Form	<b>990</b>	

#### PUBLIC DISCLOSURE COPY \*\* \* \*



000			Boturn of Organization Exampt I	Erom I	noomo Tax	OMB No. 1545-0047					
For	<b>" 9</b>	90	Return of Organization Exempt I Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			2017					
Dena	rtment	of the Treasury	Do not enter social security numbers on this form	t enter social security numbers on this form as it may be made public.							
		enue Service	Go to www.irs.gov/Form990 for instructions and	d the latest	information.	Open to Public Inspection					
A	A For the 2017 calendar year, or tax year beginning and ending										
B Check if applicable: C Name of organization D Employer identification											
	Addre		INTERNATIONAL RHINO FOUNDATION								
	Name chang	ge Doing bi	usiness as		75-23	95006					
	Initial returr Final returr	Number		Room/suite 2600	E Telephone number (817)	390-4800					
	termii ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,434,764.					
	Amer	PORT	WORTH, TX 76102		H(a) Is this a group retu	Irn					
	Appli tion	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: SUSIE ELLIS		for subordinates?	Yes X No					
	pendi		AS C ABOVE		H(b) Are all subordinates inclu	Ided? Yes No					
		empt status:		or 📃 527		t. (see instructions)					
			RHINOS.ORG		H(c) Group exemption						
KF	<sup>:</sup> orm o	f organization: [	X Corporation Trust Association Other ►	L Year	of formation: 1991 M S	State of legal domicile: ${f T}{f X}$					
Pa	art I	Summary									
Activities & Governance	1 2 3	THROUGH	F THE WORLD'         e than 25% of its net asse         3								
ğ	4			15							
8 8	5		ependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2017 (Part V, line 2a)			5					
/itie	6		of volunteers (estimate if necessary)			1					
çti	7 a		d business revenue from Part VIII, column (C), line 12			0.					
◄			business taxable income from Form 990-T, line 34		0.						
			· · ·		Prior Year	Current Year					
¢	8	Contributions	and grants (Part VIII, line 1h)		5,224,908.	3,397,816.					
Revenue	9		ce revenue (Part VIII, line 2g)		0.	0.					
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		1,017.	12,685.					
£	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,335.	15,183.					
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,244,260.	3,425,684.					
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		2,620,228.	306,387.					
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.					
es	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)		413,616.	389,826.					
Expense	16a	Professional fu	and raising fees (Part IX, column (A), line 5-10) and raising fees (Part IX, column (A), line 5-10) ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ 60,8	9,406.	13,728.						
, xp	b	Total fundraisi	ng expenses (Part IX, column (D), line 25)	04.							
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,463,225.	2,104,255.					
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,506,475.	2,814,196.					
	19	Revenue less	expenses. Subtract line 18 from line 12		737,785.	611,488.					
s or				Be	ginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (F			4,548,010.	4,533,863.					
at As	21		(Part X, line 26)		1,813,458.	1,187,823.					
ž	22	Net assets or	fund balances. Subtract line 21 from line 20		2,734,552.	3,346,040.					

22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block

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

Sign Here	Signature of officer         SUSIE       ELLIS,         Type or print name and title	DIRECTOR	I	Date							
Paid	Print/Type preparer's name CURTIS MAXFIELD	Preparer's signature	Date	Check PTIN if self-employed P00445178							
Preparer	Firm's name 🕨 WHITLEY PENN LLP			Firm's EIN <b>75-2393478</b>							
Use Only	Firm's address 💊 8343 DOUGLAS AVE										
DALLAS, TX 75225 Phone no. (214) 393-											
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)										
732001 11-2	32001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2017)										

Form	m 990 (2017) THE INTERNATIONAL RHINO FOUNDATION 75-2	2395006	Page <b>2</b>
	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	THE INTERNATIONAL RHINO FOUNDATION (IRF) IS DEDICATED TO THE		AL
	OF THE WORLD'S RHINO SPECIES THROUGH CONSERVATION AND RESEAF	CH.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by expenses	i.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	otal expenses, a	and
	revenue, if any, for each program service reported.		
4a			)
	RHINO PROTECTION UNITS (RPUS) RIGOROUSLY PATROL FORESTS TO I		
	SNARES AND TRAPS (THE MAIN MADE OF POACHING FOR THESE SPECIE		~
	APPREHEND POACHERS. BY GATHERING INTELLIGENCE FROM LOCAL COM		-
	RPUS ALSO PROACTIVELY PREVENT POACHING ATTEMPTS BEFORE THEY		
	RPUS HAVE BEEN VERY EFFECTIVE IN PROTECTING THE RHINO FROM E		_
	ONLY FIVE SUMATRAN RHINOS HAVE BEEN LOST TO POACHERS SINCE T		
	INCEPTION OF THE PROGRAM, AND NO JAVAN RHINOS HAVE BEEN KILI		<b>D</b> <i>a</i>
		ER SPECI	ES,
	SUCH AS SUMATRAN TIGERS AND ELEPHANTS ALSO BENEFIT, AS DOES		
	ECOSYSTEM AS A WHOLE. SEVEN PATROL UNITS OPERATE IN BUKIT E		HOD
	SELATAN NATIONAL PARK IN SUMATRA, ONE OF THE HIGHEST PRIORIT		FOR
		SECOND	
4b	(Code: )(Expenses 456,014 including grants of ) (Revenue ) (Revenue \$	D DUTNO	)
	TRUST (LRT) MANAGES RHINO MONITORING AND ANTI-POACHING UNITS		
	ZIMBABWE. THE LOWVELD RHINO TRUST (LRT) IS A ZIMBABWEAN-REGI		
	TRUST (DEEDS REGISTRY NUMBER 0006019/09) WHICH UNDERTAKES RE		
		VITH A	
		D BUBYE	
	VALLEY CONSERVANCY (BVC). THESE ACTIVITIES INCLUDE EFFORTS 7	-	
	MAINTAIN AN ENABLING ENVIRONMENT (IN TERMS OF HABITAT, LAND-		
	STAKEHOLDER ATTITUDES, ETC.) FOR THE LONG-TERM GROWTH OF POP		S OF
	BOTH SPECIES OF RHINOS, WHILST ALSO TACKLING IMMEDIATE CONSE		
	NEEDS (MONITORING, MANAGEMENT, PROTECTION, AND COMMUNITY AWA		
4c	(Code: ) (Expenses \$ 218,576. including grants of \$ ) (Revenue \$		)
	JAVAN RHINO CONSERVATION - UJUNG KULON NATIONAL PARK IN WEST		
	HOME TO THE ONLY REMAINING VIABLE POPULATION OF JAVAN RHINOS		
	WORLD - AND ESTIMATED 61-63 ANIMALS. IRF WORKS CLOSELY WITH		
	BADAK INDONESIA (YABI), ITS IMPLEMENTING PARTNER IN INDONESI		
	UJUNG KULON NATIONAL PARK AUTHORITIES, WWF-INDONESIA, AND TH		
	PROVINCIAL, AND NATIONAL GOVERNMENT TOWARDS THE SPECIES' CON		ON.
	IN 2010, IRF AND PARTNERS LAUNCHED THE JAVAN RHINO STUDY AND		
	CONSERVATION AREA (JRSCA) WITHIN UJUNG KULON NATIONAL PARK (		н
	THE IDEA THAT IMPROVING THE HABITAT IN THE GUNUNG HONJE AREA	-	
	EASTERN PART OF THE PARK) WILL DRAW MORE RHINOS AND THUS ENA		
	POPULATION TO EXPAND. AN ELECTRIC FENCE AND ADJACENT PATROL		
	BRIDGES, SALT LICKS AND WALLOWS HAVE BEEN BUILT, ALONG WITH	NEW GUA	RD
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 573, 522. including grants of \$ 252, 025.) (Revenue \$	)	
4e	Total program service expenses 2,623,297.		

Form	aan	(2017)
FOUL	990	(2017)

## THE INTERNATIONAL RHINO FOUNDATION

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

Form 990 (	2017)	$\mathbf{THE}$	INTERNATIONAL
Part IV	Checklist of	Require	d Schedules (continued)

THE INTERNATIONAL RHINO FOUNDATION

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			x
	Schedule K. If "No", go to line 25a	24a		_ A
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		_ <u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		- 23
51		31		x
32	It "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u>-</u> -
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	х	1

	Check if Schedule O contains a response or note to any line in this Part V					
				Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 6				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming				
	(gambling) winnings to prize winners?		1c	Х		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a 5				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	Х		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b			
4a	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		Х	
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X	
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?		6a		Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions 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 se	rvices provided to the payor?	7a		Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required				
	to file Form 8282?		7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the second	ract?	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 8899 as required?	7g			
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•				
	sponsoring organization have excess business holdings at any time during the year?		8			
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		L	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$		9b			
10	Section 501(c)(7) organizations. Enter:	1 1				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1 1				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a			
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	405				
	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c			X	
			14a			
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b	1 1	1	

 Form 990 (2017)
 THE INTERNATIONAL RHINO FOUNDATION

 Part V
 Statements Regarding Other IRS Filings and Tax Compliance

## THE INTERNATIONAL RHINO FOUNDATION

X

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15									
	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	- · · · · · · · · · · · · · · · · · · ·									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe 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	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
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	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b		Х						
	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		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	THOMAS W. WHITE - (817)390-8400									
	201 MAIN STREET, SUITE 2600, FORT WORTH, TX 76102									

Part VII	Co	mpensation of C	Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate
	์ Em	ployees, and In	depende	ent Contra	ctors			

