** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2020 calendar year, or tax year beginning OCT 1, 2020 and endir	~~~	20 0001				
				30, 2021				
Ь	Check applica		D Em	ployer identifi	cation number			
	Add	Dian Fossey Gorilla Fund						
-	chai Nam							
<u> </u>	char Initia	Doing business as	5	52-11188	66			
_	retu	Number and street (or P.O. box if mail is not delivered to street address)	/suite E Tele	ephone numbe	*			
	Fina retu	800 Cherokee Ave., SE		404-624-5881				
	term	City or town, state or province, country, and ZIP or foreign postal code		ss receipts \$	12,251,856.			
	Iretu	n ^{nded} <u>Atlanta, GA</u> 30315		this a group re				
	App	Finame and address of principal officer: Tara Scoinski			? Yes X No			
	pend	same as C above						
1	Tax-e	xempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or						
		ite: https://www.gorillafund.org			list. See instructions			
				iroup exemption				
	art I		. real of format	11011: 19/6 N	State of legal domicile: GA			
	T 4		D1-	~ '	~ '11			
Governance		Briefly describe the organization's mission or most significant activities: Helping See Schedule O	People	, Savin	g Gorillas			
nai	2							
Ver	2		more than 25	5% of its net as	sets.			
တ္တိ	3	Number of voting members of the governing body (Part VI, line 1a)		3	23			
త	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	23			
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	11			
ξį	6	Total number of volunteers (estimate if necessary)	***************	6	37			
Aci	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
				r Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)	13,8	78,694.	11,155,820.			
	9	Program service revenue (Part VIII, line 2g)		0.	0.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		81,423.	92,690.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	366,834.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13 0	60,117.	11,615,344.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,3					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
(n		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.			
Expenses	162	Professional fundraining foce (Part IV column (A), lines 5-10)	4,4	90,689.	2,540,990.			
Sen	loa	Professional fundraising fees (Part IX, column (A), line 11e)	Oleman service and a service	0.	O.			
Ä	47	Total fundraising expenses (Part IX, column (D), line 25) 434,258.						
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		89,797.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,5	80,486.	5,105,046.			
_ 0	19	Revenue less expenses. Subtract line 18 from line 12	9,3	79,631.	6,510,298.			
Net Assets or Fund Balances			Beginning o	f Current Year	End of Year			
ssel	20	Total assets (Part X, line 16)	27,4	22,260.	33,819,234.			
at A	21	Total liabilities (Part X, line 26)		43,179.	147,436.			
Ž.	22	Net assets or fund balances. Subtract line 21 from line 20		79,081.	33,671,798.			
	art II	Signature Block						
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and si	tatements, and	to the best of my	knowledge and belief it is			
irus,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any k	knowledge.	moviougo and bollot, it is			
		XM XMAX	parer ride drift	2/1/2	7			
Sign	7	Signature of officer		Date				
Her		Tara Stoinski, President & CEO						
	Ť	Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date	Chaok	DTIN			
Paid		Print/Type preparer's name Ann M. Thompson Preparer's signature Out M. J.		Check If	PTIN			
Prep			- 1126/2	2022 self-employed				
		Firm's name Jones and Kolb		Firm's EIN ▶ 5	8-1763570			
Use	Ully	Firm's address 3475 Piedmont Road, Suite 1500						
		Atlanta, GA 30305		Phone no. (40	14)262-7920			
May	the II	RS discuss this return with the preparer shown above? See instructions			. X Yes No			
03200	01 12-2	3-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2020)			

	Dian Fossey Gorilla Fund
	990 (2020) International, Inc. 52-1118866 Page
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Fossey Fund's successful approach to conservation focuses on four
	areas: 1) providing daily protection to populations of gorillas and
	the ecosystems in which they live; 2) conducting scientific research
	aimed at providing critical data on gorillas and surrounding
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	4 60 11 41 6
	(Protecting Mountain Gorillas in Rwanda, Karisoke Research Center)
	The Dian Fossey Gorilla Fund (the "Fossey Fund") work in Rwanda takes
	place through its Karisoke Research Center. Founded in 1967 by Dr.
	Dian Fossey in Rwanda's Volcanoes National Park, Karisoke has since
	expanded to include a variety of programs aimed at saving gorillas and
	their unique ecosystem, as well as helping local communities in the
	area.
	Currently, Karisoke's 80 field staff provide daily protection to half
	of the gorilla families found in Rwanda. They also conduct
	anti-poaching patrols aimed to minimize threats of snare and other
4b	(Code:) (Expenses \$1,550,114 • including grants of \$) (Revenue \$
	(Grauer's Gorilla Conservation and Research Program)
	Critically endangered Grauer's gorillas are unique to the eastern
	portion of the Democratic Republic of Congo but have received little
	study or protection, especially in the last two decades, due primarily
	to civil unrest in the region. They have suffered a 60% population
	decline during this time and are estimated to have fewer than 6,800
	individuals remaining and are listed as critically endangered by the
	International Union for the Conservation of Nature.
	The Fossey Fund started working in this area in 2001, to help create a
	corridor of community-managed nature reserves in Congo. In 2012, the
4c	(Code:) (Expenses \$1, 123, 648. including grants of \$) (Revenue \$
	(Education, Capacity Building and Awareness)
	One of the Fossey Fund's primary goals is to build conservation
	capacity and awareness in the areas where we work, among our staff,
	students, local scientists, and communities. More than 98% of our 200
	staff in Africa are African and we have supported university and
	graduate-degree studies for more than 60 of our team members. The
	Fossey Fund also supports the capacity of our staff through education
	opportunities. In 2021 alone, we supported 13 African staff members
	with educational scholarships.
	The second residence of the se
	For more than 15 years, we have collaborated with the University of

4d Other program services (Describe on Schedule O.) including grants of \$4,311,208.

