### \*\* 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)

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A	or th	ne 2022 calendar year, or tax year beginning OCT 1, 2022 and endi	ing S	EP 30,	2023						
В	Check i	C Name of organization	F 75 T	D Employer	identifi	cation number					
		Dian rossey Gorilla rund International,									
	Add	ess _	3.3								
	Nam	Doing business as Dian Fossey Gorilla Fund	100	52-1	1188	66					
	Initia		m/suite	E Telephone							
	Final	800 Cherokee Ave., SE		111111111111111111111111111111111111111	624-						
terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 11,232,7											
	Ame	nded 3 1 - 1 - 03 2021 F		H(a) Is this a	group re						
	Appl	F Name and address of principal officer: Tala SCOINSKI	4.4	for subc	ordinates	? Yes X No					
	pend	same as C above		H(b) Are all sub	ordinates in	ncluded? Yes No					
1	Tax-e	xempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527			list. See instructions					
	Webs		学生是	H(c) Group e	xemptio	n number					
			L Year o	f formation: 1	978 N	State of legal domicile: GA					
Pa	art I										
•	1	Briefly describe the organization's mission or most significant activities: A peopl	Le-ce	entered	app	roach to					
Activities & Governance		the conservation of gorillas and their habi	Ltate	s in Af	rica						
Ĕ	2	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of i	ts net as	ssets.					
90	3	Number of voting members of the governing body (Part VI, line 1a)			3	22					
9	4	Number of independent voting members of the governing body (Part VI, line 1b)			. 4	22					
es se	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)				13					
ž.	6	Total number of volunteers (estimate if necessary)				36					
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.					
4		Net unrelated business taxable income from Form 990-T, Part I, line 11				0.					
	5.0		1 0 W	Prior Year		Current Year					
0	8	Contributions and grants (Part VIII, line 1h)	-	7,989,	662.	8,005,153.					
Revenue	9	Program service revenue (Part VIII, line 2g)		ASTRONO VENE	0.	0.					
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		137,	658.	445,110.					
~	11	그 그리고 있는 사람들이 있다. 하고 그림을 하고 있는데 그리고 있는데 그림을 하는데 그림을 하는데 그림을 하는데 그림을 하는데 없는데 없는데 없는데 없는데 없는데 없는데 없는데 없는데 없다. 그리고 있는데 그림을 하는데 없는데 없는데 없는데 없는데 없는데 없는데 없는데 없는데 없는데 없			574.	28,611.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	200	8,191,		8,478,874.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		-,,	0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		Page 10 Table	0.	0.					
co.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,869,		3,279,569.					
ıse		Professional fundraising fees (Part IX, column (A), line 11e)		2,000,	0.	0.					
Expenses		Total fundraising expenses (Part IX, column (D), line 25)1,053,957.			ALC: NO						
Ж		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,354,	953.	3,709,874.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,224,		6,989,443.					
		Revenue less expenses. Subtract line 18 from line 12		1,967,		1,489,431.					
es	10	Hoveride less expenses. Subtract line to from line 12		nning of Curre		End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		34,853,		37,055,244.					
Ass	21		2.	191,		394,492.					
Vet	00	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20			923.						
		Signature Block		04,001,	943.	36,660,752.					
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	atatama	ata and to the l	and of m	channel day and halist it is					
		ct, and domplete/Deglaration of preparer (other than officer) is based on all information of which pr				knowledge and belief, it is					
uue,	Corre	at, and completely beglar arious of preparer (other than onicer) is based on an information of which pr	reparer n	as any knowled	/s/ ) (	1					
٥.		Signature of officer		Date	Ga.	<del></del>					
Sign		Tara Stoinski, President & CEO		Date							
Here	•	Type or print name and title	Maria Land								
_	-0.21	y was a second of the second o	Da	te I	Check [	PTIN					
0-14		Print/Type preparer's name  ANN M. THOMPSON  Reparer's signature  Ohollysou			Check						
Paid			ا ا	30 2024							
Prep		Firm's name JONES AND KOLB		Firm's	EIN 5	8-1763570					
Use (	Uniy	Firm's address 3475 PIEDMONT ROAD NE, SUITE 1500									
		ATLANTA, GA 30305		Phone	no. (4	04)262-7920					
May	the II	RS discuss this return with the preparer shown above? See instructions				X Yes No					

Par	990 (2022) Inc. 52-1118866 Pa
	t 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 is dedicated to the conservation and study of gorillar in Africa through a successful, people-centered approach: 1) Providing daily protection to gorillas, 2) Scientific research providing
	Critical data on gorillas and their habitats, 3) Training the next  Did the organization undertake any significant program services during the year which were not listed on the  prior Form 990 or 990-EZ?  Yes X
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$3, 163, 978 • including grants of \$) (Revenue \$)  Rwanda
	accelerating the critical science and training needed for effective conservation. It serves as an educational hub, hosting more than 50,000 visitors, including 10,000 school children, in its first two years. The Fossey Fund maintains its daily protection activities for roughly half of the gorilla families in Rwanda, removing 1,000 illegal snares this year, and continues to expand its research program on both gorillas and the surrounding biodiversity. Community development programs focused on food security and livelihood initiatives, including code:    (Code:) (Expenses \$ 2,221,367. including grants of \$) (Revenue \$)   (Fevenue \$) (Revenue \$) (Revenue \$
4c	(Code:
4d	Other program services (Describe on Schedule O.)
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 5, 385, 345.