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition		000	Reportable	Reportable	Estimated
	hours per	box	(do not check more box, unless person i officer and a directo		is bot	h an	compensation	compensation	amount of	
	week		cer an	id a d	recto	or/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	er di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	l trustee		ee	npen		(00-2/1099-00130)		organization and related
	below	dual ti	tiona		nploy	stcor	-			organizations
	line)	ndivid	Institutional t	Officer	Key employee	Highest compensated employee	orme			
(1) JOHN LUKAS	4.00		_		-		-			
DIRECTOR/PRESIDENT		x		x				0.	0.	0.
(2) RICK BARONGI	2.00									
DIRECTOR/VP AFRICA PROGRAM		X		Х				0.	0.	0.
(3) TERRI ROTH	1.00									
DIRECTOR/VP ASIA PROGRAMS		Х		Х				0.	0.	0.
(4) APRIL SALTER	4.00									
DIRECTOR/SECRETARY		Х		Х				0.	0.	0.
(5) LEE M. BASS	2.00								_	
DIRECTOR/TREASURER		Х		Х				0.	0.	0.
(6) CAMERON KERR	0.50									_
DIRECTOR		х						0.	0.	0.
(7) DIANE LEDDER	3.00									
DIRECTOR		Х						0.	0.	0.
(8) EVAN BLUMER	0.25									•
DIRECTOR		X						0.	0.	0.
(9) HEATHER EBERHART	0.25									•
DIRECTOR		X						0.	0.	0.
(10) LEWIS GREENE	0.25									•
DIRECTOR	0.05	X						0.	0.	0.
(11) MICHAEL FOURAKER	0.25								0	0
DIRECTOR	0.05	X						0.	0.	0.
(12) OLIVIER PAGAN	0.25								0	0
DIRECTOR	0.05	X						0.	0.	0.
(13) PATRICK R. CONDY	0.25								0	0
DIRECTOR	0.05	X						0.	0.	0.
(14) PETER HALL	0.25							0	0	0
DIRECTOR	1 00	X						0.	0.	0.
(15) RANDY RIECHES	1.00	x						0.	0.	0.
DIRECTOR	40.00	^						0.	0.	0.
(16) SUSIE ELLIS	40.00			x				156,962.	0.	15,696.
EXECUTIVE DIRECTOR	0.25			<u>^</u>				130,902.	0.	13,090.
(17) THOMAS W. WHITE ASSISTANT TREASURER	0.25			x				0.	0.	0.
ASSISTANT TREASURER	1							0.	0.	Eorm <b>990</b> (2017)

	990 (2017) THE INTER	NATIONA	L	RE	IIN	10	FC	)UI	NDATION	75-23	3950	006	Pa	ge <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	Compensated Employe	es (continued)				
	<b>(A)</b> Name and title	(B) (C) Average hours per week (list any					than o is both	n an	(D) Reportable compensation from	(E) Reportable compensation from related		Est am	(F) imate ount c other	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	oensat om the nizatio relate nizatio	e on ed
									150.000		_	1 6		
	Sub-total								156,962.		0.	15	5,69	<u>96.</u> 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								156,962.		0.	15	5,69	
2	Total number of individuals (including but no compensation from the organization							no re	eceived more than \$100	,000 of reportable	e			1
											_		Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	,		,					0			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i>	-				-			-			5		x
	tion B. Independent Contractors									• · · · · · · · ·				
1	Complete this table for your five highest con the organization. Report compensation for t	-	-						n the organization's tax		pensa			
	(A) (B) Name and business address NONE Description of services C						Co	(C) ompen		ı				
2	Total number of independent contractors (ir	ncluding but p	ot lir	nite	d to	tho	se lic		above) who received m	ore than				
	\$100,000 of compensation from the organiz		. II			(								

		(2017) THE INTERNATIONAL RHI	NO FOUNDAT	ION	75-2395	006 Page <b>9</b>
Pa	rt VI					
_		Check if Schedule O contains a response or note to any li		(D)		
			(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns <b>1a</b>				
arar our		Membership dues 1b				
S, C	c	Fundraising events 1c				
Gift Iar	c	Related organizations 11				
ns, Simi	е	Government grants (contributions) 1e 749,998.				
itioi er S	f	All other contributions, gifts, grants, and				
Jth Dth		similar amounts not included above <b>If</b> 2 , 647 , 818 .	_			
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines 1a-1f: \$	2 207 016			
<u>a</u> C	h		3,397,816.			
	-	Business Code				
vice	2 a					
Ser	b					
ver (	c c					
Program Service Revenue	e					
Pro		All other program service revenue				
		<b>Total.</b> Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)	12,631.			12,631.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal	_			
		Gross rents	-			
		Less: rental expenses	4			
		Rental income or (loss)				
		Net rental income or (loss)				
	7 a	a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other	-			
	h	Less: cost or other basis	1			
	~	and sales expenses 0 •				
	с	Gain or (loss) 54.				
		Net gain or (loss)	54.			54.
e		Gross income from fundraising events (not				
nue		including \$ of				
Sev		contributions reported on line 1c). See				
Other Revenue		Part IV, line 18 a	_			
Oth		b Less: direct expenses b				
		Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See				
	h	Part IV, line 19 a	-			
		<ul> <li>Less: direct expensesb</li> <li>Net income or (loss) from gaming activitiesb</li> </ul>				
		Gross sales of inventory, less returns				
	10 0	and allowances a 24,263.				
	b	b Less: cost of goods sold b 9,080.				
		Net income or (loss) from sales of inventory	15,183.	15,183.		
		Miscellaneous Revenue Business Code				
	11 a	·				
	b					
	c					
	Ċ	·····				
		Total. Add lines 11a-11d     Total revenue. See instructions.	3 425 684	15 183	0.	12,685.
	12		1,44,004.	1 10,100.	U•1	т <u>с</u> , 00Ј•

Part IX Statement of Functional Expenses

THE INTERNATIONAL RHINO FOUNDATION

	Check if Schedule O contains a respons					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses	
1	Grants and other assistance to domestic organizations					
	and domestic governments. See Part IV, line 21					
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22					
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign	306,387.	306,387.			
	individuals. See Part IV, lines 15 and 16	500,507.	500,307.			
4	Benefits paid to or for members					
5	Compensation of current officers, directors,	156,962.		156,962.		
6	trustees, and key employees Compensation not included above, to disqualified	130,302.		130,302.		
0	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)					
7	Other salaries and wages	175,178.		69,660.	105,518	
, 8	Pension plan accruals and contributions (include	, _ , _ , _ ,			,	
-	section 401(k) and 403(b) employer contributions)	9,816.		8,914.	902	
9	Other employee benefits	19,957.		18,342.	902 1,615 8,072	
0	Payroll taxes	27,913.		19,841.	8,072	
1	Fees for services (non-employees):					
	Management					
b	Legal					
с	Accounting	25,594.		25,594.		
	Lobbying					
е	Professional fundraising services. See Part IV, line 17	13,728.			13,728	
f	Investment management fees					
g	Other. (If line 11g amount exceeds 10% of line 25,					
	column (A) amount, list line 11g expenses on Sch 0.)					
2	Advertising and promotion					
3	Office expenses					
4	Information technology					
5	Royalties					
6	Occupancy					
7	Travel	26,701.		26,701.		
8	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
9	Conferences, conventions, and meetings					
0	Interest					
1	Payments to affiliates	2 210		<u> </u>		
2	Depreciation, depletion, and amortization	2,219.		2,219.		
3						
4	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 0.)	1,320,823.	1,320,823.			
a h	ZIMBABWE RHINO CONSERVA	456,014.	456,014.			
5	INDONESIA JAVAN RHINO C	218,576.	218,576.			
d	FUNDRAISING AND ADVERTI	84,039.	,		84,039	
e e	All other expenses	-29,711.	321,497.	-198,138.	-153,070	
е 5	Total functional expenses. Add lines 1 through 24e	2,814,196.	2,623,297.	130,095.	60,804	
5 6	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)					

ΉE	INTERNATIONAL	RHINO	FOUNDATION
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		Check if Schedule O contains a response or not	te to any line in thi	s Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			2,341,247.	1	629,543.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		1,618,711.	3	1,313,039.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated employees. C	Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	ified persons (as d	efined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), an	d contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) volu	ntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L				6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			14,986.	8	8,782.
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,871.			
	b	Less: accumulated depreciation	10b	3,604.	7,211.	10c	7,267.
	11	Investments - publicly traded securities			556,613.	11	2,569,246.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	9,242.	15	5,986.		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		4,548,010.	16	4,533,863.
	17	Accounts payable and accrued expenses			1,813,458.	17	1,187,823.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedul	eD		21	
ies	22	Loans and other payables to current and forme					
oilit		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D			1,813,458.	25	1,187,823.
	26	Total liabilities. Add lines 17 through 25			1,013,430.	26	1,107,023.
6		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 ar					
ces	07	•			1,314,296.	27	2,010,461.
Ilan	27 28	Unrestricted net assets			1,420,256.	28	1,335,579.
I Ba		Temporarily restricted net assets			1,120,230.	20 29	1,555,575
unc	29	Organizations that do not follow SFAS 117 (A	SC 958) check h			23	
Ĕ		and complete lines 30 through 34.					
tso	30	Capital stock or trust principal, or current funds		30			
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		F		32	
Ne	33	Total net assets or fund balances			2,734,552.	33	3,346,040.
	34	Total liabilities and net assets/fund balances			4,548,010.	34	4,533,863.
	107		=,==;==;==;	7			

4,533,863. Form **990** (2017)

## Т Part X | Balance Sheet

Form	990	(2017

Form	1990 (2017) THE INTERNATIONAL RHINO FOUNDATION	75-23	95006	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,425		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,814		
3	Revenue less expenses. Subtract line 2 from line 1	3			88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,734	1,5	52.
5	Net unrealized gains (losses) on investments	5			
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	3,340	5,0	40.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<b>2c</b>	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		<b>3</b> a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<b>3</b> b	000	L

SCHEDULE A	
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(Form	990	or	990-EZ
	220		

