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DLN: 93493032006106

Department of the Treasury Internal Revenue Service

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

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

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

▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

4 FO	or the 2	2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015											
	eck ıf ap	AFRICAN WILDLIFE FOONDATION INC		D Employe	er iden	tification number							
_	dress cha			52-078	1390								
Na _	me chan	Doing business as											
Init	tıal returi			E Telephon	e numb	per							
_ Fin ret	al urn/term	Number and street (or P O box if mail is not delivered to street address) Room/suit 1400 16TH STREET NW NO 120	e	(202)9	39-3	333							
Am	ended re												
- Apı	plication	washington, DC 200362249 pending		<b>G</b> Gross red	eipts \$	44,999,882							
	x-exem <sub>l</sub>	F Name and address of principal officer PATRICK BERGIN 1400 16TH STREET NW NO 120 WASHINGTON,DC 200362249  pt status   ▼ 501(c)(3)   ▼ 501(c)(1)  ▼ (insert no )   ▼ 4947(a)(1) or   ▼ 527	<b>H(b)</b> Are a	rdinates? ill subordin ded?	ates	for							
1 14/	obsito	: ► WWW AWF ORG											
			H(c) Grou	ıp exemptio	n nun	nber 🟲							
		anization 🔽 Corporation 🧵 Trust 🦳 Association 🦳 Other 🕨	<b>L</b> Year of fo	rmation 196	M	State of legal domicile DC							
Pa	rt I	Summary											
alice		Briefly describe the organization's mission or most significant activities  AWF WORKS TO ENSURE THE WILDLIFE AND WILD LANDS OF AFRICA WILL	ENDURE FO	DREVER									
Governance	2 0	neck this box 析 if the organization discontinued its operations or disposed of more than 25% of its net assets											
	3 N	Jumber of voting members of the governing body (Part VI, line 1a)		.	3	2.8							
ACTIVITIES &	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		[	4	27							
Ē	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a) .		[	5	44							
ទ្ធ	6 ⊤	otal number of volunteers (estimate if necessary)		[	6	34							
•	7a ⊤	otal unrelated business revenue from Part VIII, column (C), line 12		[	7a	С							
	ЬN	let unrelated business taxable income from Form 990-T, line 34			7b	C							
			Prio	r Year		Current Year							
-	8	Contributions and grants (Part VIII, line 1h)		26,722,612		31,585,502							
Rayenue	9	Program service revenue (Part VIII, line 2g)		609,7	. 8	573,187							
e Ac	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,188,75	59	-245,732							
Δ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		236,557		367,568							
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,757,64	16	32,280,525							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )		3,673,98	34	5,626,481							
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0							
\$	15	Salaries, other compensation, employee benefits (Part IX, column (A ), lines $5-10$ )	9,292,		2 3	9,628,992							
9) S	16a	Professional fundraising fees (Part IX, column (A), line 11e)		362,08	32	524,878							
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶2,454,154											
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,212,84	$\overline{}$	11,395,574							
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		23,541,23	-	27,175,925							
	19	Revenue less expenses Subtract line 18 from line 12		5,216,4	$\overline{}$	5,104,600							
Net Assets or Fund Balances				g of Current ear	:	End of Year							
3 TE	20	Total assets (Part X, line 16)		44,743,3	27	46,353,162							
4 E	21	Total liabilities (Part X, line 26)		5,748,74	17	4,038,118							
	22	Net assets or fund balances Subtract line 21 from line 20		38,994,58	30	42,315,044							
Pai	rt II	Signature Block											
Inda	rnonal	Ities of perjury, I declare that I have examined this return, including											

my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign
Here

Signature of officer JEFF CHRISFIELD CHIEF OPERATING OFFICER Type or print name and title

# Paid Preparer **Use Only**

Print/Type preparer's name FRANK H SMITH Preparer's signature FRANK H SMITH Firm's name 🕨 RAFFA PC Firm's address ► 1899 L STREET NW SUITE 850

May the IRS discuss this return with the preparer shown above? (see instruction

WASHINGTON, DC 20036

Part IV	Checklist of	Required	<b>Schedules</b>

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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 1	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
L7	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	Yes	
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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 Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V	-	Yes	. V
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a	в		
Ь	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	5		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a.	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	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
)	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►CG, ET, KE, SF, TZ, UG, UK, ZA, OD, ZI, MP  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5c 6a		N
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Ν
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Ν
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	in which the organization is neclised to issue qualified health plans	-		
		   14-	 	 
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	N

Form 990 (2014) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . . . . . . . . . . . . . . . Section A. Governing Body and Management Yes No  ${f 1a}$  Enter the number of voting members of the governing body at the end of the tax 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 in Schedule O **b** Enter the number of voting members included in line 1a, above, who are 27 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . Nο Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes 8a Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		

#### Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed ►AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY,

  LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY,

  NC, ND, OH, OR, OK, PA, RI, SC, TN, UT, VA, WA,

  WV, WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶JEFF CHRISFIELD

Form 990 (2014)	
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)	a	g	e	7
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

<b>(A)</b> Name and Title	week (list any hours for related organizations	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	-►			
d	Total (add lines 1b and 1c)	▶	1,776,196	0	455,670

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►15

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	- a		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			110	
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	

#### Section B. Independent Contractors

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

(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
PRODUCTION SOLUTIONS INC 1953 GALLOWS ROAD 600 VIENNA, VA 22182	PRINTING AND MAILSHOP	579,647
SANKY COMMUNICATIONS INC 599 11TH AVENUE 6TH FLOOR NEW YORK, NY 10036	DIRECT MAIL SERVICES	452,598
MASS DESIGN GROUP 334 BOYLSTON STREET SUITE 400 BOSTON, MA 02116	DESIGN/CONSTRUCTION SERVICES	232,778
CONSERVATION CAPITAL CONSULTING NEW CAVENDISH STREET LONDON UK	DEVELOPMENT & STRATEGIC MGMT	189,973
2. Takal number of independent contractors (including but not limit		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►4

Form 99								Page <b>9</b>
Part V		Statement o Check if Schedu	<b>f Revenue</b> ule O contains a respon	se or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
u E	1a	Federated camp	paigns 1a					
Grants	b	Membership du	es <b>1b</b>					
ا يُعْ قَا	С	Fundraising eve	ents <b>1c</b>					
Giffs, illar A	d	Related organiz	ations 1d					
છ્≝	e	Government grants		12,330,200				
tributions, Gifts, Grants Other Similar Amounts	f	-	ons, gifts, grants, and <b>1f</b>	19,255,302				
Contributions, and Other Sim	g	Noncash contribution 1a-1f \$	ons included in lines	562,066				
Conta	h	Total. Add lines	s 1a-1f	· · ·	31,585,502			
				Business Code				
e III	2a	SAFARI INCOME		900099	473,717	473,717		
Es Es	b	OUTREACH INCOM	E	900099	92,170	92,170		
<del>ပို့</del>	С	MEETINGS INCOME		900099	7,300	7,300		
ž.	d							
2	е							
Program Serwce Revenue	f		m service revenue					
-	g	Total. Add lines			573,187			
	3		ome (including dividend ar amounts)		726,004	13,283		712,721
	4	Income from inves	tment of tax-exempt bond p	oroceeds 🕨				
	5	Royalties			297,513			297,513
			(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
	_	expenses Rental income						
	С	or (loss)						
	d	Net rental incor	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) Other				
		from sales of assets other than inventory	11,691,058	56,563				
	b	Less cost or other basis and	12,668,036	51,321				
	c	sales expenses Gaın or (loss)	-976,978	5,242				
	d		s)	·	-971,736			-971,736
Other Revenue	8a	Gross income frevents (not incl	uding reported on line 1c)					
- -	_		a					
¥			penses <b>b</b> loss) from fundraising e	)vonts				
	c 9a		rom gaming activities	events p-				
	b	Less direct ex	a penses b					
	С		loss) from gaming activ	rities				
	10a	Gross sales of returns and allo						
			<b>a</b>					
			oods sold <b>b</b> [ loss) from sales of inve	ntory				
		Miscellaneous	-	Business Code				
	11a	MAILING LIST		900099	40,180			40,180
	b	AMORTIZATIO		900099	29,875			29,875
	c							
	d	All other revenu	ıe					
	e	Total. Add lines	s 11a-11d	🕨	70,055			
	12	Total revenue.	See Instructions		32,280,525	586,470	0	108,553

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must comp

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All oth	ther organizations must complete column (A )
--	--

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	-	•		
	Check if Schedule O contains a response or note to any line in this of include amounts reported on lines 6b,		(B)	(c)	(D)
	b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	5,626,481	5,626,481		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,488,322	1,210,870	180,031	97,421
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,069,662	4,895,127	294,044	880,491
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	556,617	445,496	27,405	83,716
9	Other employee benefits	1,188,577	958,700	63,959	165,918
10	Payroll taxes	325,814	263,021	19,802	42,991
11	Fees for services (non-employees)				
а	Management				
b	Legal	94,927	88,466		6,461
C	Accounting	124,104	77,205	46,899	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	524,878			524,878
f	Investment management fees	177,585		177,585	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,892,220	1,874,463	6,280	11,477
12	Advertising and promotion	25,445	14,123		11,322
13	Office expenses	1,169,636	956,309	137,968	75,359
14	Information technology	561,908	318,301	106,452	137,155
15	Royalties				
16	Occupancy	543,818	276,540	267,278	
17	Travel	1,395,845	1,192,412	15,142	188,291
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,875,046	1,846,706	5,010	23,330
20	Interest	45,041	38,698		6,343
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	403,208	265,820	135,387	2,001
23	Insurance	13,919	11,817	2,102	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FIELD EQUIPMENT	940,756	940,756		
b	DIRECT MAILING COSTS	786,651	681,698		104,953
c	CONSTRUCTION	577,105	577,105		
d	VEHICLE OPERATIONS	412,740	412,740		
e	All other expenses	355,620	651,381	-387,808	92,047
25	Total functional expenses. Add lines 1 through 24e	27,175,925	23,624,235	1,097,536	2,454,154
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 ► ✓ if following SOP 98-2 (ASC 958-720)				
		1,163,203	321,192	0	842,011

