TO RANGERS, ECO-GUARDS, AND SCOU	JTS IN THE			
DRC, ETHIOPIA, KENYA, TANZANIA, AND UGANDA FOR A TOTAL INV	VESTMENT OF			
<u>\$133,599.</u>				
INCREASED CAPACITY TO DETECT AND DETER WILDLIFE CRIME. AW	F HAS TRAINED			
AND PROVIDED ANIMAL WELFARE OVERSIGHT FOR DETECTION DOG UNITS IN				
BOTSWANA, CAMEROON, ETHIOPIA, KENYA, MOZAMBIQUE, TANZANIA, AND UGANDA.				
IN ADDITION TO TRAINING THE DOGS, WE ALSO TRAINED WILDLIFF	IN ADDITION TO TRAINING THE DOGS, WE ALSO TRAINED WILDLIFE AUTHORITY			
DOG HANDLERS AND PROVIDED GUIDANCE ON CARING FOR THE DOGS. ONCE				
TRAINED, THE DOG TEAMS ARE MANAGED BY THE WILDLIFE AUTHORI	ITIES. IN			
FY24, TEN NEW DOGS AND FIVE HANDLERS WERE TRAINED TO DEPLOY AT BOLE				
INTERNATIONAL AIRPORT IN ETHIOPIA. A CANINE FACILITY WAS BUILT FOR DOG				
TEAMS IN ETHIOPIA, AND AWF DEVELOPED TOOLS AND GUIDELINES FOR CANINE				
CARE AND SUPPORTED COUNTRIES WITH VETERINARY CARE, DOG FOOD, AND				
ONGOING TRAINING. DETECTION DOG TEAMS ALSO BEGAN WORKING AT NSIMALEN				
INTERNATIONAL AIRPORT IN CAMEROON. THEIR EFFORTS INCLUDED SEARCHES OF				
41,823 FLIGHTS, 1,621,924 CARGO CONTAINERS, 3,398,110 PIECES OF				
LUGGAGE, AND 11,232 MOTOR VEHICLES IN CAMEROON, KENYA, MOZAMBIQUE,				
TANZANIA, AND UGANDA.				

INCREASED HABITAT FOR WILDLIFE. 3,600,000 HECTARES WERE PUT UNDER Schedule O (Form 990) 2023 332212 11-14-23 55 2023.05050 AFRICAN WILDLIFE FOUNDATI A1318071

Name of the organization	Employer identification number
AFRICAN WILDLIFE FOUNDATION, INC.	52-0781390
CONSERVATION MANAGEMENT IN THE DEMOCRATIC REPUBLIC OF THE	CONGO. IN
ADDITION, RESTORATION WAS COMPLETED OF 27 HECTARES OF FORM	ER FARMLAND
PREVIOUSLY DONATED TO RWANDA'S VOLCANOES NATIONAL PARK BY	AWF, AND THE
LAND OPENED UP FOR USE AS A PROTECTED HABITAT FOR MOUNTAIN	GORILLAS AND

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: NATURE INTO DEVELOPMENT PLANNING, POLICY DEVELOPMENT, AND DECISION-MAKING ON PUBLIC AND PRIVATE SECTOR FUNDING. THE REPORT IS RECOGNIZED AS A BEST PRACTICE FOR OTHER COUNTRIES TO FOLLOW BY THE WORLD BANK GLOBAL ENVIRONMENT FACILITY 8 PROJECT PREPARATION GUIDEBOOK. IN COLLABORATION WITH THE GOVERNMENT OF RWANDA, WE COMPLETED A CONSERVATION AND DEVELOPMENT MASTER PLAN FOR THE VOLCANOES LANDSCAPE AROUND VOLCANOES NATIONAL PARK, GUIDING OVERALL DEVELOPMENT IN THE REGION. ADDITIONALLY, AWF WORKED WITH PARTNERS TO LAUNCH A BUSINESS INCUBATOR PROGRAM IN THE VOLCANOES LANDSCAPE TO BOLSTER MORE THAN ONE HUNDRED COMMUNITY-LED BUSINESSES THROUGH TRAINING, DATA AND IDEATION SUPPORT. IN TANZANIA, MANYARA RANCH, A WORKING CATTLE RANCH AND COMMUNITY CONSERVANCY IN AN IMPORTANT WILDLIFE CORRIDOR, WAS FULLY TRANSITIONED TO COMMUNITY MANAGEMENT, WITH SIGNIFICANT ECOTOURISM INVESTMENTS PLANNED.