## 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.

OMB No. 1545-0047
2017
Open to Public Inspection

Department of the Treasury       Attach to Form 990 or Form 990-EZ.       Open to Public         Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.       Inspection							Open to Public Inspection			
		the organizati		GO to www.irs.go	//Form990 for instruction	ons and ti	ie latest i	niormation.	Employer	identification number
Tan				ΤΝΨΈΡΝΔΨΤΟ	NAL RHINO FO	יייערואדו	TON			5-2395006
Pa	THE INTERNATIONAL RHINO FOUNDATION         75-2395006           Part I         Reason for Public Charity Status (All organizations must complete this part.) See instructions.								5 2555000	
					(For lines 1 through 12, c					
1					on of churches described					
2	$\square$				Attach Schedule E (Forn			·//·//		
3	$\square$				anization described in <b>se</b>			ii).		
4	$\square$				njunction with a hospital				(iii). Enter	the hospital's name.
•		city, and stat	•		·				( <i>)</i>	···- ·· [- ···· - ·····-,
5		-	-	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit describ	ed in
		•	-	Complete Part II.)						
6		A federal, sta	ate, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	ion that norma	Illy receives a substa	intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8		A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or
		university:								
10		-		•	e than 33 1/3% of its sup				-	-
					ct to certain exceptions,					
					(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
44				mplete Part III.)	ively to test for public or	faty Caa	nantian E(	O(a)(A)		
11 12	H	-	-	-	ively to test for public sa ively for the benefit of, to	•			orny out the	purposes of one or
12		-	-		ed in section 509(a)(1) o				-	
					of supporting organizatio					
а			-		supervised, or controlled		-		-	aivina
				-	gularly appoint or elect a	•	-			
			-	complete Part IV, Se						apport
b		7 -		-	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving
				-	anization vested in the s			-		-
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
с		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
	_	its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	<b>y integrated.</b> A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
			-		zation generally must sat	-		-	d an attenti	iveness
	_	- ·	,	,	nplete Part IV, Sections					
е			•		written determination fro			а Туре I, Туре	II, Type III	
,	<b>F</b>				nally integrated support	0 0				
1				n about the supporte	d organization(s)					
<u> </u>		i) Name of supp	<u> </u>	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	ı		(described on lines 1-10 above (see instructions))	Yes	ng document? No	support (see in	structions)	support (see instructions)
Tota	1									

## Schedule A (Form 990 or 990-EZ) 2017 THE INTERNATIONAL RHINO FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and a section of the section of

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2232612.	2921095.	2356050.	3187052.	3397816.	14094625.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
-	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	2232612.	2921095.	2356050.	3187052.	3397816.	14094625.	
5	The portion of total contributions							
5	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						3283332.	
_	column (f)						10811293.	
	Public support. Subtract line 5 from line 4.						10011792.	
	tion B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014 2921095.	(c) 2015	(d)2016 3187052.	(e) 2017	(f) Total	
	Amounts from line 4	2232612.	2921095.	2356050.	318/052.	339/810.	14094625.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,		. –					
	and income from similar sources $\dots$	12.	15.	3.	1,017.	12,685.	13,732.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						14108357.	
	Gross receipts from related activities,	etc. (see instruction	ons)			12	132,940.	
	First five years. If the Form 990 is for		,			n 501(c)(3)		
	organization, check this box and <b>stop</b>	- hava						
Sec	ction C. Computation of Publ		rcentage					
14	Public support percentage for 2017 (	line 6. column (f) di	vided by line 11. c	olumn (f))		14	76.63 %	
	Public support percentage from 2016					15	80.36 %	
	33 1/3% support test - 2017. If the o							
	stop here. The organization qualifies	-						
h	33 1/3% support test - 2016. If the c							
~								
17~	and stop here. The organization qualifies as a publicly supported organization							
170	7a 10% -facts-and-circumstances test - 2017. 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							
	-			-	-	-		
Ŀ	meets the "facts-and-circumstances"	-	-					
D	10% -facts-and-circumstances tes	-						
	more, and if the organization meets the						•	
	organization meets the "facts-and-circ							
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	IS ►	

Schedule A (Form 990 or 990-EZ) 2017

## Schedule A (Form 990 or 990-EZ) 2017 THE INTERNATIONAL RHINO FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the emount on line 12 for the upor						
	amount on line 13 for the year Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(a) 2015	(4) 2016	(a) 2017	
		<b>(a)</b> 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
							<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2017 (li	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	17 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2		`			18	%
	<b>33 1/3% support tests - 2017.</b> If the					33 1/3%, and line	
	more than 33 1/3%, check this box ar	-					
b	<b>33 1/3% support tests - 2016.</b> If the						and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶□

Yes No

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

	res	NO
1		
2		
3a		
3b		
-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
16		
10a		
10b		

# Schedule A (Form 990 or 990-EZ) 2017 THE INTERNATIONAL RHINO FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		2		
2	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	L The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U U	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	Зb		
		55		

Schedule A (Form 990 or 990-EZ) 2017

## Schedule A (Form 990 or 990 EZ) 2017 THE INTERNATIONAL RHINO FOUNDATION

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	vintearate	d Type III supporting or	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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## Schedule A (Form 990 or 990-EZ) 2017 THE INTERNATIONAL RHINO FOUNDATION

I GI	Type in Non-Functionally integrated 509	(a)(S) Supporting Org	anizations (continued)	
Secti	on D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
с	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 THE	INTERNATIONAL	RHINO FOUNDATION	75-2395006 Page <b>8</b>
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 ar	Provide the explanations r c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 nd 3; Part IV, Section E, lines	equired by Part II, line 10; Part II, lir 1a. 11b. and 11c: Part IV. Section	B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

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

OMB No. 1545-0047

## 2017

Employer identification number

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	THE INTERNATIONAL RHINO FOUNDATION	/5-4		
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

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

### **General Rule**

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

#### **Special Rules**

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

### Name of organization

Employer identification number

75-2395006

## THE INTERNATIONAL RHINO FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(a)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(a) Type of contribution
1		\$ <u>265,195.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>415,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$352,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$749,998.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

### Name of organization

Employer identification number

75-2395006

## THE INTERNATIONAL RHINO FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

## THE INTERNATIONAL RHINO FOUNDATION

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

75-2395006

Name of orga	nization	Employer identification number				
THE IN	TERNATIONAL RHINO FOUN	DATION	75-2395006			
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	ributions to organizations describe	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for			
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000	or less for the year. (Enter this info. once.)			
(a) No.	Use duplicate copies of Part III if addition	al space is needed.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
.						
.						
		(e) Transfer of g	μπ			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
-						
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
:						
-	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
-						
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
·						
-		(e) Transfer of g				
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
-						
(a) No. from						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
:						
_		(e) Transfer of g	u			
$\vdash$	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
.						

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form 990)

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

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



Name of the organization

THE INTERNATIONAL RHINO FOUNDATION

Employer identification number 75-2395006

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
_			
Pa		-	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
-	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
2	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
4	year ► Number of states where property subject to conservation ea	ecomont is located	
5	Does the organization have a written policy regarding the pe		
5	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	► \$		0, 1
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (As		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	<b>5</b> 7 1		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		l gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		🕨 \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 732051 10-09-17

Sche	dule D (Form 990) 2017 THE INT:	ERNATIONAL	RHIN	O FOUI	NDATIO	N		75-23	95006	Pa	ige <b>2</b>
Pa	t III Organizations Maintaining C	ollections of A	rt, Histo	rical Tre	easures, o	or Othe	er Simila	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	iny of the f	ollowing that	at are a si	ignificant (	use of its	collection	item	S
	(check all that apply):										
а	Public exhibition	d	🔄 Lo	an or exch	ange progra	ams					
b	Scholarly research	e	• 🗌 Ot	her							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	/ further th	e organizati	on's exe	mpt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, histe	orical treas	sures, or oth	er similaı	rassets		-		
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the o	rganizatior	answered	"Yes" on	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi								-		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tak	ole:							
									Amount		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo							L	Yes		No
	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete in										
Ia		-			(c) Two year			are back	(a) Four	voare	back
1.	Deginging of year balance	(a) Current year	(b) Pric	or year	(C) 1W0 year	SDACK	<b>(a)</b> Three y	Ears Dack	(e) roui	years	Jack
la b	Beginning of year balance										
0	Contributions										
с А	Net investment earnings, gains, and losses Grants or scholarships										
	Other expenditures for facilities										
e											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1a	column (a)	) held as:						
- a	Board designated or quasi-endowment	ione your ond balance	%								
b	Permanent endowment	%									
	Temporarily restricted endowment	%									
-	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation that a	are held ar	nd administe	ered for t	he organiz	ation			
	by:	0					Ũ			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pa	rt VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, I	ine 11a. Se	ee Form 990	), Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr		(b) Cost ( basis (d		• •	ccumulate preciation	d	<b>(d)</b> Book	value	9
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			10	0,871.		3,60	04.	7	,20	67.
e	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column	(B), line 10	)c.)				7	2,20	57.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 THE INTE	RNATIONAL RHINO FOUNDATION
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Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11c. See Form 990. Part X. line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
(1)		
(1)	1	
(3)	1	
	+	
(4)	+	
(5)	+	
(6)		
(7)	<u> </u>	
(8)	+	
(9)	<u> </u>	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes"		
	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		

(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 

Part X Other Liabilities.