art X	<b>Balance Sheet</b>
	Check if Schedule O

Par	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	2,633,387	1	1,428,422
	2	Savings and temporary cash investments	1,360,847	2	1,389,686
	3	Pledges and grants receivable, net	8,408,982	3	11,810,802
	4	Accounts receivable, net	457,012	4	247,610
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
			272.224	6	
<b>∀</b>	7	Notes and loans receivable, net	856,294	7	959,950
	8	Inventories for sale or use	250,382	8	164,828
	9	Prepaid expenses and deferred charges	542,621	9	365,425
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  6,012,970			
	Ь	Less accumulated depreciation 10b 2,155,054	' '	<b>10</b> c	3,857,916
	11	Investments—publicly traded securities	26,429,801	11	26,244,785
	12	Investments—other securities See Part IV, line 11	-1,056,029	12	-1,161,157
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	701,491	15	1,044,895
	16	Total assets. Add lines 1 through 15 (must equal line 34)	44,743,327	16	46,353,162
	17	Accounts payable and accrued expenses	1,762,532	17	1,933,141
	18	Grants payable		18	
	19	Deferred revenue	2,786,095	19	1,549,686
	20	Tax-exempt bond liabilities		20	
8	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
短		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	766,000	23	166,250
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	434,120	25	389,041
	26	Total liabilities. Add lines 17 through 25	5,748,747	26	4,038,118
φ V		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🄽 and complete lines 27 through 29, and lines 33 and 34.			
ě	27	Unrestricted net assets	26,435,760	27	27,851,685
<u>함</u>	28	Temporarily restricted net assets	9,446,505	28	11,351,044
	29	Permanently restricted net assets	3,112,315	29	3,112,315
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and	, ,,,,,	_=	, , , , , , , , , , , ,
or F		complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	38,994,580	33	42,315,044
2	34	Total liabilities and net assets/fund balances	44,743,327	34	46,353,162
	1				Form 000 (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		32,2	280,525
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				.04,600
5	Net unrealized gains (losses) on investments	5			994,580
6	Donated services and use of facilities	6		·	·
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		42,3	315,044
Par	t XIII 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: Software Version:

**EIN:** 52-0781390

Name: AFRICAN WILDLIFE FOUNDATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Tıtle	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion ( nan o n is b	ne b oth ctor,	ox, ι an o /trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 MISC)	2/1033 111307	related organizations
(1) MR DAVID E THOMSON  CHAIRMAN	4 00	х		х				0	0	0
(1) HE BENJAMIN W MKAPA	2 00	,		,						
VICE-CHAIRMAN		X		X				0	0	0
(2) DR MYMA BELO-OSAGIE SECRETARY	2 00	х		х				0	0	0
(3) MS MARLEEN GROEN	3 00									
TREASURER		X		X				0	0	0
(4) MR ROBIN BERKELEY OBE	1 00	V							0	0
TRUSTEE (UNTIL 05/2015)		Х						0	0	0
(5) MR PAYSON COLEMAN	3 00	х						0	0	0
TRUSTEE								Ů		
(6) MS LYNN DOLNICK	3 00	×						0	0	0
TRUSTEE										
(7) MS LISA FIRESTONE TRUSTEE (UNTIL 10/2014)	1 00	x						0	0	o
(8) DR HELEN GICHOHI	1 00									
TRUSTEE		×						0	0	0
(9) MR LARRY GREEN	1 00									
TRUSTEE		X						0	0	0
(10) MS HEATHER STURT HAAGA TRUSTEE	3 00	х						0	0	0
(11) MR BARRY HALL	1 00	x						0	0	0
TRUSTEE (12) MS MONA HAMILTON	1 00									
TRUSTEE (UNTIL 09/2014)		Х						0	0	0
(13) MS CHRISTINE HEMRICK TRUSTEE	4 00	х						0	0	0
(14) MR WILLIAM E JAMES	1 00	x						0	0	0
TRUSTEE										
(15) MS ADRIAN M JAY TRUSTEE	2 00	х						0	0	0
(16) HON KRISTINA M JOHNSON PHD	1 00	x						0	0	0
TRUSTEE (UNTIL 07/2014) (17) DR STEPHEN JUELSGAARD	2 00									
TRUSTEE		х						0	0	0
(18) MR RAHIM KHAN	1 00	х						0	0	0
TRUSTEE (19) MR ROBERT KING	3 00									
TRUSTEE		Х						0	0	0
(20) MS DENISE KOOPMANS TRUSTEE (UNTIL 10/2014)	1 00	×						0	0	0
(21) MS KRISTA KRIEGER	1 00	x						0	0	0
TRUSTEE (UNTIL 10/2014) (22) MS SHANA LAURSEN	2 00									
TRUSTEE		х						0	0	0
(23) MR CHRISTOPHER LEE	3 00	х						0	0	0
TRUSTEE (24) MS VICTORIA LESLIE	1 00			-						
TRUSTEE		Х		L			L	0	0	0
					1	1		1		1

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde		itracto 						<b>.</b>	l	l l
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion (e nan o n is b	ne b oth	ox, ι an o	ınless fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) HE FESTUS G MOGAE	2 00	,,								
TRUSTEE		Х						0	0	0
(1) HE RAZAN AL MUBARAK TRUSTEE	1 00	х						0	0	0
(2) MR WILFRED MURUNGI	1 00	X						0	0	0
TRUSTEE (UNTIL 01/2015)	2.00									
(3) MR STUART SCOTT	3 00	х						0	0	0
TRUSTEE (4) MS AGGIE SKIRBALL	1 00									
TRUSTEE		Х						0	0	0
(5) MS VERONICA VAREKOVA	1 00									
TRUSTEE		X						0	0	0
(6) MR WARREN WALKER	1 00	x						0	0	0
TRUSTEE									, , , , , , , , , , , , , , , , , , ,	
(7) MR CHARLES R WALL	2 00	x						0	0	0
TRUSTEE  (8) MS MARIA WILHELM	3 00		_							
TRUSTEE		х						0	0	0
(9) PATRICK BERGIN	40 00									
CHIEF EXECUTIVE OFFICER		X		X				249,776	0	62,640
(10) JEFF CHRISFIELD	40 00			х				205,530	0	35,265
CHIEF OPERATING OFFICER								203,330	Ů	33,203
(11) CRAIG SHOLLEY	40 00			х				172,139	0	29,174
VP OF PHILANTHROPY/MARKETING (12) DAUDI SUMBA	40 00									
	40 00			х				167,188	0	21,606
VP OF PROGRAM DESIGN AND GOVERNMENT RELATIONS (13) KATHLEEN FITZGERALD	40 00									
VP OF CONSERVATION STRATEGY				Х				152,972	0	49,365
(14) CHARLY FACHEUX	40 00			, ,				126.050		26 100
VP OF CONSERVATION PROJECTS				Х				126,950	0	26,180
(15) TYRENE HARALSON	40 00			×				135,264	0	28,608
VP OF FINANCE AND ADMINISTRATION								200,20	<u> </u>	
(16) KADDU SEBUNYA	40 00					×		135,396	0	98,334
CHIEF OF PARTY-USAID UGANDA PROGRAM (17) STEPHEN HAM	40 00									
SENIOR DIRECTOR OF PHILANTHROPY						×		107,900	0	25,474
(18) BRIAN MCBREARITY	40 00									
MANAG DIR -AFRICAN CONSERV SCHOOLS						X		108,846	0	27,624
(19) KURT REDENBO	40 00					x		107 422	0	25 407
DIRECTOR OF FOUNDATION & CORPORATION								107,423	0	25,407
(20) JOHN BUTLER	40 00					x		106,812	0	25,993
DIRECTOR OF MARKETING & MEMBERSHIP	<u> </u>			<u> </u>						

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As Filed Data -

DLN: 93493032006106

**Employer identification number** 

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization AFRICAN WILDLIFE FOUNDATION INC

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

							52-0781390						
Par							part.) See instruction	ons.					
The o	rganı:	zation is not a private fo											
1	<u></u>	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b>	b)(1)(A)(i).						
2	Г	A school described in	section 170(b	<b>)(1)(A)(ii).</b> (Attach S	chedule E )								
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in <b>sec</b>	tion 170(b)(1	)(A)(iii).						
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the											
5	_	A p organization opera	hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	'		section 170(b)(1)(A)(iv). (Complete Part II)										
6	г	A federal, state, or loc		•	described in <b>se</b>	ection 170(b)(	1)( <b>A</b> )(v).						
7	,   	An organization that n						ieneral nublic					
•	1.	described in <b>section 1</b>	•	•		om a governm	entar ante or from the g	jenerar pabne					
8	$\Gamma$	A community trust des				tII)							
9	$\Gamma$	An organization that n	ormally receiv	es (1) more than 331	1/3% of its supp	ort from contri	butions, membership	fees, and gross					
		receipts from activitie	s related to its	exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of					
		its support from gross	ınvestment ın	come and unrelated b	usıness taxable	e income (less	section 511 tax) from	businesses					
		acquired by the organi	zatıon after Ju	ne 30, 1975 See <b>sec</b>	tion 509(a)(2).	. (Complete Pa	rt III )						
10	$\Gamma$	An organization organ											
11	Г	An organization organ						ut the purposes of					
	•	one or more publicly s	•	•									
	_	the box in lines 11a th											
а	ı	<b>Type I.</b> A supporting of											
		supported organization				ty of the direct	ors or trustees of the	supporting					
b	$\vdash$	organization You mus Type II. A supporting				with its suppo	orted organization(s) h	ov having control or					
_	'	management of the su											
		must complete Part IV						3					
C	Γ	Type III functionally	_		•		•	grated with, its					
	_	supported organization											
d	ı	Type III non-function not functionally integr											
		(see instructions) <b>Yo</b>					ement and an attentiv	eness requirement					
e	$\sqcap$	Check this box if the c					s a Type I, Type II, T	ype III functionally					
		integrated, or Type III					,, , ,, ,,						
f		Enter the number of su	upported orgar	iizations									
g		Provide the following i	nformation abo	out the supported orga	ınızatıon(s)								
					T		1						
		ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org		(v) A mount of	(vi) A mount of					
		organization		organization (described on lines	listed in your docume	-	monetary support (see instructions)	other support (see instructions)					
				1-9 above or IRC	docume	:IIC'	(see mstructions)	ilistructions)					
				section (see									
				instructions))		Г	-						
		Yes No											
Total													
iotai						l							