	990 (2022) Inc. 52-1118	866	P	age 3
Par	t 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	Х	
2	is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			**
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	_	<u>X</u>
'	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
۰	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	100	X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		NS.	v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	-
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1 30	x
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	100	A
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
	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		1	
Darielli,	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
CT		Г	- 00	12022

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Par	t IV Checklist of Required Schedules (continued)			
18 18			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	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
244	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		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		12/11/1
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1270		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
ь	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	-		
		25b	100	X
	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		8/11	100
26	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
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	100		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		41-2	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	20.1	X
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	72E-15	65.00	
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
b	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			
C	"Yes," complete Schedule L, Part IV	28c		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	18
29	Did the organization receive more than \$25,000 in horecast contributions in the complete conservation.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation.			
30	contributions? If "Yes," complete Schedule M	30		х
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	910	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	100	1	
32		32		X
	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-	Mine.	
34	Was the organization related to any tax-exempt or taxable entity? If Test, complete economic 1, 1 are in, in, or 17, are	34		х
	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	- 15	X
35a	Did the organization have a controlled entity within the meaning of section 312(0)(10)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		-
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled child, within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule H, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	300		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-character organization.	36		х
	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
-	Note: All Form 990 filers are required to complete Schedule O	30	11	
Pai	Statements Regarding Other Ins Fillings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		168	140
1a	Enter the number reported in box 5 of Form 1055. Enter 6 in not approach	5	and a	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	10	x	
	(gambling) winnings to prize winners?	1c	990	(2022)
23200	4 12-13-22	COLL		(EUEE)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			000
	filed for the calendar year ending with or within the year covered by this return 2a 13	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country Rwanda, Congo, Dem Rep			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			218
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	-	di ted
7	Organizations that may receive deductible contributions under section 170(c).	-		v
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?			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1100
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		х
	to file Form 8282?  If "Yes " indicate the number of Forms 8282 filed during the year 7d	76	1-000	
	Too, indicate the name of the time of the	7e		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
-	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	200	etgişi	
8	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		200	Lates 1
a	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:			
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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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.			
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			
·c	Enter the amount of reserves on hand	145		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		Λ
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	-	
15	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
.0	If "Yes," complete Form 4720, Schedule O.		Heling.	
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	and here a		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	Salfa I		AU .
232005	12-13-22	Form !	990 (2	2022

Form 990 (2022) Inc. 52-1118866 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response 52-1118866 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	21111111		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									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
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		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		х						
	more members of the governing body?	7a		Λ						
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		х						
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70	23.88							
8		8a	x							
	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X							
9 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
9	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.)		300	Line						
-	The second of th	ni taga	Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a		12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X	24-96						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	^	-						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
16a		16a		X						
	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou								
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	500								
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed AK, AR, CA, CO, CT, DC, FL, GA, HI	IL	,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))	only)	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	Tara Stoinski - 404-624-5881									
	800 Cherokee Avenue, Atlanta, GA 30315	11								
232008	12-13-22 See Schedule O for full list of states	Form	990 (2	2022)						

Inc.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
(list any hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employes	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W·2/1099·MISC/ 1099·NEC)	compensation from the organization and related organizations
2.00	x		x	G1.		17.	0.	0.	0.
2.00	x		х				0.	0.	0.
2.00	x		х				0.	0.	0.
2.00	x		x				0.	0.	0.
2.00							0.	0.	0.
2.00	39		No.	F. (2)			0.	0.	0.
2.00							0.	0.	0.
0.50									0.
0.50									0.
0.50	183						0.	0.	0.
0.50	-								0.
0.50	歌		14	Tiv					0.
0.50	400								0.
0.50	1								0.
0.50								0.	0.
0.50	5						0.	0.	0.
0.50	x	775						0.	0.
	Average hours per week (list any hours for related organizations below line)  2.00  2.00  2.00  2.00  2.00  0.50  0.50  0.50  0.50  0.50  0.50	Average hours per week (list any hours for related organizations below line)  2.00  X  2.00	Average hours per week (list any hours for related organizations below line)  2.00  X  2.00	Average hours per week (list any hours for related organizations below line)  2.00  X X X  0.50  X 0.50  X 0.50  X 0.50  X 0.50  X 0.50  X 0.50  X 0.50  X 0.50	Average hours per week (list any hours for related organizations below line)  2.00  X  X  2.00  X  2.00  X  2.00  X  2.00  X  2.00  X  2.00  X  X  2.00  X  X  2.00  X  X  2.00  X  2.00  X  2.00  X  2.00  X  X  2.00  X  2.00  X  2.00  X  2.00  X  X  2.00  X  2.00  X  X  2.00  X  2.00  X  X  X  2.00  X  X  X  X  X  X  X  X  X  X  X  X	Average hours per week (list any hours for related organizations below line)  2.00  X	Average hours per week (list any hours for related organizations below line)  2.00  X X X  2.00  X X X X X X  2.00  X X X X X X X X  2.00  X X X X X X X X X X X X X X X X X X	Average   hours per   week (list any hours for related organizations below line)   as   as   as   as   as   as   as   a	Average   Nours per   Position   Control tokek more than one of control tokek more than one officer and a director/trustee)   Position   Control tokek more than one officer and a director/trustee)   Position   Compensation   Comp