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

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (	Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

Sche	edule D (Form 990) 2017	THE	INTERNATIONAL	RHINO	FOUNDATION		75-	2395006	Page <b>4</b>
Pa	rt XI Reconciliation of	of Rever	nue per Audited Fina	ncial Stat	tements With Re				<u> </u>
	Complete if the orgar	nization ar	nswered "Yes" on Form 990	0, Part IV, line	e 12a.				
1	Total revenue, gains, and ot	her suppo	ort per audited financial sta	tements			1	3,426,	884.
2	Amounts included on line 1	but not or	n Form 990, Part VIII, line 1	2:					
а	Net unrealized gains (losses)	) on inves <sup>.</sup>	tments		2a				
b	Donated services and use o	f facilities			2b	1,200.			
с									
d									
е	Add lines <b>2a</b> through <b>2d</b>						2e		200.
3	Subtract line <b>2e</b> from line <b>1</b>						3	3,425,	684.
4	Amounts included on Form								
а	Investment expenses not inc	cluded on	Form 990, Part VIII, line 7b		4a				
b	Other (Describe in Part XIII.)				4b				
с	Add lines <b>4a</b> and <b>4b</b>						4c		0.
5	Total revenue Add lines 2 a	nd <b>4c</b> (Th	is must equal Form 990, Pa	art I line 12)			5	3,425,	684.
							•		••••
	rt XII Reconciliation of	of Exper	nses per Audited Fin	ancial Sta	atements With E		•		
	rt XII Reconciliation of Complete if the organ	of Exper	nses per Audited Fin nswered "Yes" on Form 990	<b>ancial Sta</b> 0, Part IV, line	a <b>tements With E</b> e 12a.	kpenses per	•	ırn.	
	rt XII Reconciliation of	of Exper	nses per Audited Fin nswered "Yes" on Form 990	<b>ancial Sta</b> 0, Part IV, line	a <b>tements With E</b> e 12a.	kpenses per	•		
Pa	Total expenses and losses p Amounts included on line 1	of Experi- nization ar per audited but not or	nses per Audited Fin nswered "Yes" on Form 990 d financial statements n Form 990, Part IX, line 25	ancial Sta D, Part IV, line :	e 12a.	kpenses per	Retu	ırn.	
<b>Pa</b>	Total expenses and losses p Amounts included on line 1	of Experi- nization ar per audited but not or	nses per Audited Fin nswered "Yes" on Form 990 d financial statements n Form 990, Part IX, line 25	ancial Sta D, Part IV, line :	e 12a.	kpenses per	Retu	ırn.	
Pa 1 2	Total expenses and losses p Amounts included on line 1 Donated services and use o	of Experi- nization ar per audited but not or f facilities	nses per Audited Fin nswered "Yes" on Form 990 d financial statements n Form 990, Part IX, line 25	ancial Sta D, Part IV, line :	atements With E = 12a	kpenses per	Retu	ırn.	
Pa 1 2 a	Reconciliation c           Complete if the orgar           Total expenses and losses p           Amounts included on line 1           Donated services and use o           Prior year adjustments           Other losses	of Experimization ar per audited but not or f facilities	nses per Audited Fin nswered "Yes" on Form 990 d financial statements n Form 990, Part IX, line 25	ancial Sta D, Part IV, line	2a           2b           2c	kpenses per	Retu	ırn.	
Pa 1 2 a	Reconciliation of Complete if the organ           Total expenses and losses p           Amounts included on line 1           Donated services and use o           Prior year adjustments           Other losses	of Experimization ar per audited but not or f facilities	nses per Audited Fin nswered "Yes" on Form 990 d financial statements n Form 990, Part IX, line 25	ancial Sta D, Part IV, line	2a           2b           2c	kpenses per	Retu	ırn. 2,815,	396.
Pa 1 2 a b c	Reconciliation of Complete if the organ         Total expenses and losses p         Amounts included on line 1         Donated services and use o         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	of Exper nization ar per audited but not or f facilities	nses per Audited Fin nswered "Yes" on Form 990 d financial statements n Form 990, Part IX, line 25	ancial Sta D, Part IV, line	2a           2b           2c           2d	(penses per 1,200.	1 2e	ı <b>rn</b> . 2,815, 1,	<u>396.</u> 200.
Pa 1 2 b c d	Reconciliation of Complete if the organ           Total expenses and losses p           Amounts included on line 1           Donated services and use o           Prior year adjustments           Other losses           Other (Describe in Part XIII.)	of Exper nization ar per audited but not or f facilities	nses per Audited Fin nswered "Yes" on Form 990 d financial statements n Form 990, Part IX, line 25	ancial Sta D, Part IV, line	2a           2b           2c           2d	(penses per 1,200.	1	ırn. 2,815,	<u>396.</u> 200.
Pa 1 2 b c d e	Reconciliation of Complete if the organ         Total expenses and losses p         Amounts included on line 1         Donated services and use o         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	of Exper nization ar per audited but not or f facilities	nses per Audited Fin nswered "Yes" on Form 990 d financial statements n Form 990, Part IX, line 25	ancial Sta D, Part IV, lind	2a           2b           2c           2d	(penses per 1,200.	1 2e	ı <b>rn</b> . 2,815, 1,	<u>396.</u> 200.
Pa 1 2 a b c d e 3	Reconciliation of Complete if the organ         Total expenses and losses p         Amounts included on line 1         Donated services and use o         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 9	of Exper nization ar per audited but not or f facilities 990, Part	nses per Audited Fin nswered "Yes" on Form 990 d financial statements n Form 990, Part IX, line 25	ancial Sta D, Part IV, line : :	2a         2b         2c         2d	(penses per 1,200.	1 2e	ı <b>rn</b> . 2,815, 1,	<u>396.</u> 200.
Pa 1 2 a b c d e 3 4	Reconciliation of Complete if the organ         Total expenses and losses p         Amounts included on line 1         Donated services and use o         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 9         Investment expenses not included	of Exper nization ar per audited but not or f facilities 990, Part cluded on	nses per Audited Fin nswered "Yes" on Form 990 d financial statements n Form 990, Part IX, line 25	ancial Sta	2a         2b         2c         2d	(penses per 1,200.	1 2e	ı <b>rn</b> . 2,815, 1,	<u>396.</u> 200.
Pa 1 2 3 4 4	Reconciliation of Complete if the organ         Total expenses and losses provide a complete if the organ         Total expenses and losses provide a complete if the organ         Amounts included on line 1         Donated services and use or         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 9         Investment expenses not incomplete in Part XIII.)         Add lines 4a and 4b	of Exper nization ar per audited but not or f facilities 990, Part cluded on	nses per Audited Fin nswered "Yes" on Form 990 d financial statements n Form 990, Part IX, line 25 IX, line 25, but not on line 1 Form 990, Part VIII, line 7b	ancial Sta	2a         2b         2c         2d         2d	(penses per 1,200.	1 2e 3 4c	ırn. 2,815, 1, 2,814,	396. 200. 196.
Pa 1 2 4 6 3 4 8 5	Reconciliation of Complete if the organ         Total expenses and losses p         Amounts included on line 1         Donated services and use o         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 9         Investment expenses not incomplete in Part XIII.)	of Exper nization ar per audited but not or f facilities 990, Part cluded on and 4c. (1	nses per Audited Fin nswered "Yes" on Form 990 d financial statements n Form 990, Part IX, line 25 IX, line 25, but not on line 1 Form 990, Part VIII, line 7t <i>Form 990, Part VIII, line 7t</i>	ancial Sta	2a         2b         2c         2d         2d         4a         4b	(penses per 1,200.	1 2e 3	ı <b>rn</b> . 2,815, 1,	396. 200. 196.

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

PART X, LINE 2:

THE FOUNDATION FILES FORM 990 IN THE UNITED STATES FEDERAL JURISDICTION

AND NO TAX RETURNS ARE CURRENTLY UNDER EXAMINATION BY ANY TAX AUTHORITIES.

THE FOUNDATION DID NOT INCUR ANY PENALTIES OR INTEREST DURING THE YEARS

ENDED DECEMBER 31, 2017 OR 2016.

Department of the Treasury Internal Revenue Service							Open to Public Inspection
Name of the organiza	ition		ÿ				lentification number
THE INTERNA	ATION	AL RHINO	FOUNDAI	ION		75-239	5006
				tside the United States. Comple	te if the organ		
		/, line 14b.				· .	
				ds to substantiate the amount of its gra the selection criteria used to award the			X Yes No
2 For grantmake United States.	ers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistanc	e outside the
	egion. (Tł			an be duplicated if additional space is r			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, e specific type (s) in the regio	expenditures for and investments
3 a Sub-total		0	0				0
b Total from continues sheets to Part I		0	0				0
c Totals (add line and 3b)		0	0				0

**Statement of Activities Outside the United States** 

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

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

Schedule F (Form 990) 2017

OMB No. 1545-0047

2017

SCHEDULE F (Form 990)

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

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN						
		AFRICA - ANGOLA,	CORE SUPPORT FOR THE					
		BENIN, BOTSWANA,	AFRICAN RHINO					
			SPECIALIST GROUP.	10,000.	WIRE TRANSFER	Ο.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	SUPPORT FOR					
		ALBANIA, ANDORRA,	STOPRHINOPOACHING.COM	9,500.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN	SUPPORT FOR					
		AFRICA - ANGOLA,	STOPRHINOPOACHING.COM					
		BENIN, BOTSWANA,	NATIONAL ROLL OUT OF					
		BURKINA FASO,	THE RHINO CRIME	100,000.	WIRE TRANSFER	٥.		
		EAST ASIA AND THE	REINFORCING SUMATRAN					
		PACIFIC -	RHINO STAKEHOLDER					
		AUSTRALIA,	ENGAGEMENT WITH					
		BRUNEI, BURMA,	PARTICULAR REFERENCE	13,860.	WIRE TRANSFER	٥.		
		EAST ASIA AND THE	SUPPORT TO DEVELOP					
		PACIFIC -	SMART PATROLLING TO					
		AUSTRALIA,	PROTECT SUMATRAN					
		BRUNEI, BURMA,	RHINO IN THE LEUSER	40,502.	WIRE TRANSFER	0.		
		SUB-SAHARAN	GENERAL SECURITY					
		AFRICA - ANGOLA,	SUPPORT FOR CARE FOR					
		BENIN, BOTSWANA,	THE WILD RHINO					
		BURKINA FASO,	SANCTUARY.	25,000.	WIRE TRANSFER	0.		
			REDUCING THE DEMAND					
			FOR RHINO HORN BY					
		SOUTH ASIA -	CHANGING THE MINDSET					
		INDIA	OF RHINO HORN	38,511.	WIRE TRANSFER	0.		
			ASSISTING ORANG					
			NATIONAL PARK TO					
		SOUTH ASIA -	STRENGTHEN PROTECTION					
		INDIA	OF RHINOS.	30,000.	WIRE TRANSFER	٥.		