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🕨 1 Gifts, grants, contributions, and membership fees received (Do 24,614,325 19,132,189 21,999,183 26,722,612 31,585,502 124,053,811 not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 24,614,325 19,132,189 21,999,183 26,722,612 31,585,502 124,053,811 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 8,700,453 on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 115,353,358 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2011 (c) 2012 (d) 2013 (a) 2010 (e) 2014 (f) Total 8 9 10 11 12 13 14

	beginning in) 🟲	(a) 2010	( <b>b)</b> 2011	(6) 2012	(u) 2013	(e) 20	14	(I) I Otal			
7	A mounts from line 4	24,614,325	19,132,189	21,999,183	26,722,612	31,	585,502	124,053,811			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,039,029	865,510	851,922	905,558	1,	050,414	4,712,433			
_	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)	10,190	11,618	20,675	20,799		29,875	93,157			
11	Total support Add lines 7							128,859,401			
12	through 10										
13	Gross receipts from related activities, etc (see instructions)  2,267,446  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)										
	organization, check this box and s										
S	ection C. Computation of Pu										
14	Public support percentage for 201	.4 (lıne 6, column	(f) divided by line	e 11, column (f))		14		89 520 %			
15	Public support percentage for 201	.3 Schedule A , P a	rt II, line 14			15		90 600 %			
16a	<b>33 1/3% support test—2014.</b> If th				line 14 is 33 1/30	% or more,	, check				
	and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported.										
b 18	organization  b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.										
					Sche	dule A (Fo	rm 990	or 990-EZ) 2014			

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

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

17

18

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$ , $(5)$ , or $(6)$ ? If "Yes," answer (b) and (c) below.	За		
t	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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	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.	4b		
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 $(2)^7$ 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.	<b>4</b> c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
Ŀ	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
t	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	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).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	112		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
5	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <b>(see</b>	inetri	ıct ions)	
	The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government e instructions.)			
2	Activities Test Answer (a) and (b) below.		Yes	No
	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	-			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	h Did the organization evergise a substantial degree of direction over the policies, programs and activities of each		1	l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

#### Section C - Distributable Amount

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

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year					
1 Amounts paid to supported organizations to accom						
2 Amounts paid to perform activity that directly furthexcess of income from activity	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons				
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval rec	nured)					
6 Other distributions (describe in Part VI) See instru	JCTIONS					
7 Total annual distributions. Add lines 1 through 6						
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide				
9 Distributable amount for 2014 from Section C, line	6					
10 Line 8 amount divided by Line 9 amount						
		(::)	(:::)			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1 Distributable amount for 2014 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)						
3 Excess distributions carryover, if any, to 2014						
<b>a</b> From 2009						
<b>b</b> From 2010						
<b>c</b> From 2011						
d From 2012						
<b>e</b> From 2013						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)						
j Remainder Subtract lines 3g, 3h, and 3i from 3f						
4 Distributions for 2014 from Section D, line 7 \$						
A pplied to underdistributions of prior years						
<b>b</b> Applied to 2014 distributable amount						
c Remainder Subtract lines 4a and 4b from 4						
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c						
8 Breakdown of line 7						
<b>a</b> From 2010						
<b>b</b> From 2011						
<b>c</b> From 2012						
d From 2013						

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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OMB No 1545-0047

Open to Public

# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization AFRICAN WILDLIFE FOUNDATION INC 52-0781390 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -\_ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	. Hist	torica	<u>l Treas</u>	ures, or O	<u>ther</u>	<u>Similar As</u>	sets	(continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, che	eck an	of the fol	lowing that a	re a	sıgnıfıcant use	ofits	
а	Public exhibition		d		oan or exc	change progr	ams			
b	Scholarly research		e	$\Gamma$	ther					
c	Preservation for future generations									
4	Provide a description of the organization's control Part XIII	ollections and explai	n how	they f	urther the	organızatıon	's exe	empt purpose	ın	
5	During the year, did the organization solicit			•				lar	_	_
	assets to be sold to raise funds rather than		-					!! to Farms (	┌ Yes	│ No
Pair	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	J YE	es to Form s	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other ass	ets n	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	ing tab	le					
								Ar	nount	
c	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, f	oresc	ow or cus	todıal accour	nt Iıal	bility?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expla	nation	has been	provided in P	art X	III		Γ
Pa	rt V Endowment Funds. Complete	ıf the organızatıon	ansv	wered						
		(a)Current year	<b>(b)</b> P	rior yea		-	(d)⊤	hree years back	(e)Fou	r years back
1a	Beginning of year balance	26,614,112		22,168		19,788,812		15,239,993		12,423,622
Ь	Contributions	4,756,044		2,818	,826	1,382,884		4,569,518		1,641,519
С	Net investment earnings, gains, and losses	-1,523,554		2,754	,271	1,179,053		424,401		1,571,398
d	Grants or scholarships									
e	Other expenditures for facilities	2,967,452		1,127	,830	181,904		445,100		396,546
_	and programs	2,531,132		-,	,,,,,,	101,70		,200		
1	Administrative expenses End of year balance	26,879,150		26,614	.112	22,168,845		19,788,812		15,239,993
g	'		- /line		<u> </u>			13,700,012		
2	Provide the estimated percentage of the cur	rent year end balanc 87 730 %	e (IIIIe	e ig, c	olumn (a))	neid as				
а	Board designated or quasi-endowment	07 730 70								
Ь	Permanent endowment ► 11 580 %									
C	remporarily restricted endowment	90 %								
_	The percentages in lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ition t	nat are	neia ana	administered	tort	ne	Ye	s No
	(i) unrelated organizations							3a	-+	No
	(ii) related organizations							3a(	ii)	No
b	If "Yes" to 3a(II), are the related organization	·					•	3	b	
4	Describe in Part XIII the intended uses of the					Lbe				
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		ne or	ganız	ation ans	wered Yes	to I	-orm 990, Pa	art IV,	line
	Description of property	101			ost or other investment)	(b)Cost or or basis (other		(c) Accumulated depreciation	i (d)	Book value
	Land					993	,157			993,157
	Buildings					2,239	-	207,6	76	2,031,989
	Leasehold improvements						,489	292,24	-	156,241
	Equipment					1,030	_	774,64	_	255,976
	Other					1,301	_	880,48	_	420,553
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part X	í, colur	mn (B),	line 10(c).					3,857,916
								Schedule I	) (Form	990) 2014

See Form 990, Part X, line 12.	mpiete ir the organization	answered Yes to For	m 990, Part IV, line IID.
(a) Description of security or category	(b)Book value	(c) Method of va	
(Including name of security) (1)Financial derivatives		Cost or end-of-year	market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>		
Part VIII Investments—Program Related. C		ា answered 'Yes' to Fo	orm 990. Part IV. line 11c
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
		Cost of ella of year	market varue
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>		
Part IX Other Assets. Complete if the organization		), Part IV, line 11d See	Form 990, Part X, line 15 (b) Book value
(a) Desc	приоп		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	anızatıon answered 'Yes' t	o Form 990, Part IV, l	ine 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
DEFERRED RENT AND LEASE INCENTIVES	138,300		
ANNUITIES PAYABLE	74,860		
DEFINED COMPENSATION LIABILITY	175,881		
	+		
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	389,041		

Part		Revenue per Audited Financial Statements With Rev wered 'Yes' to Form 990, Part IV, line 12a.	enue pe	r Re	eturn Complete if
1		er support per audited financial statements		1	
2		ut not on Form 990, Part VIII, line 12			
а		on investments   2a			
ь		facilities 2b			
c	Recoveries of prior year grant	zs			
d		)			
e	Add lines <b>2a</b> through <b>2d</b>			2e	
3	Subtract line <b>2e</b> from line <b>1</b> .		[	3	
4	A mounts included on Form 99	90, Part VIII, line 12, but not on line <b>1</b>			
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII	)			
c	Add lines <b>4a</b> and <b>4b</b>	· · · · · · · · · · · · · · · · · · ·		<b>4</b> c	
5	Total revenue Add lines 3 an	d <b>4c.</b> (This must equal Form 990, Part I, line 12)		5	
Part		expenses per Audited Financial Statements With Ex	penses p	er	Return. Complete
1		nswered 'Yes' to Form 990, Part IV, line 12a.		1	
2		ut not on Form 990, Part IX, line 25			
a		facilities			
b					
c	Other losses				
d		)			
e		, <u>  </u>		2e	
3	<del>-</del>			3	
4		90, Part IX, line 25, but not on line <b>1:</b>	· ·		
a		luded on Form 990, Part VIII, line 7b   4a			
Ь	·	)			
c				4c	
5		nd <b>4c.</b> (This must equal Form 990, Part I, line 18)		5	
Part	Supplemental In		I		
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1 , lines 2d and 4b, and Part XII, lines 2d and 4b Also complete thi		ovid	e any additional
	Return Reference	Explanation			
	V, LINE 2	THE BOARD OF TRUSTEES HAS ADOPTED A SPENDING POL PERCENT OF THE BEGINNING INVESTED MARKET VALUE O ENDOWMENT IN CURRENT YEAR OPERATIONS, OR A LOWEL AWF'S ANNUAL BUDGETING PROCESS THIS SPENDING POL BOARD OF TRUSTEE'S POLICY TO ADD UNRESTRICTED LEG DESIGNATED ENDOWMENT AWF GENERALLY EXPECTS UNR MEET OR EXCEED THE REQUIRED ANNUAL SPENDING PAYOR RESTRICTED ENDOWMENT, RESULTING IN NET POSITIVE OF ANNUAL BASIS COUPLED WITH AWF'S STATED RETURN OF DESIGNATED ENDOWMENT FUND IS EXPECTED TO ACHIEV INFLATION OVER THE LONG-RUN	F THE BOAR AMOUNT LICY TAKE GACY GIFT RESTRICTE DUT FROM CASH FLOV BJECTIVE,	RD- SIN STC DLI THE VST THE	DESIGNATED AGREED THROUGH ITO ACCOUNT THE OTHE BOARD- EGACY GIFTS TO E BOARD- O THE FUND ON AN BOARD- TH NET OF
PART	X, LINE 2	AWF PERFORMED AN EVALUATION OF UNCERTAIN TAX PO JUNE 30, 2015 AND DETERMINED THAT THERE WERE NO MARKECOGNITION OR DISCLOSURE IN THESE CONSOLIDATED WHICH MAY HAVE AN EFFECT ON THE TAX-EXEMPT STATU	ATTERS TH	TAF	WOULD REQUIRE

Jenedale 2 (1 31111 33 3) 23 13		r age <b>3</b>		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493032006106

SCHEDULE F (Form 990)

Department of the Treasury

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

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

► Attach to Form 990.