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Part VII Section A. Officers, Directors,  (A)  Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(18) Dante T. Pride	0.50	х		100	5300						
Board Member (19) Jhanvi Shriram Board Member	0.50	x						0.	0.	0	
(20) Alexis Stein Board Member	0.50	х			35.5			0.	0.	0	
(21) Michael J. Turton Board Member	0.50	х						0.	0.	0.	
(22) David S. Singer Board Member	0.50	х			9			0.	0.	0.	
(23) Tara Stoinski, Ph.D. President & CEO	40.00			x				281,708.	0.	20,766	
(24) Shari Henning Chief Advancement Officer	40.00					х		123,038.	0.	6,536	
(25) Marcie Beskind CFO	40.00			х				86,997.	0.	7,039	
1b Subtotal								491,743.	0.	34,341	
c Total from continuation sheets to Pa	irt VII, Section A							491,743.	0.	34,341	

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

### Section B. Independent Contractors

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
Mass Build Ltd., Kigali Heights Plot 772, KG 7 Ave., Kigali, RWANDA	Construction services	1,681,648.
Mass Build Studio, KG 7 Ave, Plot 772, Kigali Heights, 5th Fl., Kigali, RWANDA	Design services	104,026.
Total number of independent contractors (including but not limited to those lis	ted above) who received more than	
\$100,000 of compensation from the organization 2	ted above) who received more than	

Form 990 (2022)

Form 990 (2022) 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 Revenue excluded Related or exempt Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... b Membership dues ..... c Fundraising events ..... 10 d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ... 8,005,153 g Noncash contributions included in lines 1a-1f 1g \$ 27.680 h Total. Add lines 1a-1f 8 005 153 **Business Code** Program Service Revenue f All other program service revenue ..... g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 651,088, 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... 6b c Rental income or (loss) 6c d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory | 7a 2,508,183 b Less: cost or other basis and sales expenses ...... 7b 2,714,161 c Gain or (loss) \_\_\_\_\_\_ 7c -205,978 -205,978. d Net gain or (loss) ..... -205,978 8 a Gross income from fundraising events (not including \$ \_\_\_\_\_ of 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 9b b Less: direct expenses c Net income or (loss) from gaming activities\_ 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_ 68,319, b Less: cost of goods sold ..... 39,708 c Net income or (loss) from sales of inventory 28,611 28,611 **Business Code** Miscellaneous Revenue

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8 478 874.

28 611.

445 110.

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d All other revenue ..... e Total. Add lines 11a-11d .....

12 Total revenue. See instructions

Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respon			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1					
	and domestic governments. See Part IV, line 21				
2					
	individuals. See Part IV, line 22				
3					
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			SAIC AND STREET AND A ST	
4	Benefits paid to or for members			AMERICAN CONTRACTOR AT MEET	
5	Compensation of current officers, directors,	622 706	254,880.	219,280.	149,636
	trustees, and key employees	623,796.	254,000.	219,200.	149,030
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,776,740.	1,411,215.	51,769.	313,756
7	Other salaries and wages Pension plan accruals and contributions (include	1,770,740.	1,411,213.	31,703.	313,730
8	section 401(k) and 403(b) employer contributions)	181,646.	152,268.	10,842.	18,536
_	Other employee benefits	318,429.	217,757.	30,756.	69,916
9		378,958.	322,774.	20,735.	35,449
10	Payroll taxes Fees for services (nonemployees):	370,330.	322///21		
11	Management				
	Legal	46,328.		46,328.	
	Accounting	12,500.		12,500.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	37,697.		37,697.	
	Other. (If line 11g amount exceeds 10% of line 25,			5 × 10.30 (10.00)	
9	column (A), amount, list line 11g expenses on Sch 0.)	377,913.	257,284.	44,458.	76,171
12	Advertising and promotion	254,594.	37,981.	105.	216,508
13	Office expenses	34,215.	30,412.	3,803.	
4	Information technology	137,437.	23,589.	11,615.	102,233
5	Royalties				ALBERT CONTRACT
6	Occupancy				
7	Travel	178,002.	167,008.	4,763.	6,231
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	97,695.	95,856.	315.	1,524
	Interest		THE THE PROPERTY OF THE PARTY OF		
	Payments to affiliates				
	Depreciation, depletion, and amortization	577,508.	576,233.	1,275.	
3	Insurance	116,017.	103,973.	12,044.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	Program costs	803,460.	803,460.	0.	0 .
	Facility expenses	470,217.	431,783.	38,434.	
	Vehicle costs	275,309.	275,309.		
	Miscellaneous	150,301.	85,570.	2,464.	62,267
-	All other expenses	140,681.	137,993.	958.	1,730
	Total functional expenses. Add lines 1 through 24e	6,989,443.	5,385,345.	550,141.	1,053,957
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	theck here if following SOP 98-2 (ASC 958-720)				