4e Total program service expenses ▶

(Expenses \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		<u>X</u>
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_5		_X_
v	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			- 41
	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u> </u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			**
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Did the agranization resintain and the second secon	13	v	<u>X</u>
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	Х	
'n	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	עדו	-23	
-	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	19		<u>X</u>
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

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Form 990 (2020) International, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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):		1	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
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		Х
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	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 15			
			1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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			V	T					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No					
	filed for the calendar year ending with or within the year covered by this return 2a 11	100	}						
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За		3a		X					
b									
4a	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		- 4 a	21						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a		5a		x					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_ A					
6a		36							
	any contributions that were not tax deductible as charitable contributions?	60		х					
b		6a							
	were not tax deductible?	6 h							
7	Organizations that may receive deductible contributions under section 170(c).	6b							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Plant and a second a second and	70		 					
	to file Form 8282?	70		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		21					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		 					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/ 11							
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	0		<u> </u>					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:	35							
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	iza							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		11.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.	700							
b	Enter the amount of reserves the organization is required to maintain by the states in which the		-						
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	, ,,,							
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N.		Įš.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.								

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

	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 23			
	If there are material differences in voting rights among members of the governing body, or if the governing			1.
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			1111
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		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 on Schedule O	9		X
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		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	X	
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	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			. 1.
	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	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	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	.00		
17	List the states with which a copy of this Form 990 is required to be filed AK, AR, CA, CO, CT, DC, FL, GA, HI	. II.	.KS	. KY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)			
	for public inspection. Indicate how you made these available. Check all that apply.	,,	,	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finar	icial	
-	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			
-	Tara Stoinski - 404-624-5881			
	800 Cherokee Avenue, Atlanta, GA 30315			
032006	3 12-23-20 See Schedule O for full list of states	Form	990	2020)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organi: (A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(da	Position one than one					Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)				is bot	h an	compensation	compensation	amount of
	week	-	cer ar	nd a d	director/trustee)			from	from related	other
	(list any hours for	lirecto						the organization	organizations	compensation
	related	36 OF C	stee			satec		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al tru		yee	эшы		(** 27 1000 111100)		and related
	below	Individual trustee or director	Institutional trustee	15	Кеу етріоуее	Highest compensated employee	ner			organizations
-	line)	iğ.	Inst	Officer	Key	語	Former			
(1) Tara Stoinski, Ph.D.	40.00									
President & CEO		<u> </u>		X	ļ	ļ		221,314.	0.	23,361
(2) Shari Henning	40.00									
Chief Advancement Officer		<u> </u>	ļ			X		162,151.	0.	8,234
(3) Daniel L. Sullivan	2.00									
Chair		X		X				0.	0.	0
(4) Kristen Lukas	2.00			İ				_		
Vice Chair		X	ļ	X				0.	0.	0
(5) David S. Singer	2.00							_		
Treasurer		X		Х		ļ		0.	0.	0
(6) Diane Brierley	2.00								_	
Secretary		X		X		<u> </u>		0.	0.	0 .
(7) Mark Penning	2.00								_	_
Board Member		X	_			-		0.	0.	0 .
(8) Lee Ehmke	2.00								_	_
Board Member		X						0.	0.	0 .
(9) Judith C. Harris	2.00								_	
Board Member	0 50	X	_	ļ		ļ		0.	0.	0 .
(10) Mariel Aguirre	0.50	,,						^		_
Board Member	0.50	X			<u> </u>	<u> </u>		0.	0.	0 .
(11) Sophie W. Bryan	0.50	۹,								•
Board Member	0 50	X				-		0.	0.	0 .
(12) Lawrence J. Ellison	0.50	X								•
Board Member	0.50	Δ					-	0.	0.	0 .
(13) Richard A. Horder	0.50	х						^		0
Board Member	0.50	Λ						0.	0.	0 .
(14) Greggory Hudson	0.50	x						0		0
Board Member	0.50	Λ						0.	0.	0 .
(15) Alicia Grahn Jones Board Member	0.30	x						0.	^	^
	0.50	^	-		_			U •	0.	0 .
(16) Susan McClellan	0.30	x						0.	^	^
Board Member	0.50	Δ				-		<u> </u>	0.	0.
(17) Dennis J. O'Malley Board Member	0.30	х						0.	0.	0
DOATO MEMBER	1	47	L	L	<u> </u>	L			U .	0.