EMPOWERED NETWORKS OF CONSERVATION LEADERS. AWF SUPPORTED COALITIONS OF AFRICAN CONSERVATION STAKEHOLDERS IN EVERYDAY DECISION-MAKING AND IN BRINGING THEIR PERSPECTIVES TO LOCAL, NATIONAL, REGIONAL, PAN-AFRICAN, AND GLOBAL DIALOGUES AND POLICY NEGOTIATIONS. THIS INCLUDED SUPPORT AS SECRETARIAT TO THE AFRICAN CIVIL SOCIETY BIODIVERSITY ALLIANCE (ACBA), THE AFRICA PROTECTED AREA DIRECTORS (APAD), AND THE GLOBAL YOUTH 332212 11-14-23 Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
AFRICAN WILDLIFE FOUNDATION, INC.	52-0781390
BIODIVERSITY NETWORK - AFRICA (GYBN-AFRICA) AT PAN-AFRICAN	AND GLOBAL
FORUMS IN ESTABLISHING TARGETS TO REDUCE BIODIVERSITY LOSS	AND ADDRESS
CLIMATE CHANGE, INCLUDING THE CBD COP16 AND THE CLIMATE CO	P29. WE ALSO
SUPPORTED THE AFRICAN GROUP OF NEGOTIATORS (AGN), WHO PROV	IDE
CONTINENTAL REPRESENTATION IN GLOBAL UN NEGOTIATIONS, WITH	TRANSLATION
SERVICES AND OTHER MEETING FACILITATION. EXAMPLES OF LOCAL	AND NATIONAL
EMPOWERING INCLUDE UGANDA, WHERE AWF PARTNERED WITH THE UG	ANDA WILDLIFE
AUTHORITY TO ASSEMBLE A COALITION OF COMMUNITY MEMBERS, GO	VERNMENT
OFFICIALS, NGOS, AND CONSERVATION LEADERS TO FORM THE KIDE	PO LANDSCAPE
CONSERVATION STAKEHOLDERS FORUM, A NETWORK TO INFLUENCE PO	LICY AND
PROMOTE COEXISTENCE BETWEEN HUMANS AND WILDLIFE. IN ZIMBAB	WE AWF
TRAINED 30 WOMEN AND MEN AS POLICY FACILITATORS, WHO IN TU	RN TRAINED
300 COMMUNITY MEMBERS REPRESENTING ALMOST 6,000 LOCAL COMM	UNITY MEMBERS
TO ENSURE THE INCLUSION OF LOCAL PERSPECTIVES IN THE DEVEL	OPMENT OF THE
NATIONAL BIODIVERSITY STRATEGIC ACTION PLAN.	

DEVELOPED CONSERVATION LEADERSHIP. AWF SUPPORTED FOUR FORMAL FELLOWSHIP
PROGRAMS AND ENVIRONMENTAL JOURNALISM TRAINING FOR AFRICAN JOURNALISTS
IN SIX COUNTRIES. THE FELLOWSHIP PROGRAMS INCLUDED THE AWF CHARLES R.
WALL CONSERVATION LEADERSHIP & MANAGEMENT FELLOWS (16 FELLOWS); THE AWF
CHARLES R. WALL YOUNG AFRICAN POLICY FELLOWS (15 FELLOWS); A FELLOWSHIP
FOR POSTGRADUATE SCIENTISTS, THE CHARLOTTE FELLOWS (2 FELLOWS); AND A
FELLOWSHIP FOR AFRICAN CONSERVATION FILMMAKERS, THE AFRICAN
CONSERVATION VOICES PRODUCERS LAB IN PARTNERSHIP WITH NEWF (9 FELLOWS).
WEBINARS ON CONSERVATION ISSUES WERE PROVIDED TO A NETWORK OF 45
WORKING JOURNALISTS FROM SIX COUNTRIES, WHO RECEIVED IN-PERSON TRAINING
FROM AWF IN PRIOR YEARS.