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10		Check if Schedule O contains a response or no	te to any	line in this Part X			
_					(A) Beginning of year		(B) End of year
8	1	Cash · non-interest-bearing			16,621.	1	25,013.
	2	Savings and temporary cash investments	10,704,899.	2	11,607,468.		
	3	Pledges and grants receivable, net			2,745,741.	3	1,899,381
	4	Accounts receivable, net			9,822.	4	5,236
		Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs		SIN			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua				204	
		under section 4958(f)(1)), and persons describe				6	
2	7	Notes and loans receivable, net			77 / /1 . 5 4 . (	7	
Assets	8	Inventories for sale or use			ALMOUNT NO LA LO	8	
`	9	Prepaid expenses and deferred charges	1 1		670,445.	9	239,622
	10a	Land, buildings, and equipment: cost or other		15 560 060			
		basis. Complete Part VI of Schedule D					
		Less: accumulated depreciation			16,396,523.		16,023,101
	11	Investments - publicly traded securities			4,309,374.	11	7,255,423
- 1	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	24 052 425	15	27 055 244		
	16	Total assets. Add lines 1 through 15 (must eq	34,853,425.	16	37,055,244		
	17	Accounts payable and accrued expenses	191,502.	17	231,847		
	18	Grants payable			18	162,645	
30	19	Deferred revenue				19	102,045
	20	Tax-exempt bond liabilities					4 - 10 - 12 - 12 - 12 - 12
	21	Loans and other payables to any current or for				21	
Liabilities	~	trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the			ENGAGE CONTRACTOR ACCORDANCE	22	
2	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p			line at the state of		
		parties, and other liabilities not included on line	-				
		of Schedule D				25	
	26	=			191,502.		394,492
		Organizations that follow FASB ASC 958, ch			要用的"不是 <b>是</b> 是"。		
lces		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			29,303,694.	27	32,518,400
0	28	Net assets with donor restrictions			5,358,229.	28	4,142,352
2		Organizations that do not follow FASB ASC			BEST TOH BE SEED A		98)
		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current fund	3			29	
100	30	Paid-in or capital surplus, or land, building, or e				30	
2	31	Retained earnings, endowment, accumulated i			31		
=	32	Total net assets or fund balances			34,661,923.	32	36,660,752
	33	Total liabilities and net assets/fund balances			34,853,425.		37,055,244

Form 990 (2022)

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a

3b

X

### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Dian Fossey Gorilla Fund International, Name of the organization

Employer identification number 52-1118866

Pa	art I	Reason for Public	Charity Status.	(All organizations must	complete	this part.)	See instructions.	growy Court failure la					
1000		ization is not a private foun						F LPLE LINE TO SE					
	organ	A church, convention of c	burches es esseciat	ion of churches describe	d in secti	on 170(h)	(1)(A)(i)						
1	H	A school described in sec				011 170(2)	.,,,,,,,,						
2	H	A school described in sec	tion 170(b)(1)(A)(ii).	contraction described in a	ection 17	O/bV 1VAV	iii)						
3	H	A hospital or a cooperative	e nospital service org	partization with a hospit	al describe	od in section	on 170(b)(1)(A)(iii). Ente	r the hospital's name,					
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
	city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
5				ollege or university owner	ed or opera	ated by a g	Jovernmentar unit descri	000 111					
		section 170(b)(1)(A)(iv). (				700-1/41/4	v						
6	$\Box$	A federal, state, or local go	overnment or govern	mental unit described in	section 1	70(b)(1)(A	)(V).	Laublia described in					
7	X	An organization that norm		antial part of its support	from a go	vernmenta	unit or from the genera	public described in					
		section 170(b)(1)(A)(vi). (											
8	$\Box$	A community trust describ	ed in section 170(b)	)(1)(A)(vi). (Complete Pa	rt II.)			a allaga					
9		An agricultural research or	ganization described	in section 170(b)(1)(A)	(ix) operat	ted in conj	unction with a land-gram	college					
		or university or a non-land-	grant college of agric	culture (see instructions)	. Enter the	e name, cit	y, and state of the collec	ge or					
	_	university:											
10		An organization that norm	ally receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	ind gross receipts from					
		activities related to its exe	mpt functions, subje	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of its support	t from gross investment					
		income and unrelated bus	iness taxable income	e (less section 511 tax) for	rom busine	esses acqu	lired by the organization	after June 30, 1975.					
		See section 509(a)(2). (Co											
11		An organization organized	and operated exclus	sively to test for public sa	afety. See	section 5	09(a)(4).						
12		An organization organized	and operated exclus	sively for the benefit of, t	o perform	the function	ons of, or to carry out the	e purposes of one or					
		more publicly supported o	rganizations describe	ed in section 509(a)(1)	or section	509(a)(2).	See section 509(a)(3).	Check the box on					
		lines 12a through 12d that	describes the type of	of supporting organization	on and cor	nplete line	s 12e, 12f, and 12g.						
а		Type I. A supporting org	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	y giving					
		the supported organizati	ion(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or trustees of the	supporting					
		organization. You must	complete Part IV, Se	ections A and B.									
b		Type II. A supporting org	ganization supervised	d or controlled in connec	tion with i	ts support	ed organization(s), by ha	aving					
		control or management of	of the supporting org	anization vested in the s	same pers	ons that co	ontrol or manage the sup	ported					
		organization(s). You mus	st complete Part IV,	Sections A and C.									
c		Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functionally integrat	ed with,					
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionall	y integrated. A supp	orting organization oper	rated in co	nnection v	with its supported organ	ization(s)					
N		that is not functionally in											
		requirement (see instruct											
e		Check this box if the orga											
		functionally integrated, or											
f	Enter	the number of supported											
a		de the following information		ed organization(s).									
		Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your govern	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
						48 N 1853							
EY8-													
						A							
3011	911753				(S) TeX		de la company	ALERT TO A					
			service de la la company de la	es hall the up of all Sittleman	20015460	AND SECTION							