032007 12-23-20

Section A. Officers, Directors, Trus		ploy	ees/			ighe	st C	1	es (continued)				
(A) Name and title	(B) (C) Average Position					1		(D)	(E)			(F)	
Name and title	hours per	(do not check more than on box, unless person is both a					one	Reportable compensation	Reportable			stima	
	week					or/trus		from	compensation from related		ar	noun othe	
	(list any	ector						the	organization		com		sation
	hours for	or dir	g;			ated		organization	(W-2/1099-MIS	SC)	fr	rom tl	he
	related organizations	ustee	truste		يو	bens		(W-2/1099-MISC)			_	janiza	
	below	ual tr	tional		ploye	t com					!	d rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				orga	anizat	tions
(18) Dennis Pate	0.50												
Board Member		X						0.		0.	1		0.
(19) Philip V. Petersen	0.50												
Board Member		X						0.		0.			0.
(20) Sandra L. Price	0.50												
Board Member		X						0.	·	0.			0.
(21) Rebecca F. Rooney	0.50												
Board Member		X						0.		0.	i		0.
(22) Alexis Stein	0.50												
Board Member		X						0.		0.			0.
(23) Joanne Truffelman	0.50												
Board Member		X						0.		0.			0.
(24) Carlos Vigil	0.50												
Board Member		X						0.		0.			0.
(25) Sigourney Weaver	0.50												
Board Member		X						0.		0.			0.
4h Calassal					<u> </u>	<u> </u>	<u> </u>	202 465					
1b Subtotal								383,465.		0.	3	$\frac{1}{5}$	<u> 595.</u>
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n								383,465.		0.		1,5	<u> 595.</u>
 Total number of individuals (including but n compensation from the organization 	ot imited to th	ose	liste	a ar	oove	e) wr	no re	eceived more than \$100	,000 of reportabl	e			_
compensation from the organization												Yes	<u>2</u> No
3 Did the organization list any former officer,	director trusts	ae k	ev e	mni	OVA	۰ ۵	hia	ihest compansated omn	lavos on	Γ	1000	162	110
line 1a? If "Yes," complete Schedule J for si											3		x
4 For any individual listed on line 1a, is the su	m of reportabl	e.co	mne	ensa	 tion	anc	······	ner compensation from	the organization		3		<u> </u>
and related organizations greater than \$150									ine organization		4	Х	
5 Did any person listed on line 1a receive or a									dual for services		7		
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors										***************************************			
1 Complete this table for your five highest cor	mpensated inc	lepe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	pensa	ation f	rom	***************************************
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith o	or w	ithin	the organization's tax y	ear.				
(A)								(B)			(C	;)	
Name and business								Description of s	ervices	C	omper	nsatio	on
Mass Build Ltd., Kigali F				: 7	772	2,	- 1	Construction					
KG 7 Ave., Kacyiru, Kigal								services		6	<u>, 27</u>	<u>0,9</u>	<u>70.</u>
Mass Design Group, 334 Bo		St	re	eet				Construction					
Suite 400, Boston, MA 021								services			<u>56</u> '	7,4	<u> 163.</u>
Mass Design Studio Rwanda					jht	S		Furniture de	sign and				
Plot 772, KG 7 Ave., Kacy	riru, Ki	.ga	LLi					<u>installation</u>			31	<u>2,0</u>	<u> 78.</u>
							\dashv						
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received m	ore than	13:14			

\$100,000 of compensation from the organization

Dian Fossey Gorilla Fund Form 990 (2020) International, Inc. 52-1118866 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (A) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue from tax under lbusiness revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 305,205 f All other contributions, gifts, grants, and similar amounts not included above 1f 10,850,615 g Noncash contributions included in lines 1a-1f 1g \$ 38,490 h Total. Add lines 1a-1f 11,155,820 **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 79,245 79,245, 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 185.876 4.679 b Less: cost or other basis and sales expenses 164,710 12,400 c Gain or (loss) 7c 21,166 -7.721 d Net gain or (loss) 13,445 13,445. Other 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ______9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 843,644 b Less: cost of goods sold 10b 459,402

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iscellaneous

Revenue

Form 990 (2020)

92,690.

Business Code

900099

384 242

-17.408

-17,408

c Net income or (loss) from sales of inventory

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

11 a Currency exchange loss

384 242

-17,408

Part IX Statement of Functional Expenses

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

Sec	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			omplete column (A).	F==
Do	not include amounts reported on lines 6b,	(A)		(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	F4F 0.5F	0.004 4.00		
6	trustees, and key employees	515,967.	271,107.	121,102.	123,758.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		1 415 251	1 000 400		
8	Other salaries and wages	1,415,351.	1,278,409.	42,103.	94,839.
٥	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104 002	104 000		
9	Other employee benefits	104,893.	104,893.		
10	Payroll taxos	200,184.	179,550.	3,760.	16,874.
11	Payroll taxes	304,595.	276,769.	11,802.	16,024.
ii a					
b					
	Legal	65,563.		CF F CO	
d	Accounting	03,303.		65,563.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees	10 274		10 204	
g	Other. (If line 11g amount exceeds 10% of line 25,	12,374.		12,374.	
9	column (A) amount, list line 11g expenses on Sch O.)	620 E20	100 577	70 400	
12	Advertising and promotion	630,539.	496,577.	78,492.	55,470.
13		102 050	114 206	0 445	
14	Office expenses Information technology	183,952.	114,296.	2,117.	67,539.
15					
16	Royalties	107,284.	106 702	401	
17	Occupancy	122,010.	106,793.	491.	
18	Payments of travel or entertainment expenses	122,010.	118,699.	3,311.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,938.	26 020		
20	Interest	20,930.	26,938.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	58,625.	58,412.	012	A
23	Insurance	19,570.	10,131.	213. 9,439.	
24	Other expenses. Itemize expenses not covered	1,5,5,0.		<u> </u>	
r	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Supplies	655,350.	649,426.	1,359.	4,565.
b	Dues & subscriptions	195,098.	190,927.	3,966.	205.
С	Vehicle costs	160,628.	160,628.	3,300.	203.
d	Education & training	79,038.	78,639.	399.	
е	All other expenses	247,087.	189,014.	3,089.	54,984.
25	Total functional expenses. Add lines 1 through 24e	5,105,046.	4,311,208.	359,580.	434,258.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	12-23-20				Farm 990 (2000)

032010 12-23-20

		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,763.	1	45,746
	2	Savings and temporary cash investments	12,067,654.	2	11,901,772
	3	Pledges and grants receivable, net	7,593,477.	3	3,959,322
	4	Accounts receivable, net		4	8,622
	5	Loans and other receivables from any current or former officer, director,			<u> </u>
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
Assets		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
2	8	Inventories for sale or use		8	
Ĭ.	9	Prepaid expenses and deferred charges	598,214.	9	432,643
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 14,069,818.			
	b	Less: accumulated depreciation 10b 620,026.	5,767,719.	10c	13,449,792
	11	Investments - publicly traded securities	1,278,603.		3,918,956
	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	114,830.	15	102,381
	16	Total assets. Add lines 1 through 15 (must equal line 33)	27,422,260.	16	33,819,234
	17	Accounts payable and accrued expenses	249,601.	17	147,436
	18	Grants payable		18	
	19	Deferred revenue	38,373.	19	0
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	***************************************	21	
,	22	Loans and other payables to any current or former officer, director,		,	
2		trustee, key employee, creator or founder, substantial contributor, or 35%			
LIADIIIICS		controlled entity or family member of any of these persons		22	
ī	23	Secured mortgages and notes payable to unrelated third parties	***************************************	23	
	24	Unsecured notes and loans payable to unrelated third parties	155,205.	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities, Add lines 17 through 25	443,179.	26	147,436
		Organizations that follow FASB ASC 958, check here			
נו ט		and complete lines 27, 28, 32, and 33.		٠.	
5	27	Net assets without donor restrictions	13,958,973.	27	25,050,590
2	28	Net assets with donor restrictions	13,020,108.	28	8,621,208
3		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
į	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
2	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets of Fully Darailles	32	Total net assets or fund balances	26,979,081.	32	33,671,798
-	33	Total liabilities and net assets/fund balances	27,422,260.	33	33,819,234