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Schedule O (Form 990) 2023	Page <b>2</b>		
Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390		
SUPPORTING GLOBAL INVESTMENT IN AFRICAN-LED CONSERVATION.	AWF'S POLICY		
WORK EXTENDED TO NORTH AMERICA AND EUROPE. AWF CONTRIBUTED	TO UNITED		
STATES GOVERNMENT-FACILITATED PROCESSES TO ESTABLISH THE U	S FOUNDATION		
FOR INTERNATIONAL CONSERVATION (USFICA), BRINGING AFRICAN-	LED		
CONSERVATION APPROACHES AND PERSPECTIVES TO THE DESIGN PRO	CESS.		
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:			
CAMEROON, CANADA, CONGO, DEM REP, ETHIOPIA,			
KENYA, NIGER, RWANDA, TANZANIA,			
UGANDA, UNITED KINGDOM, ZIMBABWE			
FORM 990, PART VI, SECTION A, LINE 1A:			
THE EXECUTIVE COMMITTEE CONSISTS OF THE BOARD CHAIR, THE V	ICE-CHAIR, THE		
CHIEF EXECUTIVE OFFICER AND THE CHAIRS OF THE STANDING COM	MITTEES WHICH ARE		
THE AUDIT COMMITTEE, FINANCE COMMITTEE, COMMUNICATIONS AND	MARKETING		
COMMITTEE, DEVELOPMENT COMMITTEE, NOMINATING AND GOVERNANC	E COMMITTEE AND		
THE CONSERVATION AND THE GOVERNMENT RELATIONS COMMITTEE.	IN THE INTERVALS		
BETWEEN MEETINGS OF THE BOARD, THE EXECUTIE COMMITTEE SHALL MANAGE AND			
CONTROL THE PROPERTY, BUSINESS AND AFFAIRS OF THE FOUNDATI	ON AND EXERCISE		
ALL THE POWERS OF THE BOARD TO THE EXTENT NOT CONGTRARY TO	LAW OR TO THE		
PROVISIONS OF THE BYLAWS. THE BOARD CHAIR ALSO SERVES AS T	HE CHAIR OF THE		
EXECUTIVE COMMITTEE.			

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

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

FORM 990, PART	VI, SECTION B, L	INE 11B:		
THE AUDIT COMMI	TTEE REVIEWS THE	990 WITH THE	CFO AND WITH	I THE AUDIT FIRM TO
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Name of the organization	Employer identification number
•	
AFRICAN WILDLIFE FOUNDATION, INC.	52-0781390
ANSWER ANY QUESTIONS FROM COMMITTEE MEMBERS. AFTER MAKING	ANY NECESSARY
EDITS TO THE FORM SUBSQUENT TO THE AUDIT COMMITTEE'S REVIE	W, THE CFO SEND
THE 990 TO AWF'S GOVERNING BOARD AND PROVIDES A WINDOW FOR	QUESTIONS OR
COMMENTS FROM TRUSTEE BEFORE FILING THE RETURN WITH THE IF	S.

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 REGARDIN 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.

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 FORWARD 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

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 Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023 Page <b>2</b>					
Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390				
EXECUTIVE OF SIMILAR FIRMS AND MAKES A RECOMMENDATION. THE	DATA IS PROVIDED				
TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES WHO	ULTIMATELY				
DECIDE 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 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

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## 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.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 52 - 0781390

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### AFRICAN WILDLIFE FOUNDATION, INC.

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
AWF UNITED KINGDOM							
35 BERKELEY SQUARE, MAYFAIR							
LONDON, UNITED KINGDOM W1J 5BF	WILDLIFE CONSERVATION	UNITED KINGDOM					х
AWF SWITZERLAND							
RUE MAUVERNEY 28							
GLAND, SWITZERLAND 1196	WILDLIFE CONSERVATION	SWITZERLAND					х
AWF CANADA							
18 KIND STREET EAST, STE 1400							
TORONTO, CANADA M5C 1C4	WILDLIFE CONSERVATION	CANADA					х

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

Schedule R (Form 990) 2023

### Schedule R (Form 990) 2023 AFRICAN WILDLIFE FOUNDATION, INC.

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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)		i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
										-		
	{											
	{											
	{											

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(b contr	<b>i)</b> b)(13) rolled iity?
		country)				400010		Yes	No

## Schedule R (Form 990) 2023 AFRICAN WILDLIFE FOUNDATION, INC.

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	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 complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
(4)			
(5)			
_(6)			

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### Schedule R (Form 990) 2023 AFRICAN WILDLIFE FOUNDATION, INC.

#### 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)	(b)	(c)	(d)	6	-)	(f)	(g)	(۲	1)	(i)	(j)		(k)	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are	<b>e)</b> e all rs sec.				opor-	Code V-UBI	Genera		ercentage	
of entity	, , , , , , , , , , , , , , , , , , ,	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501( org	c)(3) s.?	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	r? OV	wnership	
		country)	sections 512-514)	Yes				Yes	No	(Form 1065)	Yes	10		

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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