Pa	(Complete only if you checke						
_	fails to qualify under the tests	listed below, plea	ase complete Part	III.)			
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						45000400
	include any "unusual grants.")	6963169.	13878694.	11155820.	7989662.	8005153.	47992498.
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	6062160	12070604	11155000	7000660	0005153	47002400
4	Total. Add lines 1 through 3	6963169.	13878694.	11155820.	7989662.	8005153.	47992498.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		240				
	on line 1 that exceeds 2% of the amount shown on line 11.						
			14-				3643327.
_	column (f)	Saleston Saleston				BERNAL TANK OLASIA	44349171.
	Public support. Subtract line 5 from line 4.	EPONE AND ADDRESS	Management of the second	The second second second			44347171.
_		(a) 2018	(h) 2010	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 4		(b) 2019	11155820.	7989662.		47992498.
		0303103.	13070074.	11133020.	7303002.	0003133	173324301
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	95,165.	81,423.	92 690.	137,658.	445,110	852,046.
0	Net income from unrelated business	33,103.	01,423	32,030.	137,030.	113/110	0327010.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					1 - 1077 - L 105	10.30,000 10.000
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	100 mm 200 mm			Page 15 Avenue		48844544.
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	460,019.
	First 5 years. If the Form 990 is for the						
10	organization, check this box and stor						
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		14	90.80 %
	Public support percentage from 2021					15	91.01 %
	33 1/3% support test - 2022. If the					nore, check this b	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
h	10% -facts-and-circumstances tes						
_	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization						

Schedule A (Form 990) 2022

### Schedule A (Form 990) 2022 Inc. 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
musification doubter to the Petrol Relation of the Det 113

Se	ction A. Public Support	now, picage com	pioto i ure ii.				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	Name of the last o					
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	The state of the s	ACT SECOND	The large seasons		TAX TAX	
٥	furnished by a governmental unit to						
	the organization without charge						
	Total, Add lines 1 through 5		18 F 18 18 18 18 18 18 18 18 18 18 18 18 18	CARREST SALE			
	Amounts included on lines 1, 2, and		ar - a result-de		ST THE PERSON	July State Sale	- 63 - 4 1 1
"	3 received from disqualified persons						
,	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that			100			
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b		Company of the Company	paracis de la	Miles and the second		
	Public support. (Subtract line 7c from line 6.)  ction B. Total Support	Control of the Contro					
_	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6					The state of the	
	Gross income from interest,			7 Y 484 15			
101	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income	e general and the		= - 1, - 1, - 1,			State Inches
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
				Maria Santa			
	Add lines 10a and 10b				5,		
"	activities not included on line 10b,						
	whether or not the business is						
	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital					8	
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		Take Waster Conce			5544.460	
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_		- C D					
Se	ction C. Computation of Publi					Tae I	0/
15	50 Per C 188 C 18 C 18 C 18 C 18 C 18 C 18 C					SOURCE AND THE PROPERTY AND THE PARTY OF THE	%
16	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves					147	%
17	그리고 있는 이 이 가는 것도 그렇게 그렇게 되는 것이 되었다. 그런 그리고 있는 것이 없는 것이 없는 것이 없는 것이다.					THE PROJECT OF THE PARTY OF THE PARTY OF	to the second second
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17		45:	18	17 is not
198	33 1/3% support tests - 2022, If the						
	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2021. If the	organization did	not check a box of	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	oorted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see i		
2320	23 12-09-22					Schedule	A (Form 990) 2022