Pa	rt XI Reconciliation of Net Assets				M
	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	11,61	5,3	44.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,10		
3	Revenue less expenses. Subtract line 2 from line 1	3	6,51		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,97		
5	Net unrealized gains (losses) on investments	5			19.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	33,67	1.7	98.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			- 1.1	
	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?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		74.13		1 1 1
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat			1 3	
	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 th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		:	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				990	(2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Dian Fossey Gorilla Fund Employer identification number International, Inc. 52-1118866 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. h Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E, d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3190155.	13335133.	6963169.	13878694.	11155820.	48522971.
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	3190155.	13335133.	6963169.	13878694.	11155820.	48522971.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4791195.
	Public support. Subtract line 5 from line 4.						43731776.
	ction B. Total Support					1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	3190155.	13335133.	6963169.	13878694.	<u>11155820.</u>	48522971.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,087.	28,723.	95,165.	81,423.	92,690.	305,088.
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.)						
	Total support. Add lines 7 through 10						48828059.
	Gross receipts from related activities,	=				12	377,436.
13	First 5 years. If the Form 990 is for th				•	` ' ' '	
0	organization, check this box and stop	here					>
~	tion C. Computation of Publi						
	Public support percentage for 2020 (li					14	89.56 %
	Public support percentage from 2019					15	89.14 %
тьа	33 1/3% support test - 2020. If the o						
L	stop here. The organization qualifies						
D	33 1/3% support test - 2019. If the o						
17-	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						. —
L.	meets the facts-and-circumstances te					Contract the same to	
D	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				•		
10	organization meets the facts-and-circular foundation. If the organization						P
10	Private foundation. If the organization	n did not check a	DOX OIT HITE TO, TO	a, 100, 178, 01 170			
					SCRE	iuule A (FOFM 99)	or 990-EZ) 2020

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	elow, please com	ipiete Part II.)				······································
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		(2)	(6) 2010	(4) 2019	(e) 2020	(i) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			51 5 K 1 4 1 1 2 1 3 1 5 1 5		I still from the set of the	
	tion B. Total Support		<u> </u>	<u> </u>			
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b					 	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	e organization's fi	rst, second. third	fourth, or fifth tax	vear as a section	501(c)(3) organizatio	n
						·····	
	tion C. Computation of Public	c Support Pe	rcentage				
	Public support percentage for 2020 (lin			column (f))		15	(
	Public support percentage from 2019		111 12 4			16	· · · · · · · · · · · · · · · · · · ·
	tion D. Computation of Inves					10]	
	Investment income percentage for 202			ne 13. column (A)		17	
	Investment income percentage from 2						
	33 1/3% support tests - 2020. If the					18	
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the c	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, ar	nd
	line 18 is not more than 33 1/3%, chec						
	Private foundation, If the organization					,	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
	- 4	
3с		
4a		-
Tu		
4b		
4c		
5a		
1.5		
5b		
5c	1.7	
6		
7	'	
	1	
8		
00		
9a		
9b		
	A A A	
9c		
10a		
1.17		
10b		

Pa	nt 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 lines 11b and	19.13		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	93431	-, -, -	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.		13.3	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		1114	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.	1 20	1	
	supervised, or controlled the supporting organization.	2		
Sec	etion C. Type II Supporting Organizations		L	
		***************************************	V	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
,	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			
200	the supported organization(s). stion D. All Type III Supporting Organizations	1		
	Tion D. An Type in Supporting Organizations		1	
4			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	4 (4.14)	111	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	·).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	150		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		4,5	1
а			14.5	l Alb
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		Ja		
.,	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
			, ,	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must				
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		7.11.11.1	
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 Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4		111111111111111111111111111111111111111	
5	Income tax imposed in prior year	5		VVIII. 1111.	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting orga	nization (see	
	instructions)		5 5	•	