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2017

12

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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

Part III can be duplicated if additional space is needed.

Part III can be duplicated if	additional space is neede						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE						
	PACIFIC -						
	AUSTRALIA,						
SCHOLARSHIPS	BRUNEI, BURMA,	1	39 014	WIRE TRANSFER	0.		

Schedule F (Form 990) 2017

Schedule F (	(Form 990)	2017	THE	INTERNATIONAL	RHINO	FOUNDATION	
Part IV	Foreian	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)	. Ses	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	. 🗌 Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	. Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	. 🗌 Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	. System Yes	X No

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 THE INTERNATIONAL RHINO FOUNDATION

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

PART I, LINE 2:

THE ORGANIZATION REQUIRES GRANT RECIPIENTS TO SUBMIT REPORTS ON THE USE

OF GRANT FUNDS.

PART II, COLUMN (D):

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

(D) PURPOSE OF GRANT: SUPPORT FOR STOPRHINOPOACHING.COM, NATIONAL ROLL

OUT OF THE RHINO CRIME APPLICATION, PROJECT EMPRACE, AND EQUIPMENT FOR

ADDO ELEPHANT NATIONAL PARK ANTI-POACHING UNIT.

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,

(D) PURPOSE OF GRANT: REINFORCING SUMATRAN RHINO STAKEHOLDER ENGAGEMENT

WITH PARTICULAR REFERENCE TO SUPPORTING THE SUMATRAN RHINO SECRETARIAT.

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, (D) PURPOSE OF GRANT: SUPPORT TO DEVELOP SMART PATROLLING TO PROTECT SUMATRAN RHINO IN THE LEUSER ECOSYSTEM.

REGION: SOUTH ASIA - INDIA

(D) PURPOSE OF GRANT: REDUCING THE DEMAND FOR RHINO HORN BY CHANGING THE

MINDSET OF RHINO HORN CONSUMERS, STRENGTHEN LAW ENFORCEMENT, AND

IMPROVING LEGISLATION.

SCHEDULE G	Cum m la ma	ntol Information Depending	. <b>F</b>	-:-		A		OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if th	ental Information Regarding e organization answered "Yes" or organization entered more than \$	n Form 99	0, F	Part IV, line 17, 18, c			2017
Department of the Treasury Internal Revenue Service		<ul> <li>Attach to Form 99</li> <li>Go to www.irs.gov/Form990</li> </ul>	0 or Form	99	0-EZ.			Open to Public nspection
Name of the organization	n					En	nployer ide	ntification number
	THE INT	ERNATIONAL RHINO	FOUND	AT	ION	75	5-2395	006
	complete this par	<ul> <li>Complete if the organization answ t.</li> </ul>	ered "Yes	" or	n Form 990, Part IV,	line 17. F	orm 990-Ez	I filers are not
<ol> <li>Indicate whether the a Mail solicitation</li> <li>Mail solicitation</li> <li>Internet and</li> <li>Internet and</li> <li>Phone solicitation</li> <li>In-person solicitation</li> </ol>	e organization rais tions email solicitations tations blicitations on have a written o ted in Form 990, P 0 highest paid indi	sed funds through any of the follow e X Solicita s f X Solicita g Specia pr oral agreement with any individua Part VII) or entity in connection with viduals or entities (fundraisers) purs	ation of no ation of go I fundraisi al (includin profession	on-go overi ng o g of nal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or	X Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) Dic fundraise have custo or control contributio	ody of	(iv) Gross receipts from activity	tò (or re func	ount paid tained by) draiser in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
CATHERINE SIEFFERT LEICESTER STREET,		CONSULTING		lo K	1,017,045.	121,261.		. 895,784.
MARGARET MOORE - 2					1,017,043.		121,201.	000,704.
FIFTH STREET, ARLI		CONSULTING		x	865,396.		25,795.	839,601.
ALEXANDRA HAUSLER					, -		, -	, -
261, FLINT HILL, V		CONSULTING	2	ĸ	779,485.		30,979.	748,506.
GLORIA GOERES - 24								
ASHBY LANE, EDINBU	RG, VA	CONSULTING	2	ĸ	735,890.		48,744.	687,146.
				•	3,397,816.		226,779.	
3 List all states in wh or licensing	ich the organizatio	on is registered or licensed to solicit	contributi	ions	s or has been notified	a it is exe	empt from re	egistration

TX, MD, AL, CT, PA, NJ, TN, MN

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

			<b>(a)</b> Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
an			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	-	Entertainment				
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	9 in column (d)		•	
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.						
0		\$15,000 011 0111 990°LZ, inte 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
7 Direct expense summary. Add lines 2 through 5 in column (d)						
8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
<ul> <li>9 Enter the state(s) in which the organization conducts gaming activities:</li> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li> </ul>						
<b>b</b> If "No," explain:						
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes I Yes I Yes					

Sch	edule G (Form 990 or 990-EZ) 2017 THE INTERNATIONAL RHINO FOUNDATION 75-2	239500	6 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	└── Yes	└── No
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation <b>&gt;</b> \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandetony distributions:		
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	<b>rt IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nes 9, 9b,	10b, 15b,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	:S:	
(I	) NAME OF FUNDRAISER: CATHERINE SIEFFERT		
<u>`</u>			
(1	) ADDRESS OF FUNDRAISER: 432 LEICESTER STREET, WINCHESTER, VA	2260	1
(I	) NAME OF FUNDRAISER: MARGARET MOORE		
(I	) ADDRESS OF FUNDRAISER: 2804 SOUTH FIFTH STREET, ARLINGTON, V	'A 22	204

## (I) NAME OF FUNDRAISER: ALEXANDRA HAUSLER

Schedule G	(Form 990 or 990-EZ)	THE	INTERNATIONAL	RHINO	FOUNDATION	75-2395006	Page <b>4</b>
Part IV	Supplemental Infor	mation	(continued)				

(I) ADDRESS OF FUNDRAISER: P.O. BOX 261, FLINT HILL, VA 22627

## (I) NAME OF FUNDRAISER: GLORIA GOERES

# (I) ADDRESS OF FUNDRAISER: 244 TURNER ASHBY LANE, EDINBURG, VA 22824

SCHEDULE J		Compensation Information		OMB No.	1545-00	47
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest		20	17	/
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LU		
Depa	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio			identificati		mber
		THE INTERNATIONAL RHINO FOUNDATION	75-	239500	6	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
a		iate box(es) if the organization provided any of the following to or for a person listed on Form	1990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, j				
	Travel for com					
		cation and gross-up payments spending account Health or social club dues or initiation fee				
		spending account Personal services (such as, maid, chauffe	ur, chei)			
h	If any of the bayes	on line 1a are checked, did the organization follow a written policy regarding payment or				
b		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	indsices, and onlee					
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's			
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant Compensation survey or study				
	·	ther organizations Approval by the board or compensation of	committee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					v
						X X
b		ation?		<u>5</u> b		
-		pr 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
_	contingent on the r			6.		x
		ation 2				X
D		ation? or 6b, describe in Part III.		6b		- 21
7		on bo, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	e			
'	-	nes 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				<u> </u>
0		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		id the organization also follow the rebuttable presumption procedure described in				
5		a the organization also follow the reputtable presumption procedure described in a 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forr	n 990	) 2017

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

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

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

<b>(A)</b> Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) SUSIE ELLIS	(i)	156,962.	0.	0.	15,696.	0.	172,658.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

### Part III Supplemental Information

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

Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



THE INTERNATIONAL RHINO FOUNDATION

Employer identification number 75 - 2395006

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: LARGEST POPULATION IN THE WORLD) INHABIT THE PARK, ALONG WITH 40-50 SUMATRAN TIGERS AND AROUND 300 ASIAN ELEPHANTS. NINE PATROL UNITS

OPERATE IN WAY KAMBAS NATIONAL PARK, WHICH HAS A RESIDENT POPULATION OF

NEARLY 35 SUMATRAN RHINO (THE THIRD LARGEST POPULATION OF SUMATRAN

RHINOS) AND IS ALSO THE SITE OF THE SUMATRAN RHINO SANCTUARY. FIVE RPUS

PROTECT JAVAN RHINOS IN UJUNG KULON NATIONAL PARK, WHERE THE ONLY

VIABLE POPULATION OF THE SPECIES EXISTS BETWEEN 61 TO 63 ANIMALS.

SUMATRAN RHINO CONSORTIUM - IRF MANAGES A CONSORTIUM OF INTERNATIONAL

AND INDONESIA-BASED RHINO CONSERVATION NGOS WHOSE FOCUS IS TO REVERSE

THE DECLINE OF THE SUMATRAN RHINO. THROUGH MONTHLY VIRTUAL AND

IN-PERSON ANNUAL MEETINGS, THE GROUP IS COLLABORATING WITH BOTH CENTRAL

AND LOCAL GOVERNMENTAL OFFICIALS AS WELL AS LOCAL STAKEHOLDERS TO

ENSURE THAT SUMATRAN RHINOS ARE MANAGED AS A META-POPULATION. IN 2017,

IRF WORKED WITH A JAKARTA-BASED PR FIRM TO HOST PUBLIC AND PRESS EVENTS

IN JAKARTA TO RAISE AWARENESS OF THE PLIGHT OF THE SUMATRAN RHINO.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THE LOWVELD CONSERVANCIES, INCLUDING MALILANGWE WHICH UNDERTAKES INDEPENDENT RHINO CONSERVATION, HAD POPULATIONS OF 457 BLACK RHINOS AND 284 WHITE RHINOS AT END DECEMBER, 2017, WITH THREE BLACK RHINO POPULATIONS (SVC, BVC AND MALILANGWE) REMAINING "KEY 1" BLACK POPULATIONS IN TERMS OF IUCN AFRSG CRITERIA (I.E. >100 IN EACH). IN ADDITION TO DIRECT INVOLVEMENT IN THE MONITORING, MANAGEMENT AND PROTECTION OF RHINOS IN SVC AND BVC, LRT COORDINATES WITH MALILANGWE ON LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization THE INTERNATIONAL RHINO FOUNDATION	Employer identification number 75-2395006
RHINO CONSERVATION NEEDS THAT REQUIRE JOINT EFFORTS AND W	ORKS WITH THE
PARKS AND WILDLIFE MANAGEMENT AUTHORITY (ZPWMA) AND FRANK	FURT
ZOOLOGICAL SOCIETY (FZS) TOWARDS CREATING A NEW RHINO SANG	CTUARY IN
GONAREZHOU NP.	
THE PROGRAM OF RHINO CONSERVATION IN THE LOWVELD BUILT UP	THE BLACK
RHINO POPULATION IN THAT REGION FROM 4% OF THE NATIONAL TO	OTAL IN 1990
TO 89% AT END DECEMBER 2017 (ABOUT 8% OF THE CONTINENTAL '	TOTAL). THIS
HAS BEEN ACHIEVED THROUGH BIOLOGICAL MANAGEMENT, STRATEGI	c
TRANSLOCATIONS OF RHINOS, SUPPORT FOR ANTI-POACHING, INFO	RMER SYSTEMS,
LEGAL ACTIONS AGAINST POACHERS, ETC. MUCH CREDIT FOR THIS	EFFORT IS DUE
TO CONSERVANCY MEMBERS AND THEIR STAFF, OPERATING UNDER D	IFFICULT
ECONOMIC AND POLITICAL CONDITIONS. UNPLANNED SETTLEMENT UN	NDER
ZIMBABWE'S "FAST-TRACK" RESETTLEMENT PROGRAM HAS RESULTED	IN
SIGNIFICANT LOSS OF RHINO HABITAT IN THE CONSERVANCIES BU	T NONETHELESS
THE AVAILABLE RANGE REMAINS SUFFICIENT TO CARRY MORE THAN	TWICE THE
CURRENT POPULATIONS OF BOTH RHINO SPECIES.	

THE MAJOR CHALLENGES TO THE CURRENT RHINO RANGE IN THE LOWVELD REMAIN ONGOING ENCROACHMENT BY SETTLERS AND FINANCIAL INSTABILITY OF SVC OWING TO LAND REFORM POLICIES THAT RESULTED IN ZIMBABWEAN-OWNED RANCHES BEING TAKEN OVER BY ZPWMA IN LATE 2014, WITH A CONSEQUENT HIATUS IN BUSINESS OPERATIONS ON THESE UNITS. THE FORMER OPERATORS HAVE HAD TO MAINTAIN CONSERVATION SERVICES SUCH AS ANTI-POACHING AND WATER PUMPING, WHILE AWAITING CLARIFICATION ON IF AND HOW THEY CAN RESUME OPERATIONS AS LEASE-HOLDERS (AFTER PAYING LEASE FEES AND TROPHY HUNTING FEES TO ZPWMA). LRT CONTINUED WORKING WITH COMMUNITY LEADERS AROUND SVC TO IDENTIFY AND PROMOTE OPPORTUNITIES FOR COMMUNITY/CONSERVANCY JOINT

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization THE INTERNATIONAL RHINO FOUNDATION	Employer identification number $75 - 2395006$
VENTURES THAT WOULD MAINTAIN BUSINESS VIABILITY WHILE CON	FORMING TO
INDIGENIZATION POLICY. LRT'S ADDITIONAL COMMUNITY ENGAGEM	ENT EFFORTS
INCLUDED EDUCATIONAL OUTREACH PROGRAMS AT 49 PRIMARY SCHO	OLS. A TOTAL
OF 13,842 PUPILS AND 758 TEACHERS WERE SHOWN LRT'S "RHINO	S FOR AFRICA"
FILM, WITH SHONA (LOCAL LANGUAGE) NARRATION, AND STUDENTS	WERE GIVEN
RHINO-RELATED BOOKS AND GEAR WHEN THEY ACTIVELY PARTICIPA	TED IN THE
TALKS AND DISCUSSIONS ON RHINO CONSERVATION. RHINO-THEMED	QUIZZES AND
MUSIC COMPETITIONS WERE HELD AT OVER 100 SCHOOLS; WINNERS	WERE GIVEN
VOUCHERS TO BUY BUILDING MATERIALS (FOR SCHOOL RENOVATION	S) FROM A
HARDWARE COMPANY. LRT ALSO DISTRIBUTED 54,500 EXERCISE BO	OKS AND 2,500
ENVIRONMENTAL SCIENCE TEXTBOOKS.	

RHINO POACHING DECREASED FROM 2015'S ALL-TIME HIGH OF 46 RHINOS, WITH A TOTAL OF 25 RHINOS POACHED IN LOWVELD CONSERVANCIES IN 2017. HOWEVER, THIS IS STILL HIGHER THAN 2014, IN WHICH 19 RHINOS WERE POACHED.

RHINO MANAGEMENT OPERATIONS, INVOLVING DRUG-DARTINGS OF 56 RHINOS, WERE UNDERTAKEN DURING 2017 IN OPERATIONS IN BUBYE AND SAVE VALLEY CONSERVANCY, WITH NO RESULTANT RHINO MORTALITIES. MOST OF THESE DRUG-DARTINGS INVOLVED ROUTINE EAR NOTCHING IN BVC. RADIO FREQUENCY IDENTIFICATION (RFID) TAGS FITTED TO SOME RHINOS IN BVC DURING 2016 ARE STILL GENERATING IDENTITY CODES WHEN THESE ANIMALS VISIT WATERING HOLE WHERE READERS HAVE BEEN PLACED. ADDITIONAL RFID TAGS WERE FITTED IN 2017. A SMALL PROPORTION OF RHINOS IN THIS AREA ARE ALSO BEING TRACKED THROUGH A TRIAL ULTRA-NARROW BAND RF SYSTEM.

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

POSTS. AN ONGOING PROGRAM IS TO CLEAR THE INVASIVE ARENGA PALM.

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization THE INTERNATIONAL RHINO FOUNDATION	Employer identification number 75-2395006
EIGHTY-TWO HECTARES OF ARENGA PALM HAVE BEEN CLEARED, AND	TEN RHINOS
NOW USE THE AREA. THE JRSCA IS INTENDED TO BE A STUDY AND	CONSERVATION
AREA TO ENABLE LEARNING MORE ABOUT THE POPULATION. IT ALS	O SHOULD LEAD
TO AN INCREASE IN THE NUMBER OF RHINOS, WHICH WOULD EVENT	UALLY ALLOW
TRANSLOCATING A SUBSET OF THE UJUNG KULON ANIMALS TO A SU	ITABLE SECOND
SITE, STILL TO BE IDENTIFIED, AS AN 'INSURANCE' POPULATIO	N.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	

SOUTHERN AFRICA, OPERATION STOP POACHING NOW - RHINO POACHING IN SOUTH AFRICA REACHED AN ALL-TIME HIGH IN 2014, WITH 1,215 RHINOS LOST. IN 2015, SOUTH AFRICA LOST SLIGHTLY FEWER ANIMALS, ROUGHLY 1,175; HOWEVER, POACHING INCREASED IN ZIMBABWE (=50 ANIMALS LOST) AND NAMIBIA (=80 ANIMALS LOST). IN 2016, POACHING NUMBERS AGAIN DROPPED SLIGHTLY, TO 1,054. 2017 SAW ANOTHER SLIGHT DECREASE TO 1,028, ALTHOUGH THE OVERALL RATE REMAINS TOO HIGH. THE AIM OF PHASE ONE OF OPERATION STOP POACHING NOW WAS TO CONDUCT SECURITY NEEDS ASSESSMENTS IN SELECTED AREAS, PROVIDE EQUIPMENT AND TRAINING THAT WOULD ALLOW ANTI-POACHING STAFF IN THOSE AREAS TO MEET MINIMUM SECURITY STANDARDS AS PRESCRIBED BY THE SOUTH AFRICAN DEVELOPMENT COMMUNITY RHINO MANAGEMENT GROUP, AND TO PROVIDE EQUIPMENT AND TRAINING TO AID RHINO CRIME SCENE INVESTIGATIONS SO THAT SOLID, ADMISSIBLE EVIDENCE AGAINST POACHING SUSPECTS CAN BE GENERATED.

PHASE TWO OF OPERATION STOP POACHING NOW, LAUNCHED IN 2014, FOCUSES STRENGTHENING ANTI-POACHING AND COMMUNITY ENGAGEMENT FOR POPULATIONS OF RHINOS NUMBERING AROUND 100 ANIMALS. THIS WAS A STRATEGIC DECISION ON THE PART OF THE IRF; IT IS BELIEVED THAT THESE LARGER POPULATIONS WILL BE THE ONES TO LIKELY SURVIVE THE POACHING ONSLAUGHT, WHICH SHOWS NO 732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Employer identification number 75 - 2395006

SIGN OF ABATEMENT.

SOUTH AFRICA'S GREAT FISH RIVER NATURE RESERVE IS HOME TO ONE OF THE MOST SIGNIFICANT SOUTHERN BLACK RHINO (DICEROS BICORNIS MINOR) POPULATIONS, DESPITE THE FACT THAT THE BLACK RHINO WAS EXTIRPATED FROM THIS REGION IN 1886 AND NOT REINTRODUCED UNTIL 100 YEARS LATER. THE RESERVE WAS ESTABLISHED IN PHASES BETWEEN 1973 AND 1987, AND TODAY COMPRISES THREE CONTIGUOUS PROTECTED AREAS: DOUBLE DRIFT GAME RESERVE (23,500 HA), ANDRIES VOSLOO KUDU RESERVE (6,500 HA) AND THE SAM KNOTT NATURE RESERVE (15,500 HA). THE IRF AWARDED A GRANT TO HELP SECURE RHINO HABITAT BY CONSTRUCTING A NEW GUARD POST AND HOUSING FOR RANGER STAFF IN A CRITICAL AREA OF THE RESERVE WHERE PREVIOUSLY THERE HAD BEEN THERE HAD BEEN NO REPORTED RHINO POACHING NO GUARD ACCOMMODATIONS. INCIDENTS IN GREAT FISH IN 2014-15, ALTHOUGH ARRESTS CONTINUE TO BE MADE FOR ILLEGAL ENTRY AND HUNTING. BY THE MIDDLE OF 2016, SIX ANIMALS HAD BEEN POACHED. THE BLACK RHINO POPULATION THERE HAS GROWN AT A RATE GREATER THAN 10% PER YEAR SINCE THE REINTRODUCTION TOOK PLACE. IN ADDITION, THE GREAT FISH POPULATION HAS PROVIDED FOUNDER STOCK FOR THE REINTRODUCTION OF BLACK RHINO TO ZAMBIA'S NORTH LUANGWA NATIONAL PARK. IN 2016, IRF PROVIDED GRANTS TO GREAT FISH TO BUILD THREE NEW RANGER GUARD BASES IN EMERGING POACHING HOTSPOTS WITHIN THE RESERVE, WHICH ALLOWS INCREASED FOOT PATROLS AND NIGHT WORK, LIKELY RESULTING IN MORE ARRESTS AND GREATER GROUND COVERAGE. MOST IMPORTANTLY, THESE ADDITIONAL RANGER GUARD POSTS MAY HELP TO PREVENT FUTURE POACHING INCIDENTS. THE STATIONS WERE COMPLETED IN LATE 2017.

SOUTH AFRICA'S PHINDA PRIVATE GAME RESERVE WAS CHOSEN AS THE FIRST SITE

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization THE INTERNATIONAL RHINO FOUNDATION	Page 2 Employer identification number 75-2395006			
WERE INTRODUCED INTO THE RESERVE IN 2003 UNDER A CUSTODIA	<u> </u>			
AGREEMENT. AN ADDITIONAL THREE ANIMALS HAVE BEEN ADDED SI	NCE THAT TIME,			
AND MORE THAN 10 CALVES HAVE BEEN BORN. PHINDA HAS CONTRI	BUTED TO AN			
ADDITIONAL 100,000 HA OF ADDITIONAL BLACK RHINO RANGE WIT	HIN THE			
KWAZULU NATAL (KZN) PROVINCE. PHINDA CURRENTLY CONSERVES	A POPULATION			
OF SOUTHERN WHITE RHINO OF GLOBAL IMPORTANCE (>150 ANIMAL	S), ONE OF THE			
LARGEST PRIVATE POPULATIONS IN THE WORLD. IT ALSO CONTAIN	IS A POPULATION			
OF NATIONAL SIGNIFICANCE OF BLACK RHINO (>30 ANIMALS).				
PHINDA HAS IMPLEMENTED A NUMBER OF SECURITY MEASURES TO B	BOOST THE			
PROTECTION OF ITS RHINO POPULATION. PHINDA WAS THE FIRST	PRIVATE			
RESERVE IN KZN TO PARTAKE IN A GOVERNMENT-FUNDED EXTENDED	FOR PUBLIC			
WORKS PROGRAM WITH THE SELECTION/RECRUITMENT AND TRAINING OF AN				
ADDITIONAL 30 ARMED FIELD RANGERS. THE ADDITION OF PATROL DOGS,				
ADDITIONAL TRAINING OF THE FIELD RANGER CORPS AND SECURITY AND				
CONSERVATION MANAGER STAFF HAS ADDED TO THE CAPACITY OF I	TS FIELD			
SECURITY TEAMS. SPECIALIZED EQUIPMENT SUCH AS GROUND TO	AIR RADIOS,			
THERMAL CAMERAS, BINOCULARS, BALLISTIC BODY ARMOR, HIGH-P	OWERED			
SPOT/STROBE LIGHTS HAVE BEEN INCORPORATED INTO THE TEAMS.				
EXTENSIVE COMMUNITY PARTICIPATION/INVOLVEMENT AND ENGAGEM	IENT IN RHINO			
CONSERVATION AND SECURITY INITIATIVES HAS AND IS CURRENTL	Y TAKING			
PLACE. EIGHTEEN COMMUNITY FIELD RANGERS WERE EMPLOYED FRO	M TWO			
NEIGHBORING COMMUNITIES. INFORMATION NETWORKS AND CHANNELS HAVE BEEN				
SET UP AND REWARDS GIVEN FOR INFORMATION EMANATING FROM C	CONCERNED			
COMMUNITY AND STAFF MEMBERS WITHIN THE ZULULAND AREA. EXTENSIVE AND				
VARIED COMMUNITY ENVIRONMENTAL EDUCATION PROGRAMS ALSO ARE PLANNED TO				
SUPPORT THE ABOVE EFFORTS.				
AFTER A SPIKE IN RHINO POACHING IN 2015, PHINDA DECIDED T	O DEHORN A			

SIGNIFICANT PERCENTAGE OF ITS POPULATION IN 2016, FOCUSING ON ANIMALS Schedule O (Form 990 or 990-EZ) (2017) 732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Page <b>2</b> Employer identification number			
THE INTERNATIONAL RHINO FOUNDATION	75-2395006			
IN HIGHER RISK AREAS TO REDUCE THE RISK OF THEIR BEING PC	ACHED. EARLY			
INDICATIONS ARE THAT THE DEHORNING OBJECTIVES ARE SUCCESS	FUL AS 2017			
WAS A NO-POACHING YEAR.				
IRF HAS PROVIDED FUNDS TO PURCHASE A VEHICLE RECOGNITION	TECHNOLOGY			
SYSTEM AT PHINDA. THIS SYSTEM WILL HELP TO RECORD, IDENTI	FY AND ALERT			
SECURITY TEAMS TO ANY SUSPICIOUS VEHICLES ENTERING THE RE	SERVE. THIS IS			
ESPECIALLY IMPORTANT AS THERE IS A PUBLIC ROAD RUNNING TH	ROUGH THE			
LENGTH OF THE RESERVE. CAMERAS ARE PLACED AT STRATEGICALL	Y IDENTIFIED			
ENTRY POINTS IN AND AROUND PHINDA.				
IRF ALSO PROVIDES CORE SUPPORT TO THE NON-PROFIT GROUP				
STOPRHINOPOACHING.COM, WHICH SUPPORTS AND COORDINATES STR	ATEGIC			
STAKEHOLDER RELATIONSHIPS, SPECIALIZED RANGER TRAINING, E	QUIPMENT, AND			
ANTI-POACHING CANINE UNITS. IN 2017, IRF CONTINUED TO SUP	PORT A RANGER			
WELL-BEING PROGRAM, WHICH PROVIDES COUNSELING AND PSYCHOLOGICAL SUPPORT				
FOR RANGERS IN KRUGER NATIONAL PARK IN SOUTH AFRICA, ONE	OF THE			
HARDEST-HIT AREAS FOR RHINO POACHING. AS THE POACHING CRI	SIS HAS			
ESCALATED, THESE RANGERS ARE INCREASINGLY FINDING THEMSEL	VES IN			
NEAR-COMBAT SITUATIONS AND PAYING A SIGNIFICANT PRICE FOR	IT. PROVIDING			
EMOTIONAL SUPPORT FOR THE RANGERS AND THEIR FAMILIES ENSU	RES THE			
RANGERS' WELLBEING, LONGEVITY, AND EFFECTIVENESS IN THE F	IELD.			
WHILE FOCUSED PRIMARILY ON AFRICA, IRF'S OPERATION: STOP	POACHING NOW			
CAMPAIGN ALSO SUPPORTS PROGRAMS THAT FOCUS ON REDUCING DE	MAND FOR RHINO			
HORN IN CONSUMER NATIONS. WE PROVIDED A GRANT TO EDUCATIO	N FOR NATURE -			
VIETNAM (ENV) TO DEVELOP A PUBLIC AWARENESS CAMPAIGN, AS	WELL AS			
EFFORTS TO STRENGTHEN LAW ENFORCEMENT AND PROMOTE STRICTER PUNISHMENTS				
FOR WILDLIFE CRIMES. IN VIETNAM, RHINO HORN IS SOLD IN RELATIVE				
SECRECY, NOT IN PUBLIC MARKETS OR TRADITIONAL MEDICINE SHOPS. HORN				
732212 09-07-17 Sche	dule O (Form 990 or 990-EZ) (2017)			