### Schedule A (Form 990) 2022 Inc. Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)			3.45
Sec	tion A. All Supporting Organizations		_	_
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			×31
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		FO. SEP	
	organization was described in section 509(a)(1) or (2).	2	Ornama.	- Incess
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a	rate who can	1.0000
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.	3b	- COP	y Syrtes
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.	3c		227
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	N. Allendar	FIRE	
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	United to	y din
ь	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	4b	10062	
	despite being controlled or supervised by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination	40	2	7.41
С	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.	4c	-	
E	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		100	5/50
oa	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).	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already		7	
ŭ	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (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.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	11.12.42		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
l0a	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	10-	100	
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		ALIDES :	

232024 12-09-22

Schedule A (Form 990) 2022

determine whether the organization had excess business holdings.)

that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,

one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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

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

Schedule A (Form 990) 2022

2b

### Dian Fossey Gorilla Fund International,

1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov 20 1970 (evolain in	Part VI). See instructi
	All other Type III non-functionally integrated supporting organizations mu	•		rait viji oce moduca
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	2 31 2		The Million with
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	194		
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			A Committee
	(explain in detail in Part VI):	- 18 EL R		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

Dian Fossey Gorilla Fund International,

52-1118866 Page 7 Schedule A (Form 990) 2022 Inc. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2022 Amount for 2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

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

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

Dian Fossey Gorilla Fund Internation

Employer identification number

	Inc. 52-1118866
Organization	/pe(check one):
Filoso ef	Castian
Filers of:	Section:
Form 990 or 9	0-EZ X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	ganization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
A POLICE OF THE PARTY OF THE PA	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
section	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under as 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one outor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; form 990-EZ, line 1. Complete Parts I and II.
☐ For a	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
	outor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,
	, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering in column (b) instead of the contributor name and address), II, and III.
year, is che purpo	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ontributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box sked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., see. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively is, charitable, etc., contributions totaling \$5,000 or more during the year\$
answer "No" o	panization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify neet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Dian Fossey Gorilla Fund International,

nc.			2-1118866
Part I	Contributors (see instructions). Use duplicate copies of Part I		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>275,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Dian	Fossey	Gorilla	Fund	International,	
Inc.					

52-1118866

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	-15-22	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022

Employer identification number

Dian Fossey Gorilla Fund International,

52-1118866

art 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
		s	
(a) No. from Part I	(b)  Description of noncash property given	(o) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022) Name of organization Employer identification number Dian Fossey Gorilla Fund International, 52-1118866 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$\_ Use duplicate copies of Part III if additional space is needed. (a) No. from 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 (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 (a) No. from Part I (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee 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

Dian Fossey Gorilla Fund International, Name of the organization Employer identification number 52-1118866 ntaining Donor Advised Funds or Other Similar Funds or Accounts

in ly	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 a	dvised funds
ŭ	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
٠	for charitable purposes and not for the benefit of the donor or	- 100mm - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 99	
1	- Complete it the engage		70,1 41117, 1110 7.
•	Preservation of land for public use (for example, recreati		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	Freservation	Tot a certified flistoric structure
2		ed conceniation contribution in the fo	orm of a concentration assembnt on the last
-	Complete lines 2a through 2d if the organization held a qualified day of the tax year.	ed conservation contribution in the ic	Held at the End of the Tax Yea
_	Total number of conservation easements		
D	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure.		
6	Number of conservation easements on a certified historic structure of conservation easements included in (c) acquired af		2c
a			2d
3	historic structure listed in the National Register		
3		ased, extiliguished, or terminated by	the organization during the tax
	year Number of states where property subject to conservation ease	ament is located	
5	Does the organization have a written policy regarding the period	Application of the property of the control of the c	<u></u>
5	violations, and enforcement of the conservation easements it I		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
0	Starr and volunteer riours devoted to monitoring, inspecting, in	anding of violations, and emorcing c	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conse	envation easements during the year
'	Amount of expenses incurred in morntoning, inspecting, name	ng of violations, and emoroting conse	availon casements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 1	170(b)(4)(B)(i)
٠	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno		
	organization's accounting for conservation easements.	to to the organization of intarioral otal	omente that describes the
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasures. or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958	not to report in its revenue stateme	nt and balance sheet works
	of art, historical treasures, or other similar assets held for publi		
	service, provide in Part XIII the text of the footnote to its finance		
h	If the organization elected, as permitted under FASB ASC 958,		
~	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items:	and the state of t	artification of public service,
	(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		iciai gaili, provide
•			•
h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		\$
LUA	For Denominary Podylation Act Notice and the Instructions		\$

232051 09-01-22

### Dian Fossey Gorilla Fund International,

Page								
red)								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
X No								
X No								
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### Dian Fossey Gorilla Fund International, Inc.