	ype III Non-Functionally Integrated 509		anizations (contin	ued)	2-1118866 Page 7
Section D - Dis					Current Year
1 Amounts	paid to supported organizations to accomplish exe	empt purposes		1	
2 Amounts	paid to perform activity that directly furthers exem	pt purposes of supported			
organizat	ions, in excess of income from activity			2	
3 Administr	ative expenses paid to accomplish exempt purpos	ses of supported organization	าร	3	
4 Amounts	paid to acquire exempt-use assets			4	
5 Qualified	set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6 Other dis	tributions (describe in Part VI). See instructions.			6	
7 Total ann	nual distributions. Add lines 1 through 6.			7	
8 Distribution	ons to attentive supported organizations to which t	the organization is responsiv	е		
(provide d	details in Part VI). See instructions.			8	
9 Distributa	ble amount for 2020 from Section C, line 6			9	
10 Line 8 am	nount divided by line 9 amount			10	
		(i)	(ìí)		(iii)
Section E - Dis	stribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2020	ns	Distributable Amount for 2020
1 Distributa	ble amount for 2020 from Section C, line 6			, 1 1 d d	
2 Underdist	tributions, if any, for years prior to 2020 (reason-				
able caus	e required - explain in Part VI). See instructions.				
	stributions carryover, if any, to 2020				
a From 201	5				
b From 201	6				
c From 201	7				
d From 201	8				
e From 201	9				
f Total of li	nes 3a through 3e				
g Applied to	o underdistributions of prior years				
	2020 distributable amount			(Sept.	
i Carryovei	from 2015 not applied (see instructions)			SES	
	er. Subtract lines 3g, 3h, and 3i from line 3f.				
	ons for 2020 from Section D,				
line 7:	\$				
a Applied to	o underdistributions of prior years				
	o 2020 distributable amount				
c Remainde	er. Subtract lines 4a and 4b from line 4.				
5 Remainin	g underdistributions for years prior to 2020, if				
	ract lines 3g and 4a from line 2. For result greater				
	, explain in Part VI. See instructions.				
	g underdistributions for 2020. Subtract lines 3h			. i. a. i.	
	om line 1. For result greater than zero, explain in				
	ee instructions.				
	istributions carryover to 2021. Add lines 3j				
and 4c.	-				
8 Breakdow	n of line 7:				
a Excess from					
b Excess from					
c Excess fro	om 2018		AND		
d Excess fro	om 2019				
	5117.2010	<u> </u>	1		l de la companya de

Dian Fossey Gorilla Fund

Schedule A	(Form 990 or 990-EZ) 2020	<u>internationa</u>	I, Inc.		<u>52-1118866 Page 8</u>
Part VI	line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 30, 30, 40, 40, 5a, 6, 8 lines 2 and 3: Part IV. Sec	tion E. lines 1c, 2a, 2h	Part II, line 10; Part II, line 17a o d 11c; Part IV, Section B, lines 3a, and 3b; Part V, line 1; Part omplete this part for any additic	r 17b; Part III, line 12; 1 and 2; Part IV, Section C,
	(See instructions.)			and a second sec	, at mornatori.
		Minter and the second s			
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	WI.			***************************************	
					
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				WWW.	

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

Employer identification number

	Dian Fossey Gorilla Fund	Employer Identification Humber
Organization type (chec	International, Inc.	52-1118866
Organization type (chec	k 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 foundate	ation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	١
	501(c)(3) taxable private foundation	
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See instructions.
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution one contributor. Complete Parts I and II. See instructions for determining a	
Special Rules		
sections 509(a)( any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, li utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% or EZ, line 1. Complete Parts I and II.	ne 13, 16a, or 16b, and that received from
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recing the year, total contributions of more than \$1,000 exclusively for religious, chational purposes, or for the prevention of cruelty to children or animals. Comple (b) instead of the contributor name and address), II, and III.	naritable, scientific,
year, contributio is checked, ente purpose. Don't e	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that records exclusively for religious, charitable, etc., purposes, but no such contributions or here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization lable, etc., contributions totaling \$5,000 or more during the year	s totaled more than \$1,000. If this box ely religious, charitable, etc., because it received <i>nonexclusively</i>
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Sclon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ at the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Paperwork Redu	uction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Dian Fossey Gorilla Fund

International, Inc.

Employer identification number

52-1118866

Parti	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		_ \$576,315. _	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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		_ \$ <u>277,824.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$\$	Person X Payroll

Name of organization

Dian Fossey Gorilla Fund

Employer identification number

International, Inc.

52-1118866

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	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 Payroli 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 Complete Part II for noncash contributions.)

Name of organization
Dian Fossey Gorilla Fund
International, Inc.

Employer identification number

52-1118866

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

Name of organization

Employer identification number

# Dian Fossey Gorilla Fund

Int	erna	tio:	nal,	Inc.

52-1118866

Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch	hrough (e) and the following line er	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations	
	Use duplicate copies of Part III if additional s	pace is needed.	ress for the year. (chartains into, once.)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of git	ft	
	Transferee's name, address, and	1 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	
	Transferee's name, address, and	(e) Transfer of gif	t 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	
	Transferee's name, address, and	(e) Transfer of gif	t  Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee			

# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Dian Fossey Gorilla Fund

International, Inc.

Employer identification number 52-1118866

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(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 w	riting that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes No
Pa			/, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	nization during the tax
	year >		
4	Number of states where property subject to conservation easi	* ************************************	
5	Does the organization have a written policy regarding the period	- · · · · · · · · · · · · · · · · · · ·	<u></u>
6	violations, and enforcement of the conservation easements it		Yes No
U	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and onforcing conseniation of	compate duving the year
•	\$ \$	ing of violations, and emorcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/b)/4//	R)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnot		
	organization's accounting for conservation easements.		Tat docomboo the
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and balanc	ce sheet works of
	art, historical treasures, or other similar assets held for public of	exhibition, education, or research in furtheranc	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS	_	
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.	Schedule D (Form 990) 2020