Internal Revenue Service
Name of the organization

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

OMB No 1545-0047

2014

Open to Public Inspection

**Employer identification number** 

AFRICAN WILDLIFE FOUNDATION	N INC			52-0781390					
<b>Part I General Informat</b> "Yes" to Form 990, I			<b>e United States.</b> Co	omplete if the organiz	ation answered				
For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
2 For grantmakers. Describe assistance outside the Unit		ganızatıon's pı	rocedures for monitorii	ng the use of its grant	s and other				
3 Activites per Region (The foll	lowing Part I, line 3	table can be du	iplicated if additional spa	ice is needed )					
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region				
(1) See Add'l Data			,						
( 2)									
(4)									
(5)									
3a Sub-total b Total from continuation sheet to Part I	17 0	141 0			23,624,235 0				
c Totals (add lines 3a and 3b)	17	141			23,624,235				

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
( 2)								
(3)								
(4)								
(5)								
( 6)								
(7)								
(8)								
(9)								
(10)								
(11)								
( 12)								
( 13)								
( 14)								
( 15)								
( 16)								
· · · · · · · · · · · · · · · · · · ·								

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

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

Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
(1) EDUCATION EASEMENTS	SUB-SAHARAN AFRICA	10		EFT/CHECK					
(2) FELLOWSHIP	SUB-SAHARAN AFRICA	1	31,012	CHECK					
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
( 10)									
(11)									
( 12)									
( 13)									
( 14)									
( 15)									
( 16)									
( 17)									
( 18)									

# Part IV Foreign Forms

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

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5** 

#### Part V Supplemental Information

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

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	AWF OCCASIONALLY WORKS WITH SUB-RECIPIENTS IN SUCH CASES, ONLY KNOWN, VETTED ORGANIZATION S ARE CHOSEN THAT CAN DEMONSTRATE AN ABILITY TO ACCOMPLISH THE PROGRAM OBJECTIVES SUB-REC IPIENTS ARE OFTEN INCLUDED BY NAME IN GRANT PROPOSALS SUB-RECIPIENTS ARE GENERALLY PROVID ED WITH ADVANCES, AND REQUIRED TO REPORT QUARTERLY BOTH FINANCIAL AND PROGRAMMATIC REPORT S ARE REQUIRED TO BE SUBMITTED TO THE RELATED PROGRAM IMPLEMENTATION TEAMS (GENERALLY LAND SCAPE/PROGRAM DIRECTOR) THE GRANTS & CONTRACTS OFFICER REVIEWS THE SUB-RECIPIENT FINANCIAL REPORTS AND THEN FORWARDS TO THE GRANTS FINANCIAL MANAGER FOR A FURTHER QUALITY CONTROL ONLY UPON THE REVIEW AND APPROVAL BY THE GRANTS FINANCIAL MANAGER AND THE TECHNICAL PROGRAM LEAD ARE FURTHER PAYMENTS OR ADVANCES PROVIDED ALL LARGE SUB-RECIPIENTS PAYMENTS AND CONTRACTS ARE ROUTED TO THE VP-F&A AND/OR COO FOR ADDED SCRUTINY AND APPROVALS PRIOR TO DISTRIBUTION

#### **Additional Data**

Software ID: Software Version:

**EIN:** 52-0781390

Name: AFRICAN WILDLIFE FOUNDATION INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	139	EMPLOYEES		5,908,183
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		5,626,481
SUB-SAHARAN AFRICA	0	0		CONSERVATION PROGRAMS, EDUCATION & OUTREACH	11,491,026

Form 990 Schedule F P	Form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region agents in region		(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region						
SUB-SAHARAN AFRICA	15		MAINTAINING OFFICES		392,604						
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2	EMPLOYEES		199,168						
EUROPE (INCLUDING ICELAND & GREENLAND)	2		MAINTAINING OFFICES		6,773						

rorm 990 Schedule r Part II -	- Grants or	entities Outside	ine United States
(b) IRS code			l

Form 990 Sched	ule F Part II	- Grants or Entitie	es Outside The Unit	ted States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	DIALOGUE ON WILDLIFE AND ENVIRONMENTAL CRIMES, PROSECUTION AND ADJUDICATION OF JUSTICE IN KENYA, TO CURB ESCALATING POACHING AND TRAFFICKING OF WILDLIFE		WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	DEVELOPMENT OF VULNERABILITY & ADAPTATION FRAMEWORK FOR DRY LAND/SAVANNA ECOSYSTEM PROCESSES AND SERVICES	18,820	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CAPACITY BUILDING FOR AMBOSELI LIVESTOCK MARKETING ASSOCIATION		WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	DEVELOPING SYSTEMS AND REVENUE MANAGEMENT FOR BURUNGE AND RANDILEN WILDLIFE MANAGEMENT AREAS	9,008	WIRE/EFT			

Form 990 Schedu	ale F Part II	ុ Grants or Entiti <i>៖</i>	Grants or Entities Outside The United States						
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)	
		AFRICA	SHIPMENT OF DOGS TO KILIMANJARO	6,300	WIRE/EFT				
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		57,032	WIRE/EFT				
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		214,760	WIRE/EFT				
		AFRICA - ANGOLA, BENIN, BOTSWANA,		17,450	WIRE/EFT				

Form 990 Sched	ule F Part II	- Grants or Entitie	es Outside The Unit	ted States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1	21,638	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		9,011	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA,		46,771	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA,	CONSTRUCTION OF PIT LATRINE AND REST SHED IN LMNP	14,610	WIRE/EFT			

Form 990 Sched	ule F Part II	[ - Grants or Entitie	es Outside The Uni	ted States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	IMPROVING LIVESTOCK BREEDS FOR SUSTAINABLE LIVELIHOODS LAIKIPIA NORTH - SAHIWAL BULLS	9,961	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		9,940	WIRE/EFT			
		AFRICA	CONCEPT FOR THE DISTRIBUTION OF IMPROVED COOKING STOVES IN SIMIEN MOUNTAIN COMMUNITIES	5,842	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA,	I I	16,037	WIRE/EFT			

Form 990 Schedi	ule F Part II	- Grants or Entitie	es Outside The Uni	ted States				_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	RHINO MANAGEMENT AND SUPPORT OF LAW ENFORCEMENT OPERATIONS GREAT FISH RIVER NATURE RESERVE	65,000	WIRE/EFT			
		,	SUPPORT FOR THE AFRICAN RHINO SPECIALIST GROUP (AFRSG) BIENNIAL MEETING	15,000	WIRE/EFT			
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CAPACITY BUILDING FOR LIVESTOCK COOPERATIVES IN ENDUIMENT WMA	40,304	WIRE/EFT			
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CONSERVING KENYA'S LIONS THROUGH SUCCESSFUL COMMUNITY ENGAGEMENT AND RESEARCH - AN EXPANSION	21,792	WIRE/EFT			

Form 990 Sched	ule F Part II	[ - Grants or Entitie	as Outside The Uni	ted States				, , , , , , , , , , , , , , , , , , ,
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			SUPPORT TO FARO NATIONAL PARK	11,017	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA,		14,706	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1		WIRE/EFT			
				15,763	WIRE/EFT			

Form 990 Schedu	le F Part II	<ul> <li>Grants or Entitie</li> </ul>	es Outside The Unit	ted States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		AFRICA - ANGOLA, BENIN, BOTSWANA,	ENHANCING AFRICAN WILDLIFE LAW ENFORCEMENT AND NETWORKING	175,146	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROTECTING THE AFRICAN ELEPHANT IN THE KAFUE ECO- SYSTEM AND THROUGHOUT ZAMBIA'S PROTECTED AREA NETWORK	55,108	WIRE/EFT			
			MANYARA RANCH ANTI-POACHING PROGRAM	157,311	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	REGIONAL SUMMIT TO STOP WILDLIFE CRIME AND ADVANCE WILDLIFE CONSERVATION	20,000	WIRE/EFT			

Form 990 Sched	ule F Part II	Grants or Entiti <i>c</i>	es Outside The Unit	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		I I		189,848	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		422,868	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	II II	9,737	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	I I	1	WIRE/EFT			

Form 990 Schedi	ule F Part IJ	Grants or Entiti	ies Outside The United	.d States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1	21,200	WIRE/EFT			
		AFRICA	IMPROVING LIVESTOCK BREEDS FOR SUSTAINABLE LIVELIHOODS LAIKIPIA NORTH - 20 DORPER RAMS FOR LLMA	6,567	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA,	SUPPORT KOLO HILLS FOREST , PATROLS PLAN AND OPERATIONALIZATION		WIRE/EFT			
		AFRICA	TRAIL CONSTRUCTION - KIDEPO VALLEY NATIONAL PARK	6,673	WIRE/EFT			

Form 990 Schedi	ule F Part II	- Grants or Entitie	es Outside The Unit	ted States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	I .	157,371	WIRE/EFT			
		I	ELEPHANT CONSERVATION	35,292	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EFFICIENT UTILIZATION OF AVAILABLE WATER IN KAJIADO SOUTH SUB-COUNTY, NAMELOK AREA		WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	I .	19,965	WIRE/EFT			

Form 990 Sched	m 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WILDLIFE REGULATIONS , DRAFTING, NGULIA RHINO PROGRAM, TSAVO WEST NATIONAL PARK RHINO ANTI- POACHING & WATER IMPROVEMENT	79,162	WIRE/EFT						
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1	35,527	WIRE/EFT						
		AFRICA	VILLAGE TOURISM INCOME TO BE DISTRIBUTED TO OLTUKAI AND ISILALEI VILLAGES	6,524	WIRE/EFT						
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		23,971	WIRE/EFT						

Form 990 Sched	m 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1		WIRE/EFT						
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1	52,131	WIRE/EFT						
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	I I	20,806	WIRE/EFT						
		I		9,767	WIRE/EFT						

<sub>i</sub> Form 990 Schedu'	le F Part II	- Grants or Entiti€	es Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		17,863	WIRE/EFT			
		AFRICA	FUND DISTRIBUTION FROM MANTIS TOURISM INCOME - VILLAGE PAYMENTS	6,524	WIRE/EFT			
		AFRICA	BILI UELE ELEPHANT PROTECTION	20,119	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	RESTORATION PLANTING- PITTING & SUPPORT OF ENDERIT COMMUNITY FOREST SCOUTS	76,329	WIRE/EFT			