Part VII Investments - Other Securities.	- Farm 000 Bart IV line	11h C F 000 P-1 V F 10	52-1118866 Pa
Complete if the organization answered "Yes" o  a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	
Financial derivatives	(b) book value	(c) Welliod of Validation, Cost	of end of year market value
Closely held equity interests			CHERON TO THE
Other			
(A)			
(B)			
(C)			
(D)	- k 1 3 7 7 16	Marie Control of the	
(E)			
(F)			
G)			
H)			
II. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	Europa de la companya del companya del companya de la companya de		
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			A TOTAL CONTRACTOR OF THE PARTY
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	escription		(b) Book value
(1)			
(2)		A Track Ball Carried St.	
(3)			
(4)			The second second
(5)			
(6)			AND COLUMN TO SERVICE
(7)			
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(8) (9)			
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" or		11e or 11f. See Form 990, Part X, lii	
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability		11e or 11f. See Form 990, Part X, lii	ne 25. (b) Book value
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes		11e or 11f. See Form 990, Part X, lii	
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes  (2)		11e or 11f. See Form 990, Part X, lii	
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(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)		11e or 11f. See Form 990, Part X, lii	
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)		11e or 11f. See Form 990, Part X, lii	
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)		11e or 11f. See Form 990, Part X, lii	
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(9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	n Form 990, Part IV, line		(b) Book value

of Directors.

	Dian	Fossey	Gorilla	Fund	International,		
D (Form 990) 2022	Inc.					52-1118866	Page 5
D (Form 990) 2022	mation	(continued)					
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### SCHEDULE F (Form 990)

Department of the Treasury

### Statement of Activities Outside the United States

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

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number Name of the organization Dian Fossey Gorilla Fund International, 52-1118866 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 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? \_\_\_\_ Yes \_\_\_ No 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.) (c) Number of (d) Activities conducted in the region (f) Total (e) If activity listed in (d) (a) Region (b) Number of expenditures employees, agents, and independent is a program service, offices (by type) (such as, fundraising, profor and gram services, investments, grants to describe specific type in the region investments contractors in the region recipients located in the region) of service(s) in the region in the region Sub-Saharan Africa -Protection of gorillas and Angola, Benin, their habitats, scientific Botswana, Burkina research and community 5,385,345. Faso Science, research 3 a Subtotal 5,385,345. b Total from continuation sheets to Part I ....... 0. c Totals (add lines 3a 5,385,345,

232071 10-17-22

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

Schedule F (Form 990) 2022

# Dian Fossey Gorilla Fund International,

Schedule F (Form 990) 2022 Inc. 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

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2022
(h) Description of noncash assistance						Schedu
(g) Amount of noncash assistance					<b>A</b>	
(f) Manner of cash disbursement					recognized as a tax uivalency letter	
(e) Amount of cash grant					foreign country, tion 501(c)(3) eq	
(d) Purpose of grant					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	
(c) Region					is listed above that are re or for which the grantee c r entities	
(b) IRS code section and EIN (if applicable)					recipient organization nization by the IRS, c other organizations o	
1 (a) Name of organization					<ul> <li>Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for whit</li> <li>Enter total number of other organizations or entities</li> </ul>	

Dian Fossey Gorilla Fund International,

Page 3

52-1118866

Schedule F (Form 990) 2022

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

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of noncash assistance					
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					3
c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region			•		

Schedule F (Form 990) 2022

Part	IV Foreign Forms		Maria Cara
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) 2022

### 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.
Dian Fossey Gorilla Fund International,
Inc.

Employer identification number 52-1118866

Pa	art I Questions Regarding Compensation	11886	0.6	_
<b>1</b> a	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.  Housing allowance or residence for personal use		Yes	No
	Travel for companions  Payments for business use of personal residence  Health or social club dues or initiation fees  Discretionary spending account  Payments for business use of personal residence  Health or social club dues or initiation fees  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		de de	05803
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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  Independent compensation consultant  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:			
a	Receive a severance payment or change-of-control payment?	4a	_	X
	Participate in or receive payment from a supplemental nonqualified retirement plan?			X
c	Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
	The organization?		_	X
b	Any related organization?	. 5b		X
	If "Yes" on line 5a or 5b, describe in Part III.  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:			
	The organization?			X
b	Any related organization?	. 6b	Account to	X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
_	not described on lines 5 and 6? If "Yes," describe in Part III	. 7		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			X
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	. 8	Married St.	Δ
9	Regulations section 53 4958-6(c)?	9	301-34	

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

Schedule J (Form 990) 2022

52-1118866

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Tara Stoinski, Ph.D.	3	206,708.	75,000.	0.	9,195.	11,571.	302,474.	0.
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
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Schedule J (Form 990) 2022

## Dian Fossey Gorilla Fund International, Inc.

Page 3 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 Schedule J (Form 990) 2022
Part III Supplemental Information

|--|

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal 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.

Name of the organization Dian Fossey Gorilla Fund International,

Employer identification number 52-1118866

Schedule M (Form 990) 2022

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		ınts
1	Art · Works of art					State of the state	
2	Art - Historical treasures	11.05			MATERIAL STATE		
3	Art - Fractional interests	8	Head a wity		The part of the last		
4	Books and publications	(F) - 1 - 1					
5	Clothing and household goods	本 力,是	Basic Carthidate		The Control of Early St.		h.A.
6	Cars and other vehicles	Lenwar I					
7	Boats and planes	Life Series				Vite	
8	Intellectual property	7 T 7 T - 2				17845	
9	Securities - Publicly traded						100
10	Securities - Closely held stock						1 1 5 10
11	Securities - Partnership, LLC, or						W. Co.
	trust interests						
12	Securities - Miscellaneous	THE RESERVE					
13	Qualified conservation contribution -	10.6%	Wellskin of America		E STEMPHER	ME LE	
10	Historic structures						
14	Qualified conservation contribution - Other	100000000000000000000000000000000000000	Tel Production				
15	Real estate - Residential	7020200				150 16 144	
16	Real estate - Commercial		heavant out a ver			Level - T	2 5 10
		х	1	27,600.	PMV		dus e
17	Real estate - Other	Λ	-	27,000.			
18	Collectibles	3.137.123				Ti Barky	- N
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						100
24	Archeological artifacts						
25	Other ()	APPENDING TO					-
26	Other ()						
27	Other ()						
28	Other (						E-pi
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions			
	for which the organization completed Form 828	33, Part V, Do	onee Acknowledge	ment 29			
						Yes	No
30a	During the year, did the organization receive by	contribution	any property repo	orted in Part I, lines 1 throug	n 28, that it	VI TE	469
	must hold for at least 3 years from the date of t	he initial con	tribution, and which	ch isn't required to be used f	or		12.5
	exempt purposes for the entire holding period?					30a	X
h	If "Yes," describe the arrangement in Part II.						100
11	Does the organization have a gift acceptance p	olicy that red	quires the review o	f any nonstandard contribut	ions?	31 X	
	Does the organization hire or use third parties of						
iza	contributions?					32a	x
				••••••		)La	- 21
	If "Yes," describe in Part II.  If the organization didn't report an amount in co	dump (a) for	a tuna of property	for which column (a) is shee	land		
33	If the organization didn't report an amount in co	numm (c) for	a type of property	ior which column (a) is chec	Neu,		

232141 09-09-22

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

### Dian Fossey Gorilla Fund International, Schedule M (Form 990) 2022 Inc. 52-1118866 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

232142 09-09-22

Schedule M (Form 990) 2022

### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2022 Open to Public

Inspection

Internal Revenue Service

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

Employer identification number 52-1118866

Name of the organization

Dian Fossey Gorilla Fund International, Inc.

Form 990, Part III, Line 1, Description of Organization Mission:

generation of African scientists and conservationists, and 4) Helping

local communities address their critical needs.

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

kitchen gardens, livestock and food tree distributions, and mushroom

cultivation. Adult and youth education programs included: nature

clubs, conservation camps and debates, guided tours, forest visits,

teacher training and community leader engagement. To build scientific

capacity, the Fossey Fund provided training for more than 400

university students and has hosted 65 trainings with participants from

more than 30 countries. The Fossey Fund has an intensive mentoring

program for early career scientists and established a scholarship fund

to promote the educational advancement of African scientists, with a

particular focus on women in science and conservation. Combined with

our programs in the DR Congo, our people-centered programs reached more

than 30,000 people in 2023.

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

training with a particular focus on empowering women. In addition, the

Fossey Fund focused on educational outreach, delivering conservation

content in primary schools, paying the annual school fees for more than

500 children, delivering conservation messaging through radio programs

and providing literary training for women. The Organization also

supports the training of early-career Congolese scientists through

<u>internships onsite at Nkuba and teaching courses in local universities.</u>

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

Schedule O (Form 990) 2022

Employer identification number 52-1118866

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, CFO 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 the 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 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.

Form 990, Part VI, Section B, Line 15:

Name of the organization Dian Fossey Gorilla Fund International,

Employer identification number 52-1118866

The DFGFI full Board or Executive Committee or Compensation Committee shall annually evaluate the Chief Executive Officer 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 Chief Executive Officer based on a review of comparability data. To approve the compensation for the Chief Executive Officer, 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, AL

Form 990, Part VI, Section C, Line 19: Governing documents are available upon request.

### Form 8868

(Rev. January 2022)

### Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

### forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Dian Fossey Gorilla Fund International, print 52-1118866 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your return. See 800 Cherokee Ave., SE instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. Atlanta, GA 30315 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Return Return Application Code Is For Code Is For Form 990 or Form 990-EZ Form 1041-A 80 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) 07 Tara Stoinski The books are in the care of ▶ 800 Cherokee Avenue - Atlanta, GA 30315 Telephone No. ► 404-624-5881 Fax No. If the organization does not have an office or place of business in the United States, check this box \_\_\_\_\_\_ . If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until <u>August 15, 2024</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning OCT 1, 2022 , and ending SEP 30, 2023 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 0. 3a b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453 TE and Form 8879 TE for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Mail to: Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0045

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