		ssey Goril				ŧ	,		
		tional, In			52-	1118866	Page 2		
Pa	rt III   Organizations Maintaining (	Collections of A	rt, Historical Tr	easures, or O	ther Similar A	ssets/contin	ued)		
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following that mak	ce significant use o	of its	===		
	collection items (check all that apply):				•				
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	The regulation of the organization of the organization of the organization of the purpose in mail Alli.								
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other sim	ilar assets				
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	llection?		Yes	☐ No		
Pa	rt IV Escrow and Custodial Arran	<b>igements.</b> Comple	ete if the organizatio	n answered "Yes"	on Form 990, Par	t IV, line 9, or			
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets i	not included				
	on Form 990, Part X?			***************************************		Yes	X No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
						Amount			
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year		•••••		1e				
f	Ending balance				1f				
	Did the organization include an amount on F					Yes	☐ No		
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has been	provided on Part :	XIII				
Pai	rt V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	ack (e) Four	years back		
1a	Beginning of year balance	1,149,430.	1,284,198.						
b	Contributions	2,244,201.	67,537.	1,277,85	7.				
C	Net investment earnings, gains, and losses	143,433.	37,387,	6,341	L.				
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs		239,692,						
	Administrative expenses								
g	End of year balance	3,537,064.	1,149,430.	1,284,198	3,				
2	Provide the estimated percentage of the cur			)) held as:					
a	Board designated or quasi-endowment		_%						
b	Permanent endowment > 17.8000	%							
С		%							
0-	The percentages on lines 2a, 2b, and 2c sho	•							
Зa	Are there endowment funds not in the posse	ession of the organiza	ition that are held ar	nd administered fo	or the organization		···		
	by:						Yes No		
	(i) Unrelated organizations					3a(i)	X		
	(ii) Related organizations	4t P. L. J			***************************************	3a(ii)	X		
	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on Schedule R?	•••••	***************************************	3b			
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas.	· · · · · · · · · · · · · · · · · · ·					
, 4,			Dort IV line 11 a C	F 000 D+	V 8 40				
	Complete if the organization answere  Description of property					/ n n ·			
	pescription of property	(a) Cost or of basis (investment)	1 (-)	1 1.	Accumulated depreciation	(d) Book	value		
10	land				Jopi Golation	E 0.4	002		
	Land			4,803. 1,516.	E /11		,803.		
	Buildings			6,726.	5,411.		,105.		
	Equipment			8,450.	36,726. 48,450.		<u> </u>		
u		1	1 一	<del>.</del>	<u>~±∪,4±⊃∪-</u> !		U -		

▶ 13,449,792. Schedule D (Form 990) 2020

529,439. 12,818,884.

13,348,323.

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

Schedule E	(Form	990)	2020	Ir	ıt	ernat	ional	, Inc.
P . 3								

Part VII Investments - Other Securities.	000 D		
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	on Form 990, Part IV, ling (b) Book value	e 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end	of year market value
(1) Financial derivatives	(b) Book Value	(c) Wethod of Valdation. Cost of end	-or-year market value
(2) Closely held equity interests			
(3) Other			47
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			·
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"  (a) Description of investment		e 11c. See Form 990, Part X, line 13.	
	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			***************************************
(6)	William		
	A CONTRACTOR OF THE CONTRACTOR		
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ie 15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11e or 11f See Form 990 Part V line 25	
1. (a) Description of liability	on romin 550, raitiv, min	s Tre of Th. Gee Form 990, Fart X, line 23.	(b) Book value
(1) Federal income taxes			(2)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin			
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions unde	r FASB ASC 740. Check I	nere if the text of the footnote has been pro	ovided in Part XIII
		Sche	dule D (Form 990) 202

Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per F	Retur	<u>тттоооо рауе-</u> <b>n.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			•••
1	Total revenue, gains, and other support per audited financial statements			1	12,290,124
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				22/250/124
а	Net unrealized gains (losses) on investments	2a	182,419.		
b	Donated services and use of facilities	2b	504,735.		
С	Recoveries of prior year grants	2c			
đ	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	687,154
3	Subtract line 2e from line 1			3	11,602,970
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,374.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b		***************************************	4c	12,374.
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11 615 3//
Pai	t XII Reconciliation of Expenses per Audited Financial Stater	nents Witl	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements		***************************************	1	5,597,407.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	504,735.		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	504,735.
3	Subtract line 2e from line 1			3	5,092,672.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,374.		
b	Other (Describe in Part XIII.) Add lines 4a and 4b			A 14	
				4c	12,374.
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIII Supplemental Information.			5	5,105,046.
linee '	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b	and 2b; Part V, line 4	1; Part	X, line 2; Part XI,
iii les i	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional inforn	nation.		
			41.4		
		· · · · · · · · · · · · · · · · · · ·			
					***************************************

# SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

# Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Name of the organization

Dian Fossey Gorilla Fund

Inspection

Employer identification number International, Inc. 52-1118866 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total émployees, offices (by type) (such as, fundraising, prois a program service, expenditures agents, and in the region for and gram services, investments, grants to independent describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region Sub-Saharan Africa -Angola, Benin, Botswana, Burkina Capacity building. Faso monitoring gorillas Science, research 3,468,525. 3 a Subtotal ..... 256 3,468,525. b Total from continuation sheets to Part I c Totals (add lines 3a

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

Schedule F (Form 990) 2020

3 468 525.

and 3b)

# Dian Fossey Gorilla Fund

International, Inc.

Schedule F (Form 990) 2020

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.

Page 2

52-1118866

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
						-		
<ul> <li>Enter total number of recipient organizations listed a</li> <li>exempt 501(c)(3) organization by the IRS, or for which</li> <li>Enter total number of other organizations or entities</li> </ul>	recipient organizations nization by the IRS, or other organizations or	s listed above that are re r for which the grantee o entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	foreign country, r tion 501(c)(3) equ	ecognized as a tax livalency letter	<b>A</b>		

Schedule F (Form 990) 2020

Dian Fossey Gorilla Fund

International, Inc.

Schedule F (Form 990) 2020

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. 52-1118866

Page 3

Part III can be duplicated if additional space is needed.

1	ŀ	1	İ	1			4
(h) Method of valuation (book, FMV, and other)	form day						
(g) Description of noncash assistance							
(f) Amount of noncash assistance							
(e) Manner of cash disbursement							
(d) Amount of cash grant							
(c) Number of recipients							
(b) Region							
(a) Type of grant or assistance							

Schedule F (Form 990) 2020

Par	t IV Foreign Forms	52-1118866	Page 4
	···· i oreign romis		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

# SCHEDULE J (Form 990)

# **Compensation Information**

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

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

Attach to Form 990.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Dian Fossey Gorilla Fund International, Inc.