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>	
Name of the organization THE INTERNATIONAL RHINO FOUNDATION	Employer identification number 75-2395006	
CONSUMERS TEND TO BE MIDDLE-AGED, WEALTHY, AND UNCONCERNED ABOUT		
ILLEGAL TRADE, ANIMAL WELFARE ISSUES OR SPECIES BEING DRI	VEN TO	
EXTINCTION. ENV'S DEMAND REDUCTION CAMPAIGN TARGETS RHINO	HORN	
CONSUMERS, POTENTIAL CONSUMERS AND NON-USERS WHO ARE WILL	ING TO BECOME	
INVOLVED IN ACTIVITIES TO PROTECT RHINOS. MESSAGES DIRECT	ED AT USERS	
AND POTENTIAL USERS WILL EMPHASIZE A NEGATIVE SOCIAL STIG	MA ASSOCIATED	
WITH RHINO HORN USE, CONTINUE TO DEBUNK IT AS A TONIC OR	CURE AND	
DECLARE ITS USE A WASTE OF MONEY. NON-USERS, BY CONTRAST,	WILL BE ASKED	
TO REPORT INCIDENTS OF RHINO HORN USE TO LOCAL AUTHORITIE	S. ENV USES A	
COMBINATION OF PUBLIC SERVICE ANNOUNCEMENTS, NATIONAL RAD	IO PROGRAMS,	
SOCIAL MEDIA CAMPAIGNS AND SPECIAL EVENTS TO REACH THE VA	RIOUS	
AUDIENCES. ENV ALSO WORKS TO STRENGTHEN LAW ENFORCEMENT	AND IMPROVE	
LEGISLATION WITHIN VIETNAM, INCLUDING WORKING TO STRENGTH	EN THE PENAL	
CODE, INCREASE PENALTIES, CLOSE LOOPHOLES AND VOICE STRON	G OPPOSITION	
TO ANY FORM OF LEGAL TRADE IN RHINO HORN.		
EXPENSES \$ 194,411. INCLUDING GRANTS OF \$ 173,511. RE	VENUE \$ 0.	
INDIAN RHINO CONSERVATION - IRF PROVIDED SUPPORT FOR STRE	NGTHENING	
RHINO PROTECTION IN ORANG NATIONAL PARK, WHICH IS HOME TO	ABOUT 100	
GREATER ONE-HORNED RHINOS. OVER THE PAST SEVERAL YEARS, O	RANG HAS	
INCREASINGLY BEEN A TARGET FOR POACHERS, WITH 36 INDIVIDU	ALS LOST SINCE	
2001. WORKING WITH THE ASSAM GOVERNMENT AND NATIONAL PARK	LEADERSHIP,	
IRF IS FUNDING ONE SPEED BOAT FOR A RIVER PATROL TEAM AND	ONE 4WD	
VEHICLE FOR LAND PATROLS. THIS VITAL EQUIPMENT ENSURES TH	AT A GREATER	
PORTION OF THE PARK IS PROTECTED, AND THAT RAPID RESPONSE	TEAMS CAN	
REACT TO ANY INCURSION. ADDITIONALLY, IRF IS SUPPORTING F	OREST STAFF	

ORIENTATION PROGRAMS TO BUILD ON SKILLS AND STRENGTHEN TEAMWORK AMONG

Name of the organization THE INTERNATIONAL RHINO FOUNDATION	Employer identification numbe 75-2395006
EXPENSES \$ 77,860. INCLUDING GRANTS OF \$ 30,000. REVE	ENUE \$ 0.
BOTSWANA BLACK RHINO TRANSLOCATIONS	
EXPENSES \$ 74,818. INCLUDING GRANTS OF \$ 0. REVENUE \$	5 0.
THE SUMATRAN RHINO SANCTUARY (SRS), BUILT AND FUNDED BY I	THE IRF,
ENCOMPASSES 100 HECTARES (247 ACRES) FOR PROPAGATION, RES	SEARCH AND
EDUCATION. THE SRS RECEIVED ITS FIRST RHINO IN 1998. TH	IE SRS IS NOW
HOME TO SEVEN ANIMALS AND IS STAFFED BY THREE FULL-TIME I	NDONESIAN
VETERINARIANS, 13 KEEPERS, AND SEVERAL ADMINISTRATIVE AND	SUPPORT
STAFF. OVER THE YEARS, A NUMBER OF CIRCUMSTANTIAL, MEDIC	CAL, AND
MANAGEMENT PROBLEMS HAVE BEEN ADDRESSED AND OVERCOME AND	WITHIN THE
LAST DECADE, THE HUSBANDRY AND CAPTIVE PROPAGATION OF SUM	IATRAN RHINOS
HAS MATURED. THE IRF HAS BEEN STEADFASTLY WORKING TO ADD	RESS THESE
ISSUES WITH THE EXPERTISE OF NUMEROUS VETERINARIANS AND F	REPRODUCTIVE
BIOLOGISTS FROM THE US, AUSTRALIA, AND INDONESIA. THIS W	IORK PAID OFF -
ON JUNE 23RD, 2012, THE SANCTUARY'S FIRST CALF, "ANDATU"	WAS BORN. IN
MAY 2016, A SECOND CALF, "DELILAH" WAS BORN, AND HAS BEEN	I THRIVING.
MALE "HARAPAN" WAS TRANSFERRED TO THE SRS FROM THE CINCIN	INATI ZOO IN
LATE 2015; HE IS EXPECTED TO JOIN THE BREEDING HERD. IN 2	2016, IRF
RECEIVED A GENEROUS ANONYMOUS DONATION TO DOUBLE THE SIZE	OF THE SRS.
GROUND WAS BROKEN IN EARLY 2017 AND CONSTRUCTION SHOULD W	
2018. ONCE COMPLETE, THE SRS WILL BE ABLE TO HOLD 11 ANIM	
EXPENSES \$ 66,708. INCLUDING GRANTS OF \$ 0. REVENUE \$	_

### ZIMBABWE SPECIAL PROJECTS

EXPENSES \$ 57,202. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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Name of the organization THE INTERNATIONAL RHINO FOUNDATION	Employer identification number 75-2395006
TECHNICAL ASSISTANCE - IRF PROVIDED FUNDING TO OTHER RHIN	O-FOCUSED
GROUPS, INCLUDING SUPPORT FOR THE CHAIR AND SCIENTIFIC OF	FICER OF THE
IUCN/SSC AFRICAN RHINO SPECIALIST GROUP, THE CHAIR OF THE	IUCN/SSC
ASIAN RHINO SPECIALIST GROUP, THE INTERNATIONAL RHINO KEE	PER'S
ASSOCIATION, THE IRF INDONESIA LIAISON POSITION, AND THE	RHINO RESOURCE
CENTER (A CENTRAL REPOSITORY FOR RHINO INFORMATION).	
EXPENSES \$ 50,892. INCLUDING GRANTS OF \$ 9,500. REVEN	UE \$ 0.
SCHOLARSHIPS - INDONESIA LIAISON	
EXPENSES \$ 39,014. INCLUDING GRANTS OF \$ 39,014. REVE	NUE \$ 0.
RHINO CONSERVATION RESEARCH	
EXPENSES \$ 8,432. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
SOUTHERN BLACK RHINO SUSTAINABILITY PROGRAM	
EXPENSES \$ 4,185. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE EXECUTIVE COMMITTEE, WHICH HAS THE AUTHORITY TO ACT O	N BEHALF OF THE
BOARD OF DIRECTORS, REVIEWED A COPY OF THE FORM 990 AND R	ELATED SCHEDULES
PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
DIRECTORS ARE REQUIRED TO ANNUALLY DISCLOSE CONFLICTS OF	INTEREST. THIS
POLICY IS REGULARLY AND CONSISTENTLY MONITORED BY THE PRO	GRAM DIRECTOR.

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

THE COMPENSATION DECISIONS ARE MADE BY THE ORGANIZATION'S EXECUTIVE

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization THE INTERNATIONAL RHINO FOUNDATION	Employer identification number $75-2395006$
COMMITTEE ACTING ON BEHALF OF AND WITH PERMISSION FROM TH	E ORGANIZATION'S
BOARD OF DIRECTORS. THESE DISCUSSIONS ARE MINUTED. THE CO	MPENSATION AMOUNT
DETERMINED FOR DR. ELLIS, THE EXECUTIVE DIRECTOR, WAS DEE	MED APPROPRIATE BY
THE EVECTIVITY COMMITTER BACED ON HED LEVEL OF EVERTHER A	

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE EXECUTIVE COMMITTEE, WHICH HAS THE AUTHORITY TO ACT ON BEHALF OF

THE BOARD OF DIRECTORS, ASSUMES RESPONSIBILITY FOR THE SELECTION OF AN

INDEPENDENT ACCOUNTANT TO AUDIT THE ORGANIZATION'S FINANCIAL

STATEMENTS.

FORM 990, PART III, LINE 1

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IN 1989, IN RESPONSE TO ALARMING POACHING RATES OF BLACK RHINOS IN
ZIMBABWE, A GROUP OF CONCERNED INDIVIDUALS AND INSTITUTIONS FOUNDED THE
INTERNATIONAL BLACK RHINO FOUNDATION TO ASSIST IN THE CONSERVATION OF
BLACK RHINOS THROUGH EFFORTS IN THE WILD AND IN CAPTIVITY. IN PART
BECAUSE OF THE INTERNATIONAL BLACK RHINO FOUNDATION'S SUPPORT, POACHING
WAS VIRTUALLY ELIMINATED AND ZIMBABWE'S BLACK RHINO POPULATION BEGAN TO
STABILIZE.
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IN 1993, RECOGNIZING THAT THE ESCALATING CRISIS FACING ALL FIVE RHINO

SPECIES WAS NOT RECEIVING THE ATTENTION IT DESERVED, THE INTERNATIONAL

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>	
Name of the organization THE INTERNATIONAL RHINO FOUNDATION	Employer identification number 75-2395006	
INTERNATIONAL RHINO FOUNDATION (IRF). FOR THE LAST 25 YEARS, IRF HAS		
FUNDED AND OPERATED RHINO CONSERVATION PROGRAMS IN AFRICA AND ASIA,		
FOCUSING EXPERTISE AND RESOURCES IN AREAS WHERE RHINOS ARE MOST IN NEED		
OF PROTECTION, AND WHERE CONSERVATION EFFORTS WILL HAVE THE MOST		
SIGNIFICANT IMPACT.		
SINCE ITS FOUNDING, IRF HAS PROVIDED FUNDING FOR SCIENTIFIC RESEARCH		
THAT ENHANCES THE ABILITY TO MANAGE RHINOCEROS POPULATIONS BOTH IN THE		
WILD AND IN CAPTIVITY. IRF ALSO WORKS WITH CONSERVATION CENTERS AND		
ZOOS TO PROVIDE LINKAGES BETWEEN CAPTIVE AND WILD POPULATIONS OF		
RHINOS. AT THE HEART OF IRF'S VISION IS THE BELIEF THAT THESE		
MAGNIFICENT SPECIES SHOULD ENDURE FOR FUTURE GENERATIONS,	AND THAT	
PROTECTING RHINOS ENSURES THE SURVIVAL OF MANY OTHER SPEC	IES THAT SHARE	
THEIR HABITAT, INCLUDING PEOPLE.		

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