Form 990 Schedi	ale F Part II	Grants or Entiti <i>e</i>	es Outside The Unit	ted States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		AFRICA - ANGOLA, BENIN, BOTSWANA,	LIVELIHOOD IMPROVEMENT IN MAU NAROK AREA, NAKURU COUNTY	87,419	WIRE/EFT			
		AFRICA	SCALING UP CONSERVATION AND LIVELIHOODS EFFORTS IN NORTHERN TANZANIA (SCALE - TZ)	6,408	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA,	SUPPORT JOINT FOREST MANAGEMENT SIGNING EVENT	17,435	WIRE/EFT			
				9,731	WIRE/EFT			

Form 990 Schedu	ıle F Part II	- Grants or Entitie	es Outside The Uni	ted States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
_		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORT TO THE OPERATIONS OF INYAMBO COMMUNITY DEVELOPMENT TRUST	16,214	WIRE/EFT			
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	NAILEPU CONSERVANCY LEASE PAYMENTS	25,654	WIRE/EFT			
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	NALARAMI LEASE PAYMENTS	23,670	WIRE/EFT			
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	A CONCEPT NOTE FOR THE AFRICAN WILD DOG AND OTHER WILDLIFE SPECIES CONSERVATION IN KIRIMUN GROUP RANCH	17,951	WIRE/EFT			

orm 990 Sche <i>ć</i>			ies Outside The Unite	ed States	-	-	-	_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		AFRICA - ANGOLA, BENIN, BOTSWANA,	INTENSIVE AGRICULTURE AND , DRIP IRRIGATION IN NAMELOK	24,198	WIRE/EFT			
		AFRICA	EXTENDED SUPPORT TO NYANGABE WILDLIFE PROJECT JUL-SEP 014 STAFF WAGES	6,357	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	, LENTILLE CONSERVANCY (INCLUDING OL DONYIRO ELEPHANT CORRIDOR) THAT SUPPORTS MIGRATORY SPECIES SUCH AS AFRICAN WILD DOG, GREATER KUDUS AND GREVY'S ZEBRA IN PARTNERSHIP WITH OL LENTILLE TRUST KENYA		WIRE/EFT			
		AFRICA	ADC-MUTARA RANGERS SUPPORT_UNIFORMS& TRAINING	·	WIRE/EFT			

Form 990 Schedu	ıle F Part II	- Grants or Entitie	es Outside The Uni	ted States				l
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	OLEPOLOS LAND LEASES	17,550	WIRE/EFT			
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		49,500	WIRE/EFT			
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	OLTIYANI CONSERVANCY LEASE PAYMENTS	29,226	WIRE/EFT			
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAFEC)- MARINGA-LOPORI- WAMBA FOREST LANDSCAPE	27,076	WIRE/EFT			

Form 990 Schedi	ule F Part II	[ - Grants or Entitie	≥s Outside The Uni′	ted States				<u>,                                    </u>
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			OSUPUKO LAND LEASES	16,964	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	ENGAGING COMMUNITIES TO PROTECT WILDLIFE AROUND TANZANIA'S RUAHA LANDSCAPE	,	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HWANGE PAINTED DOG CONSERVATION ANTI-POACHING UNITS ZERO TOLERANCE TO WILDLIFE CRIME	8,285	WIRE/EFT			
			RUVUMA ELEPHANT PROJECT	44,117	WIRE/EFT			

Form 990 Schedi	le F Part II!	: - Grants or Entitie	≥s Outside The Uni	₁ted States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		,	WIRE/EFT			
		AFRICA	WRUA VISIT TO LAIKIPIA AND RIPARIAN LAND OWNERS-1	5,786	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		281,000	WIRE/EFT			
				10,429	WIRE/EFT			

BURKINA FASO,

Form 990 Schedu	ale F Part II	[ - Grants or Entitie	≥s Outside The Uni′	ted States				,
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1	20,691	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1	39,462	WIRE/EFT			
			1	62,039	WIRE/EFT			
			1	98,491	WIRE/EFT			

BURKINA FASO,

Form 990 Schedule F Part II	- Grants or Entities	<b>Outside The Ur</b>	nited States
(b) IRS code			

Form 990 Sched	ule F Part II	- Grants or Entitie	es Outside The Unit	ted States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROTECTION OF SEKUTE CONSERVATION COMMUNITY CONSERVATION AREA AND THE WILDLIFE CORRIDORS	34,214	WIRE/EFT			
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	IMPLEMENTATION OF CYBER TRACKER/SMART (SPATIAL MONITORING AND REPORTING TOOL) TECHNOLOGY- GUIDED ANTI- POACHING FOR PROTECTION OF THE ELEPHANT POPULATION OF THE 5,260KM DJA FAUNAL RESERVE (CAMEROUN)	54,942	WIRE/EFT			
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HUMAN-LION CONFLICT MITIGATION IN THE MAASAI STEPPE, NORTHERN TANZANIA	10,500	WIRE/EFT			
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		13,500	WIRE/EFT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance					
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	IMPROVING FOREST GOVERNANCE AND INCREASING ACCOUNTABILITY	20,752	WIRE/EFT						

15,000 WIRE/EFT

14,446 WIRE/EFT

24,773 WIRE/EFT

WITHIN 13 REDD PILOT VILLAGES IN

SECURING THE

CONSTRUCTION

TOURISM CIRCUIT AROUND SIMIEN MOUNTAIN NATIONAL PARK

PURCHASE OF

loogs

SURVIVALOF

WOLVES IN REMOTE MOUNTAIN ENCLAVES

COSTS FOR

KONDOA, STRENGTHENING VILLAGE NATURAL RESOURCES COMMITTEES

SUB-SAHARAN

BURKINA FASO,

SUB-SAHARAN

BURKINA FASO,

SUB-SAHARAN

AFRICA - ANGOLA,

BENIN, BOTSWANA, BURKINA FASO,

AFRICA - ANGOLA,

AFRICA - ANGOLA,

BENIN, BOTSWANA, ETHIOPIAN

BENIN, BOTSWANA, VILLAGE BASED

(ı) Method of

valuation

(book, FMV,

appraisal, other)

(h) Description of

non-cash

assistance

Form 990 Schedu	ıle F Part II	: - Grants or Entitie	≥s Outside The Un <sup>†</sup>	ited States				, , , , , , , , , , , , , , , , , , ,
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		AFRICA - ANGOLA, BENIN, BOTSWANA,		16,848	WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROTECTION OF ELEPHANTS IN THE DZANGA SANGHA PROTECTED AREAS (CAR)		WIRE/EFT			
		AFRICA - ANGOLA, BENIN, BOTSWANA,	COLLABORATION FOR THE LAIKIPIA UNITY AND LAND INITIATIVE (LULI)	27,158	WIRE/EFT			
		AFRICA	ENHANCING AFRICAN WILDLIFE LAW ENFORCEMENT AND NETWORKING	109,000	CHECK			

Form 990 Sched	ule F Part II	- Grants or Enti'	ties Outside The Unit	ted States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SUB-SAHARAN AFRICA	USAID/UGANDA BIODIVERSITY PROGRAM AND MONITORING CHIMPANZEES IN COMMUNITY NATURAL RESERVE OF DINDEFELO AND SURROUNDINGS, SENEGAL	214,975	CHECK			
		SUB-SAHARAN AFRICA	CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAFEC) MARINGA-LOPORI- WAMBA FOREST LANDSCAPE	68,535	CHECK			
		SUB-SAHARAN AFRICA	CAMPAIGN TO RAISE AWARENESS ON RHINO AND ELEPHANT POACHING CRISIS	566,724	СНЕСК			
		SUB-SAHARAN AFRICA	ELEPHANT CRISIS FUND	100,000	СНЕСК			

, Form 990 Scheau	ie E bart II	Grants or Entitle	es outside ine un'	itea States	_	_	_	
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	ENHANCING ELEPHANT PROTECTION IN THE RUAHA- RUNGWA ECOSYSTEM	66,297	CHECK			
			DJOLU DRC REDD & PROJECT WORK	488,091	CHECK			

DLN: 93493032006106

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Mail solicitations

Phone solicitations

✓ In-person solicitations

✓ Internet and email solicitations

**SCHEDULE G** 

Attach to Form 990 or Form 990-EZ. ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Inspection** 

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

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply

e Solicitation of non-government grants

Solicitation of government grants

Special fundraising events

2a	Did the organization have a or key employees listed in						Γ <sub>Yes</sub> Γ Ν
b	If "Yes," list the ten highes to be compensated at least			fundraise	rs) pursuant to agreeme	ents under which the fun	draiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
1	SANKY COMMUNICATIONS INC 599 11TH AVENUE 6TH FLOOR	MANAGEMENT OF DIRECT MAIL PROGRAM		No	2,390,675	524,878	1,865,797
	NEW YORK, NY 10036						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Γot	al				2,390,675	524,878	1,865,797

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC,

ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

registration or licensing

Pa	rt II	<b>Fundraising Events.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
			(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))					
٠.			(event type)	(event type)	(total number)						
E E	1	Gross receipts									
Revenue	2	Less Contributions									
<u>~</u>	3	Gross income (line 1 minus line 2)									
	4	Cash prizes									
ம	5	Noncash prizes									
anse.	6	Rent/facility costs									
Expenses	7	Food and beverages .									
Direct	8	Entertainment									
ā	9	Other direct expenses .									
	10	Direct expense summary Add line	es 4 through 9 ın colum	n (d)		( )					
	11	Net income summary Subtract lir	ne 10 from line 3, colum	nn (d)							
Par	t II	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	ırt IV, lıne 19, or rep	orted more than					
Ф		\$15,000 011 101111 990-LZ, 111	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add					
Revenue				bingo/progressive bingo		col (a) through col (c))					
<u> </u>	1	Gross revenue									
ses	2	Cash prizes									
Expenses	3	Non-cash prizes	_								
	4	Rent/facility costs									
Drect	5	Other direct expenses									
	6	Volunteer labor	┌ Yes	Г Yes <u>%</u> Г No	☐ Yes % ☐ No						
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)							
	8	Net gaming income summary Subt	ract line 7 from line 1, c	column (d)							
9	Ent	er the state(s) in which the organiza	ition conducts gaming a	ctivities							
a		the organization licensed to conduct		· · · · · · · · · · · · · · · · · · ·		「Yes 「No					
b	If"	If "No," explain									
10a b		re any of the organization's gaming l Yes," explain				· · 「Yes 「No					

Sche	edule G (Form 990 or 990-EZ) 2014				Page <b>3</b>					
11	Does the organization conduct gaming	activities with nonm	nembers?	┌ Yes	_ No					
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?									
	formed to administer charitable gaming	<sub>j</sub> ,		┌ <sub>Yes</sub>	Г <sub>No</sub>					
13	Indicate the percentage of gaming act	vities conducted in								
а	The organization's facility		13a		%					
b	An outside facility		13b		%					
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special events books and records							
	Name ►									
	Address 🟲									
15a	Does the organization have a contract	with a third party fro	m whom the organization receives gaming							
	revenue?			┌ <sub>Yes</sub>	┌ No					
b	If "Yes," enter the amount of gaming reamount of gaming revenue retained by		the organization 🟲 \$ and the							
c	If "Yes," enter name and address of th	e third party								
	Name 🕨									
	Address ►									
16	Gaming manager information									
	Name 🟲									
	Gaming manager compensation 🟲 \$									
	Description of services provided									
	Director/officer	Employee	Independent contractor							
17	Mandatory distributions									
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license? $$ . $$ .			┌ Yes	$\Gamma_{No}$					
b	·		distributed to other exempt organizations or spent							
	in the organization's own exempt activ		· · · · · · · · · · · · · · · · · · ·							
Pai			oplanations required by Part I, line 2b, columns (iii) 7b, as applicable. Also provide any additional inforr							
	Return Reference		Explanation							
		<u> </u>	· · · · · · · · · · · · · · · · · · ·							

DLN: 93493032006106

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization AFRICAN WILDLIFE FOUNDATION INC **Employer identification number** 

52-0781390

Pai	Questions Regarding Compensation				
			Yes	No	
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items				
	First-class or charter travel  Housing allowance or residence for personal use				
	Travel for companions  Payments for business use of personal residence				
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees				
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)				
	,				
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all				
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the				
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods				
	used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III				
	Compensation committee Written employment contract				
	<ul> <li>✓ Independent compensation consultant</li> <li>✓ Compensation survey or study</li> <li>✓ Approval by the board or compensation committee</li> </ul>				
	Point 990 of other organizations proprior at by the board of compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization	,			
•	or a related organization	`			
а	Receive a severance payment or change-of-control payment?	4a		No	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
	compensation contingent on the revenues of				
а	The organization?	5a		Νo	
	Any related organization?	5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
	compensation contingent on the net earnings of				
а	The organization?	6a		No	
b	Any related organization?	6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was				
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III	8		Νo	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations				
	section 53 4958-6(c) <sup>2</sup>	9			

#### 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 in 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 are not 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-MI	SC compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 PATRICK BERGIN, CHIEF EXECUTIVE OFFICER	(i)	249,776 0	0	0	42,409 0	20,231	312,416 0	0
2 JEFF CHRISFIELD, CHIEF OPERATING OFFICER	(i) (ii)	205,530	0	0	20,625	14,640	240,795	0
3 CRAIG SHOLLEY, VP OF PHILANTHROPY/MARKETING	(i) (ii)	172,139 0	0	0	17,187	11,987	201,313	0
4 DAUDI SUMBA, VP OF PROGRAM DESIGN AND GOVERNMENT	(i) (ii)	167,188	0	0	16,719 0	4,887 0	188,794	0
<b>5</b> KATHLEEN FITZGERALD, VP OF CONSERVATION STRATEGY	(i) (ii)	152,972 0	0	0	15,269 0	34,096	202,337	0
<b>6</b> CHARLY FACHEUX, VP OF CONSERVATION PROJECTS	(i) (ii)	126,950 0	0	0	12,695	13,485	153,130	0
7 TYRENE HARALSON, VP OF FINANCE AND ADMINISTRATION	(i) (ii)	135,264 0	0	0	13,500	15,108	163,872	0
8 KADDU SEBUNYA, CHIEF OF PARTY-USAID UGANDA PROGRAM	(i) (ii)	135,396 0	0	0 0	13,504	84,830 0	233,730	0

Schedule J (Form 990) 2014

### 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

Return Reference	Explanation
•	DURING THE YEAR ENDED JUNE 30, 2015, AWF PAID A HOUSING ALLOWANCE DIRECTLY TO A LANDLORD AND A SCHOOL ON BEHALF OF KADDU SEBUNYA, CHIEF OF PARTY-USAID UGANDA PROGRAM THE TOTAL AMOUNT OF THIS BENEFIT WAS \$91,479 AND NONE OF THIS
	AMOUNT WAS TAXABLE COMPENSATION TO MR SEBUNYA

Schedule J (Form 990) 2014

DLN: 93493032006106

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

► Attach to Form 990.

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

**Noncash Contributions** 

Open to Public Inspection

	ie of the organization CAN WILDLIFE FOUNDATION INC				Empl	oyer identificat	ion nu	mber	
	WIDE FOOD MICH				52-0	781390			
Pa	rt I Types of Property								
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		<b>(d</b> Method of do noncash contrib	etermı	_	its
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
	Securities—Publicly traded .	Х	41	562,066	FAIF	R MARKET VAL	UE		
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—O ther								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
21	Taxıdermy								
22	Historical artifacts								
23	Scientific specimens								
	Archeological artifacts								
25	O ther ► ()								
	O ther ►()								
27	O ther ►()								
28	O ther ► ()								
29	Number of Forms 8283 received for which the organization comple				29				
								Yes	No
30a	During the year, did the organiza					= .			
	it must hold for at least three ye				ired to	be used			
	for exempt purposes for the enti	re holding p	period?		•		30a		Νo
b	If "Yes," describe the arrangem	ent in Part 1	II						
31	Does the organization have a gi	ft acceptano	ce policy that requires the i	eview of any non-standard	conti	ributions?	31	Yes	<u> </u>
32a	Does the organization hire or us contributions?	e third parti	=	to solicit, process, or sell	nonc	ash • •	32a		No
b	If "Yes," describe in Part II								
33	If the organization did not repor	t an amount	in column (c) for a type of	property for which column	(a) ıs	checked,			1

describe in Part II

Page 2

Schedule M (Form 990) (2014)

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.

Return Reference Explanation

Schedule M (Form 990) (2014)

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As Filed Data -

DLN: 93493032006106

OMB No 1545-0047

2014

Open to Public Inspection

# \_ \_

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

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

PROFISION  PRATIBLE NE  FORM 990,  AWE CONTINUES TO BONEST THE USE OF COMMUNITY CONSERVATION ENTERPRISES, PROVIDE CRITICAL A  SISTANCE TO WATCHAIL ARRISE AND RESERVESS, AND PROMOTE INTERNATIONAL CONTRIBATION  AND PROVIDED THE PROVIDED THE STEEP AND PROVIDED THE PRO	FORM 990, PART III, LINE SSISTANCE TO NATIONAL PARKS AND RESERVES, AND PROMOTE NITERNATIONAL COOPERATION TO PROTECT IMPORTANT SITES AND POPULATIONS THAT STRETCH ACROSS NATIONAL BOUNDARIES- DEMONSTRATING THAT VILLILE AND POPULATIONS THAT STRETCH ACROSS NATIONAL BOUNDARIES- DEMONSTRATING THAT VILLILE AND PEOPLE CAN THRIVE SIDE BY SIDE AWP'S WORK CAN BE CATEGORZED INTO FOUR COR E AREAS. LAND AND HABITAT CONSERVATION, VILLIURE THAT STRETCH ACROSS NATIONAL BOUNDARIES- DEMONSTRATING THAT VILLILE AND PEOPLE CAN THRIVE SIDE BY SIDE AWP'S WORK CAN BE CATEGORY AND KEY ACHIEVEMENT SWITHIN THE LAST SALES ACTIVE IN CLIMATE CHANGE ACTIVITIES AND IN POLICY DISCUSSIONS BELOW IS A BRIEF DESCRIPTION OF AWP'S PERSPECTIVE ON EACH CATEGORY AND KEY ACHIEVEMENT SWITHIN THE LAST FISCAL YEAR A LAND AND HABITAT CONSERVATION AWP'S UNQUE LARGE LANDS CAPE APPROACH TO CONSERVATION FOOUSES ON DENTIFY ING AFRICA'S GREAT WILD SPACES, PECINS TO CETTHER PARKS, RRIVATE LANDS, AND COMMUNITY LANDS, WHICH CAN BE SECURED AS A HOME FOR WILD LIFE HISTORICALLY, AWF WORKED TO ESTABLISH NATIONAL PARKS AND WILDLIFE RESERVES, AND TO HELP LOCAL PEOPLE ESTABLISH COMMUNITY CONSERVATION LEASES, TO PROTECT CRITICAL WILDLIFE HABITAT I AWF HAS WORKED CLOSELY WITH THE WILDLIFE AUTHORITY IN THE DUA FAUNDAL RESERVE IN CAMPROON A WORLD HERITAGE SITE THAT IS AT RISK OF BECOMING A WORLD HERITAGE SITE IN DANSER TO ENSURE THAT THIS DOES NOT HAPPEN, AWF HAS PROVIDED TRAINING AND TECHNICAL SUPPORT ON THE ECOLOGICAL MONITORING OF THE RESERVE TO BISULE THIS BIODIVERSE RAINFOREST REMAINS PROTECTED FROM POACHERS AND TRESPASSERS WHO MAY CHUNT FOR BUSHMEAT AND CUT DOWN TREES WE FIRST PROVIDED TRAINING IN THE USE OF HANDHELD ECOLOGICAL MONITORING DEVOES AND ITS ATTENDANT SOFTWARE TO ENSURE REGULAR DATA COLLECTION DURING PATROLS, THEN WORKED WITH THE LOCAL WILDLIFE AUTHOR RITY TO MORE EFFECTIVELY PLAN PATROLS, BASED ON THE DATA COLLECTED AWF ALSO CONDUCTED A F WEDAY EXPEDITION THROUGH THE RESERVE B WILDLIFE PROTECTION EVEN WHERE LAND AND HABITAT HAVE BEE IN SECURED, CERTAIN SPECES
APES IN AF RICA'S LAST REMAINING FORESTED HABITATS GET SUPPORT AND PROTECTION GREAT APES IN	NORTHERN TANZANIA, SUPPORT FOR ANTI-POACHING PATROLS ON THE AWF-MANAGED MANY ARA RANCH HA VE BEEN SUCCESSFUL IN REDUCING ELEPHANT POACHING AND LEADING TO THE CAPTURE OF A NUMBER OF POACHERS IN SOUTHERN TANZANIA AND NORTHERN KENY A, AWF IS PROVIDING SUPPORT TO LION RESEA RCHERS WHO ARE ALSO WORKING WITH COMMUNITIES TO MITIGATE HUMAN-LION CONFLICT II TO HELP LIMIT THE TRAFFICKING OF WILDLIFE PRODUCTS OFF THE CONTINENT OF AFRICA, AWF THIS PAST YEAR LAUNCHED A NEW CANINE CONSERVATION PROGRAM THE PROGRAM OFFERS A BEST-IN-CLASS TRAINING P ROGRAM FOR IVORY AND RHINO HORN DETECTION CANINES, WHICH ARE SELECTED FROM THE BEST BREEDE RS IN EUROPE AND THEN BROUGHT TO AWF'S CANINE TRAINING FACILITY IN TANZANIA TO LEARN HOW TO DETECT THESE WILDLIFE PRODUCTS THESE DOGS ARE TRAINED ALONGSIDE HANDLERS FROM WILDLIFE AUTHORITIES ACROSS THE AFRICAN CONTINENT, TO ENSURE A SOLID BOND AND COORDINATION BETWEEN DOG AND HANDLER WHEN ON THE JOB THE CONSERVATION CANINE PROGRAM HAS ALREADY DEPLOYED HAND LERS AND DOGS TO AIRPORTS IN MOMBASA, KENYA, AND IN DAR ES SALAAM, TANZANIA DISCUSSIONS A RE UNDERWAY WITH OTHER WILDLIFE AUTHORITIES IN BOTH EAST AND SOUTHERN AFRICA TO TRAIN A NEW GROUP OF DOGS AND HANDLERS FOR SPECIFIC COUNTRIES IN THESE REGIONS III IN CENTRAL AND WEST AFRICA, AWF LAUNCHED THE AFRICAN APES INITIATIVE TO HELP ENSURE THAT GREAT

Return Explanation Reference	
FORM 990, PART III, LINE 4A	ION, THE PET TRADE, TRANSFER OF HUMAN DISEASE, AND MORE. UNDER THE AFRICAN APES INITIATIVE, AWF IS TRAINING RANGERS IN SENEGAL'S NIOKOLO-KOBA NATIONAL PARK, CAMEROON'S DJA FAUNAL RESERVE AND DRC'S BILI UELE COMPLEX, AS WELL AS IN PROTECTED AREAS IN UGANDA, ON HOW TO USE CYBERTRACKERS AND SMART SOFTWARE TO IMPROVE ECOLOGICAL MONITORING AND THE EFFICIENCY OF A NTI-POACHING PATROLS IV VIA SUPPORT PROVIDED THROUGH AWF'S URGENT RESPONSE FUND, AWF IS WORKING WITH WILDLIFE AUTHORITIES AND PARTNERS TO CONDUCT LAW ENFORCEMENT AND JUDICIAL TRA INING AROUND WILDLIFE CRIME. THE TRAININGS AIM TO SENSITIZE MEMBERS OF THE LAW ENFORCEMENT AND JUDICIARY COMMUNITY TO WILDLIFE CRIME AND WILDLIFE LAWS, IMPROVE HANDLING AND PROCESS ING OF WILDLIFE CRIME CASES, INCREASE CONVICTION RATES AND IMPROVE DETERRENT SENTENCING OF THOSE CONVICTED OF POACHING OR WILDLIFE TRAFFICKING

Deference	
Reference	
PROM 990.  PARTILLINE THAT SECURE WHEN CONSERNATION OFFERATIONS HAVE AS COUNT PRIMANCIAL BASIS AND WHEN EXD  INCENTIVES BUST FOR LOCAL PROPE TO HELP CONSERVE NATURAL SYSTEMS OVER THE PAST SYSTEMS YEARS, AMP HAS BUST FOR LOCAL PROPE TO HELP CONSERVE NATURAL SYSTEMS OVER THE PAST SYSTEMS YEARS, AMP HAS BUST FOR LOCAL PROPE TO HELP CONSERVE NATURAL SYSTEMS OVER THE PAST SYSTEMS YEARS, AMP HAS BUST FOR LOCAL PROPE TO HELP CONSERVE NATURAL SYSTEMS OVER THE PAST SYSTEMS YEARS AMP HAS BUST FOR LOCAL PROPERTY OF THE PAST SYSTEMS	CONOMIC SCENERAL ON CASTOLIC NO. CASTOLIC NO

FORM 990, PART III, LINE  4A  LAWS, REGULATIONS, AND FINANCING MECHANISMS ARE SUPPORTIVE OF CONSERVATION AND RELATED AC HEVEMENTS AWF WORKS WITH INDVIDUAL AFRICAN GOVERNMENTS, PARK AGENCIES, REGIONAL BODIES, AND INTERNATIONAL FUNDING AGENCIES TO HELP DEVELOP AND PROMOTE POLICIES THAT CREATE A ROB UST ENVIRONMENT FOR CONSERVATION AND SUSTAINABLE MODELS OF ECONOMIC DEVELOPMENT AWF HAS A RTICULATED A SPECIFIC AGENDA, WHICH IS REVISITED EACH YEAR, OF THE MOST ESSENTIAL POLICY POSITIONS THAT WE URGE GOVERNMENTS TO ADOPT TO ENSURE THAT WILDLIFE SURVIVES WHILE CONTRIBUTING TO A PROSPEROUS FUTURE FOR AFRICA I AWF HAS MADE CONSIDERABLE HEADWAY WITH SOME OF OUR REDD PROJECTS, PARTICULARLY IN KENY A AND INTANZANIA. THE CHYULU REDD+ PROJECT IN KENY A RECENTLY BECAME AWFS FIRST VALIDATED REDUCING EMISSIONS FROM DEFORESTATION AND FOREST D EGRADATION (REDD) PROJECT, ALLOWING COMMUNITIES EVEN GREATER INCENTIVE TO PROTECT 420,000 HECTARES OF CLOUD AND LAVA FORESTS AND SURROUNDING SAVANNA WOODLANDS, WHICH ALSO HAPPENS TO BE A CRITICAL WATER CATCHMENT AND PART OF A WILDLIFE CORRIDOR THAT CONNECTS AMBOSELI AND TSAVO NATIONAL PARKS 420,000 HECTARES OF CLOUD AND LAVA FORESTS AND SURROUNDING SAVANNA WOODLANDS, WHICH ALSO HAPPENS TO BE A CRITICAL WATER CATCHMENT AND PART OF A WILDLIFE CORR IDOR THAT CONNECTS AMBOSELI AND TSAVO NATIONAL PARKS WITH THIS VALIDATION, COMMUNITIES HE RE NOW HAVE THE OPPORTUTY TO SELL THE CARBON THEY RE"SAVING" THROUGH PROTECTION OF THESE FORESTS ON THE INTERNATIONAL CARBON MARKET MEANWHILE, AWF HAS MADE CONSIDERABLE PROGRESS S ON OUR VALIDATION EFFORTS IN THE KOLO HILLS REDD PROJECT IN CENTRAL TANZANIA, SUBMITTING ALL PAPERWORK FOR THIS PROCESS AND LINING UP A POTENTIAL BUYER OF CARBON CREDITS II IN THE AFRICAN UNIONS VISION 2013 AGENDA, WHICH IS BOTH A VISION DOCUMENT AND DEVELOPMENT ON THE CONTINENT'S PLANS FOR GROWTH THESE REVISIONS WERE ULTIMATELY INCORPORATED INTO THE FINAL AGENDA DOCUMENT, THUS ENSURING AFRICA'S WILDLIFE AND NATURAL HERITAGE AMID THE CONTINENT'S PLANS FOR GROWTH THESE REVISIONS WIEDLI	Return Reference	Explanation	
		PART III, LÎNE	HIEVEMENTS AWF WORKS WITH INDIVIDUAL AFRICAN GOVERNMENTS, PARK AGENCIES, REGIONAL BODIES, AND INTERNATIONAL FUNDING AGENCIES TO HELP DEVELOP AND PROMOTE POLICIES THAT CREATE A ROB UST ENVIRONMENT FOR CONSERVATION AND SUSTAINABILE MODELS OF ECONOMIC DEVELOPMENT AWF HAS A RTICULATED A SPECIFIC AGENDA, WHICH IS REVISITED EACH YEAR, OF THE MOST ESSENTIAL POLICY P OSITIONS THAT WE URGE GOVERNMENTS TO ADOPT TO ENSURE THAT WILDLIFE SURVIVES WHILE CONTRIBUTING TO A PROSPEROUS FUTURE FOR AFRICA I AWF HAS MADE CONSIDERABLE HEADWAY WITH SOME OF OUR REDD PROJECTS, PARTICULARLY IN KENYA AND INTANZANIA THE CHYULU REDD+PROJECT IN KENY A RECENTLY BECAME AWF'S FIRST VALIDATED REDUCING EMISSIONS FROM DEFORESTATION AND FOREST D EGRADATION (REDD) PROJECT, ALLOWING COMMUNITIES EVEN GREATER INCENTIVE TO PROTECT 420,000 HECTARES OF CLOUD AND LAVA FORESTS AND SURROUNDING SAVANNA WOODLANDS, WHICH ALSO HAPPENS TO BE A CRITICAL WATER CATCHMENT AND PART OF A WILDLIFE CORRIDOR THAT CONNECTS AMBOSELI AND TSAVO NATIONAL PARKS 420,000 HECTARES OF CLOUD AND LAVA FORESTS AND SURROUNDING SAVANNA WOODLANDS, WHICH ALSO HAPPENS TO BE A CRITICAL WATER CATCHMENT AND PART OF A WILDLIFE CORRIDOR THAT CONNECTS AMBOSELI AND TSAVO NATIONAL PARKS WITH THIS VALIDATION, COMMUNITIES HE RE NOW HAVE THE OPPORTUNITY TO SELL THE CARBON THEY'RE "SAVING" THROUGH PROTECTION OF THES E FORESTS ON THE INTERNATIONAL CARBON MARKET MEANWHILE, AWF HAS MADE CONSIDERABLE PROGRES S ON OUR VALIDATION EFFORTS IN THE KOLO HILLS REDD PROJECT IN CENTRAL TANZANIA, SUBMITTING ALL PAPERWORK FOR THIS PROCESS AND LINING UP A POTENTIAL BUYER OF CARBON CREDITS II IN THE AFRICAN UNION'S VISION 2013 AGENDA, WHICH IS BOTH A VISION DOCUMENT AND ACTION PLAN FOR GROWTH AND DEVELOPMENT ON THE CONTINENT, AWF REQUESTED AND WAS GRANTED THE OPPORTUNITY TO SUBMIT REVISIONS FOR THE AGENDA DOCUMENT THAT HELPED TO PRIORITIZE PROTECTION OF AFRICA'S WILDLIFE AND NATURAL HERITAGE AMID THE CONTINENT'S PLANS FOR GROWTH THESE REVISIONS WERE ULTIMATELY INCORPORATED INTO THE FINAL AGENDA DOCUMENT, THUS ENSURIN

Return Reference	Explanation
FORM 990, PART III, LINE 4B	A AWF RECENTLY LAUNCHED A CHINESE VERSION OF ITS WEBSITE TO PROVIDE ONLINE AUDIENCES IN CHINA THE OPPORTUNITY TO LEARN MORE ABOUT AWF'S WORK AND BECOME ENGAGED CHINA IS HOME TO THE WORLD'S LARGEST IVORY MARKET, AND HAS BECOME A DESTINATION AND TRANSIT COUNTRY FOR ILLEGAL IVORY, WHICH IS TAKEN FROM ELEPHANTS POACHED IN AFRICA INFORMING CHINESE CITIZENS ABOUT THE CONNECTION BETWEEN BUYING IVORY PRODUCTS AND ELEPHANT POACHING IN AFRICA, AND MOBILIZING THEM TO TAKE ACTION, IS A KEY OBJECTIVE OF THE CHINESE-LANGUAGE WEBSITE B AWF HAS CONTINUED ITS PUBLIC AWARENESS CAMPAIGNS IN CHINA, VIETNAM AND THAILAND ON THE ELEPHANT AND RHINO POACHING CRISIS, INFORMING CONSUMERS THROUGH PSAS, BILLBOARD ADS, AND BUS WRAPS ABOUT THE IMPACTS OF BUYING IVORY AND RHINO HORN PRODUCTS AWF AND ITS PARTNER WILDAID CONDUCTED TWO SURVEYS IN CHINA, ONE ON AWARENESS AROUND IVORY AND THE OTHER AROUND RHINO HORN, THE RESULTS OF WHICH SUGGEST THERE IS INCREASED AWARENESS OF THE CONNECTION BETWEEN BUYING IVORY OR RHINO HORN AND THE DEVASTATION OF ELEPHANTS AND RHINOS IN AFRICA AWF AND ITS PARTNER WILDAID HAVE ALSO LAUNCHED A PUBLIC AWARENESS PROGRAM IN TANZANIA WITH THE HELP OF TANZANIAN RELIGIOUS LEADERS AND CELEBRITIES TO BRING ATTENTION TO THE POACHING CRISIS IN THAT COUNTRY PSAS HAVE BEEN FILMED AND DISTRIBUTED TO MEDIA HOUSES IN DAR ES SALAAM, AND BILLBOARDS ARE CURRENTLY BEING ERECTED IN DAR ES SALAAM

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	DATA AND INFORMATION FOR THE FEDERAL FORM 990 ARE COMPILED BY THE FINANCE DEPARTMENT AND REVIEWED BY THE CONTROLLER UPON RECEIPT OF THE FEDERAL FORM 990 FROM AWF'S TAX ACCOUNTANTS, THE COMPLETED RETURN UNDERGOES A SECOND LEVEL OF REVIEW BY THE VP OF FINANCE AND ADMINISTRATION (VP OF F&A) CHANGES ARE COMMUNICATED TO THE TAX ACCOUNTANTS AS NECESSARY AND APPROPRIATE. THE FINAL DRAFT IS REVIEWED BY THE VP OF F&A AND THE CHIEF OPERATING OFFICER (COO) BEFORE BEING PRESENTED TO THE AUDIT COMMITTEE. THEREAFTER, A COPY OF THE RETURN IS PROVIDED TO THE FULL BOARD OF TRUSTEES BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

Return Reference	Explanation
LINE 12C	TRUSTEES AND OFFICERS RECEIVE AND SIGN A CONFLICT OF INTEREST POLICY STATEMENT UPON ELECTION TO THE BOARD OF TRUSTEES, WITH NEW FORMS COMPLETED AT LEAST ANNUALLY IF A TRUSTEE FEELS SHE/HE MAY HAVE A POTENTIAL CONFLICT OF INTEREST WITH AWF, THESE CONCERNS ARE BROUGHT TO THE ATTENTION OF THE BOARD OF TRUSTEES' CHAIR AND/OR AUDIT COMMITTEE OF THE BOARD OF TRUSTEES' FOR DELIBERATION ALL STAFF MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY UPON HIRING AND WITH EACH NEW CONTRACT AMENDMENT STAFF CONCERNS REGARDING CONFLICTS OF INTEREST ARE BROUGHT TO THE HUMAN RESOURCES DEPARTMENT FOR RESEARCH WITH REVIEW BY THE VP OF F&A AND OTHER MEMBERS OF EXECUTIVE MANAGEMENT AS NECESSARY WITH REGARD TO CONTRACT REVIEW, STAFF THAT REVIEW PURCHASES AND CONTRACTS ARE TRAINED TO QUESTION POTENTIAL CONFLICTS OF INTEREST LOCAL FINANCE OFFICES REVIEW TRANSACTIONS UP TO \$1,000, WITH ADDITIONAL SCRUTINY GIVEN TO LARGER CONTRACTS ANY POTENTIAL CONFLICTS OF INTEREST ARE FORWARDED TO THE VP-F&A AND/OR COO FOR REVIEW

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A COMPENSATION STUDY FOR OFFICERS AND KEY EMPLOYEES IS CONDUCTED ANNUALLY FOR ALL OFFICERS AND KEY STAFF LOCATED WITHIN THE UNITED STATES, INFORMATION FROM COMPARABLE ORGANIZATIONS IS COLLECTED THROUGH PUBLICLY AVAILABLE FEDERAL 990 FORMS FOR KEY EMPLOYEES LOCATED OUTSIDE THE UNITED STATES, COMPENSATION STUDIES ARE OBTAINED AS NECESSARY TO PROVIDE COMPARABLE DATA COMPENSATION DATA IS SUMMARIZED IN A REPORT AND APPROVED FIRST BY THE BOARD COMPENSATION COMMITTEE, AND THEN BY THE FULL BOARD OF TRUSTEES EACH JANUARY THE BOARD OF TRUSTEES SETS THE COMPENSATION FOR AWF'S CHIEF EXECUTIVE OFFICER, AND PROVIDES GUIDELINES FOR THE CEO TO SET OTHER EXECUTIVE SALARIES

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

DLN: 93493032006106

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

# **SCHEDULE R** (Form 990)

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

► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization

AFRICAN WILDLIFE FOUNDATION INC				52-07813	90	
Part I Identification of Disregarded Entities Complete	ıf the organızatıon a	answered "Yes" on	n Form 990, Pa	irt IV, line 33.		
(a) Name, address, and EIN (ıf applıcable) of dısregarded entıty	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> 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.

and the related tax exempt organizations during the	tax your						
(a)	(b)	(c)	(d)	(e)	(f)	(g	)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling	Section !	512(b)
	1	or foreign country)		(if section 501(c)(3))	entity	(13) con	
				1	1	entit	ty?
						Yes	No
				,			

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

·												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)		(k)
Name, address, and EIN of	Primary activity		Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	Gener	al or	Percentage
related organization	1	domicile	controlling	ıncome(related,	total income	end-of-year	allocati	ions?	amount in box	manag	ging	ownership
	1	(state or	entity	unrelated,		assets			20 of	partn	ner?	
	1	foreign	'	excluded from		1			Schedule K-1	ļ		
	1	country)	`	tax under		1			(Form 1065)	ļ		
	l l		1	sections 512-		ļ				ļ		
	1	! !	`	514)		Į.	L		1	L	$\rightarrow$	
						1	Yes	No		Yes	No	
										T		
			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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i) Section (b)(i contro entit	n 512 13) olled sy?
• •	PROVISION OF CAPITAL FOR CONSERVATION ENTERPRISES	МР	AFRICAN WILDLIFE FOUNDATION	С	115,825	342,005	100 000 %	Yes Yes	No
· ,	PROVISION OF CAPITAL FOR CONSERVATION ENTERPRISES	МР	AWC LIMITED	С	292,061	2,813,709	100 000 %	Yes	
	PROVISION OF CAPITAL FOR CONSERVATION ENTERPRISES	МР	AWC LIMITED	С	281,957	2,825,602	100 000 %	Yes	

CHE	edule K (1 01111 330) 2014		Pa	ige 😅
Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
<b>1</b> D	During the tax year, did the orgranization 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	Yes	
Ь	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
e	Loans or loan guarantees by related organization(s)	1e	Yes	
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	<b>1</b> s		No

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)	(c) Amount involved	(d) Method of determining amount involved				
See Additional Data Table							

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

1													
(a)	(b)	(c)	(d)	1	(e)	(f)	(g)	(h)		(i)	(j)	7	(k)
Name, address, and EIN of entity	Primary activity	domicile (state or foreign	Predominant income (related, unrelated,	50 orga	e all partners section 501(c)(3) ganizations?	Share of	Share of end-of-year assets	Disproprtionat		Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	g	Percentage ownership
	'	''	tax under sections 512-		,	1 '		1	ļ	(Form 1065)	1	,	1
			514)	Yes	No	<u>                                     </u>	<u> </u>	Yes	No	<u> </u>	Yes	No	
				」				<u>,                                    </u>	厂				

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## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

## **Additional Data**

Software ID: Software Version:

**EIN:** 52-0781390

Name: AFRICAN WILDLIFE FOUNDATION INC

## Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	<b>(c)</b> A mount Involved	(d)  Method of determining amount involved			
AWC LIMITED	А	115,825	FMV			
AWC CB1 LIMITED	А	292,061	FMV			
AWC CB1 LIMITED	D	2,632,507	FMV			
AWC CB1 LIMITED	E	3,000,000	FMV			
AWC CB2 LIMITED	А	281,957	FMV			
AWC CB2 LIMITED	D	2,662,013	FMV			
AWC CB2 LIMITED	E	3,220,000	FMV			