**Questions Regarding Compensation** 

Employer identification number 52-1118866

Schedule J (Form 990) 2020

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)	1 : 5	1:	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1.5	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
			100	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract	1		
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		1977	3.3
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		14.	
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		$\frac{\Lambda}{X}$
	If "Yes" on line 5a or 5b, describe in Part III.	36		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		v
b	Any related organization?	6b		<u>X</u>
	If "Yes" on line 6a or 6b, describe in Part III.	OD		- 23
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		7,11	<u> </u>
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	<del></del>	1,1	
	Regulations section 53.4958-6(c)?			

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

# Dian Fossey Gorilla Fund

International, Inc.

Schedule J (Form 990) 2020

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

52-1118866

Page 2

Note: The sum of columns (b)(t)-(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.	= Daj							
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(O)-(j)(B)	in column (B) reported as deferred on prior Form 990
(1) Tara Stoinski, Ph.D.	Ξ	178,314.	43,000.	0.	7,929.	15,432.	244.675.	0
President & CEO	▣		0	0.	0	J		
(2) Shari Henning	Ξ	155,75	6,400.	0.	1,336.	6,898.	170,385.	
Chief Advancement Officer	8	o	0.	0	0.	0.		0
	<b>E</b>							
	9							
	Ξ							
	▣							
	Ξ							
	(ii)							
	ε							
	(E)							
	Ξ							
	Ξ							
	Θ							
	Ξ							
	Ξ							
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Schedule J (Form 990) 2020

# Dian Fossey Gorilla Fund

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. 52-1118866 International, Inc. Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

# SCHEDULE M (Form 990)

# Noncash Contributions

OMB No. 1545-0047

Department of the Treasury nternal Revenue Service

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization Dian Fossey Gorilla Fund Employer identification number <u>International, Inc.</u> 52-1118866 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or applicable amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests _____ 3 Books and publications ..... 4 Clothing and household goods 5 Cars and other vehicles ..... 6 Boats and planes _____ 7 Intellectual property 8 Securities - Publicly traded ..... 9 Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or 11 trust interests Securities · Miscellaneous 12 Qualified conservation contribution -13 Historic structures ..... Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory 19 Drugs and medical supplies _____ 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other (Uniform, equip) 38,490.FMV 26 Other 27 Other > 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Х 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? Х 32a b If "Yes," describe in Part II.

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

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2020

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describe in Part II.

# Dian Fossey Gorilla Fund International, Inc. Schedule M (Form 990) 2020 52-1118866 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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Schedule M (Form 990) 2020

# SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

Dian Fossey Gorilla Fund International, Inc.

Employer identification number 52-1118866

Form 990, Part I, Line 1, Description of Organization Mission:
The Dian Fossey Gorilla Fund International, Inc., is dedicated to the
conservation of gorillas and their habitats in Africa. We are committed
to promoting continued research on their threatened ecosystems and
education about their relevance to the world in which we live.
In collaboration with government agencies and other international
partners, we also provide assistance to local communities through
education, food security and economic development initiatives.
Form 990, Part III, Line 1, Description of Organization Mission:
biodiversity needed for developing effective conservation strategies;
3) training future leaders in Africa and internationally by mentoring
young scientists; and 4) helping communities who live near the gorillas
through extensive conservation education, food and water security,
economic development initiatives and other programs. These pillars are
applied to our work conserving mountain gorillas in Rwanda through our
Karisoke Research Center and conserving Grauer's gorillas in the
Democratic Republic of the Congo.
Form 990, Part III, Line 4a, Program Service Accomplishments:
illegal activities to gorillas and the larger wildlife. Between October
2020 and September 2021, a total of 200 anti-poaching patrols were
conducted and our teams removed 2,500 snares. Through daily monitoring
and anti-neaching natrols research by an intermetional terms

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

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization Dian Fossey Gorilla Fund Employer identification number International, Inc. <u>52-1118866</u> scientists, and collaboration with local partners, the mountain gorilla population in the Virunga mountains area has almost doubled, from a low of 240 in the 1980s to a population of 604 according to the latest census. It is the only great ape whose numbers are increasing. However, this tiny population remains in need of continued protection and continues to face numerous challenges, including limited habitat, threat of disease, and pressures on the forests where they live. The Fossey Fund also manages programs aimed at providing food and water security and livelihood opportunities. In 2021, these focused on livestock distributions, kitchen gardens and improved farming techniques, bamboo propagation, mushroom cultivation, and water infrastructure improvements. The Fossey Fund initiated a major project to construct a new facility in Rwanda to expand its research, education, community outreach activities and visitor engagement (the "Project"). The Project secured major funding through the Ellen DeGeneres Wildlife Fund (the "Ellen Fund") and other donors, and is named the Ellen DeGeneres Campus of the Dian Fossey Gorilla Fund. The Fund previously acquired approximately twenty-eight acres of land for the Project. Construction of the Project commenced in October 2019 and is projected to be completed in December 2021. The Project will replace the currently leased facility in Musanze, Rwanda. Form 990, Part III, Line 4b, Program Service Accomplishments: Fossey Fund established a permanent research and conservation field

station in the village of Nkuba, at the edge of a pristine but

Employer identification number 52-1118866

unprotected forest that is home to Grauer's gorillas and other highly endangered wildlife. Working through the traditional landowner structure, we now provide protection to a 390,000-acre area of primary forest. This work protects an estimated population of 200 Grauer's gorillas and also helps many other species of wildlife living in this area, including eastern chimpanzee, bongo, and leopard. In addition, we support the Congolese wildlife authorities by studying additional areas where these gorillas may still be found and require protection.

In 2020, we started identifying expansion opportunities with the goal of protecting 500,000 acres in the next five years.

Our community work in Congo focuses on working with landowners to provide alternative livelihood sources and food security. We provide technical training and support to encourage communities to develop fish farming, animal husbandry initiatives, and agro-forestry and farming in order to help communities from Nkuba and nearby villages reduce their dependence on bushmeat. We work with over 30 families and estimate that these programs impact more than 8,000 people.

Form 990, Part III, Line 4c, Program Service Accomplishments:

Rwanda (UR) to bring hundreds of students to Karisoke for field

courses, research projects and completion of their undergraduate senior

research projects in biology; in recent years, we have expanded to

include other universities in Rwanda as well as in Congo. We annually

host roughly 400 students for courses in the primatology and

conservation biology field. We also provide financial and supervisory

support for UR students to conduct their senior thesis research on site

at Karisoke, a program that has been ongoing since 2003, and we now

Name of the organization Dian Fossey Gorilla Fund International, Inc.

Employer identification number 52-1118866

also offer both academic and professional internships to local students and graduates. More than 90% of our students go on to careers in conservation and science within Rwanda. The Fossey Fund also supports the capacity of our staff through education opportunities.

In conservation education, the Fossey Fund's programs help primary and secondary school children learn about the richness of their natural heritage and the unique species that share their ecosystem. In Rwanda, this includes training for teachers and headmasters, working with 17 environmental clubs we established at local schools, field visits for school children, and school supply support for a local primary school. In 2021, we trained 60 teachers on environmental curriculum and worked with the nature clubs to plant and distribute 14,000 trees within local communities around the park. In Congo, we support the educational fees of more than 220 students, 38 of whom received their secondary school degree in 2020, and have established two nature clubs to support school gardens at a local primary school.

Thousands of visitors now attend the Fossey Fund's unique

gorilla-conservation exhibit at the Karisoke Research Center, which

provides additional learning opportunities for both local people,

schools, tourists, and other visitors. This exhibit opened in December

2016 but because of the pandemic was closed and served very few people
this year.

Globally, the Fossey Fund's website at gorillafund.org, our news-blog,

our enews, our newsletters, and our social media sites are a main

outreach tool to inform and engage the public by describing our work,

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page
Name of the organization Dian Fossey Gorilla Fund International, Inc.	Employer identification number
providing basic information about gorillas and their cons	52-1118866
well as educational materials, and reporting on important	
research, and suggesting ways to help. There are more tha	
views on our website each year and we have more than 600,	000 followers
on Facebook, Twitter, and other social media channels.	
Form 990 Down TIT Time Add Oliver	
Form 990, Part III, Line 4d, Other Program Services:	
Other Program Services (Science and Internationally)	
The Fossey Fund's regional center in Musanze, Rwanda, from	
Karisoke operates, is an international resource for conse	
science and education, offering labs, a library, and an ex	xhibit which
is free to the public to teach about gorillas and conserva	ation.
The Fossey Fund's support for research is vital to provid	ing a
scientific basis for conservation planning to protect gor:	illas and
their environments. Much of what the scientific community	knows about
gorillas has originated from the Karisoke Research Center	, which has
been involved in more than 300 publications on gorillas ar	nd the
surrounding biodiversity. Our scientists have been publish	ned in a wide
variety of major journals, including Science, Proceedings	of the
National Academy of Sciences, Behaviour, Animal Behaviour,	and The
American Naturalist. Over the last five years, we have col	laborated
with scientists from more than 60 institutions across six	
The Fossey Fund's science program initiates and coordinate	s scientific
partnerships, writes grants to support scientific and cons	ervation
activities, conducts research, produces publications and m	
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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization Dian Fossey Gorilla Fund Employer identification number International, Inc. 52-1118866 Karisoke Research Center's for 50+ years of data on gorilla behavior and ecology. Form 990, Part VI, Section B, line 11b: A draft copy of the Form 990 is reviewed in detail and approved by the President & CEO and Executive Committee. A copy of the final Form 990 is distributed to the Board of Directors prior to it being filed with the IRS. Form 990, Part VI, Section B, Line 12c: Once a conflict of interest has been identified by any entity towards an individual, officer or employee or by an individual, officer, or employee him or herself, and if the person(s) affected agrees (which is strongly encouraged), the individual officer or employee director shall withdraw themselves, by leaving the room, from the discussion and vote as outlined in the policy. If the individual, officer or employee does not agree that the issue is a conflict, per the policy, participation of the individual, officer or employee will be reviewed by the Executive Committee. The Executive Committee will have the authority to decide if the issue is a perceived or actual conflict of interest. If Executive Committee votes in favor, by majority vote, of the issue being a conflict of interest, then the Conflict of Interests policy will be in effect and the individual, officer or

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employee will not be allowed to participate in the discussion or vote and

will need to leave the room. Conversely, if the Executive Committee votes

that the issue is not a conflict, the individual, officer or employee shall

be allowed to participate in the discussion and any vote.

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization Dian Fossey Gorilla Fund Employer identification number International, Inc. <u>52-1118866</u> Form 990, Part VI, Section B, Line 15: The DFGFI full Board or Executive Committee or Compensation Committee shall annually evaluate the Executive Director on his/her performance, and ask for his/her input on matters of performance and compensation. The Executive Committee will obtain research and information to make a recommendation to the full Board for the compensation of the Executive Director based on a review of comparability data. To approve the compensation for the Executive Director, the Board must document how it reached its decisions, including the data on which it relied, in minutes of the meeting during which the compensation was approved. The Executive Committee will obtain research and information to make a recommendation to the full Board for the compensation of any highly compensated employees or consultants based on a review of comparability data. To approve the compensation for highly compensated employees and consultants, the Board must document how it reached its decisions, including the data on which it relied, in minutes of the meeting during which the compensation was approved. Form 990, Part VI, Line 17, List of States receiving copy of Form 990: AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI Form 990, Part VI, Section C, Line 19: Governing documents are available upon request. Form 990, Part IX, Line 11g, Other Fees:

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Professional fees: