

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning APR 1, 2022, and ending MAR 31, 2023

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**HAWK MOUNTAIN SANCTUARY ASSOCIATION**

EIN or SSN

**23-1392700**

Name and title of officer or person subject to tax

**SEAN GRACE  
PRESIDENT**

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>3,349,910.</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) Sean Grace (EIN) 23-1392700 and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize BAKER TILLY US, LLP to enter my PIN 19529  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**25523715954**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 10/20/23

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2022)



Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2022 calendar year, or tax year beginning APR 1, 2022 and ending MAR 31, 2023

Form header section containing organization name (HAWK MOUNTAIN SANCTUARY ASSOCIATION), EIN (23-1392700), address (1700 HAWK MOUNTAIN DRIVE, KEMPTON, PA 19529), and other identifying information.

Part I Summary

Summary table with columns for line number, description, and amounts for Prior Year and Current Year. Includes rows for mission statement, revenue (Total: 3,349,910), expenses (Total: 3,379,556), and net assets (Total: 24,581,884).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer signature (SEAN GRACE, PRESIDENT), preparer name (JEFFREY J. SPENGLER, CPA), and firm information (BAKER TILLY US, LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: HAWK MOUNTAIN SANCTUARY ASSOCIATION'S MISSION IS TO CONSERVE BIRDS OF PREY WORLDWIDE BY PROVIDING LEADERSHIP IN RAPTOR CONSERVATION SCIENCE AND EDUCATION, AND BY MAINTAINING HAWK MOUNTAIN SANCTUARY AS A MODEL OBSERVATION, RESEARCH, AND EDUCATION FACILITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,765,474. including grants of \$ 59,388. ) (Revenue \$ 975,941. )

BACKGROUND:

HAWK MOUNTAIN SANCTUARY WAS FOUNDED IN 1934 BY PIONEER CONSERVATIONIST ROSALIE EDGE AS THE WORLD'S FIRST REFUGE FOR BIRDS OF PREY. THE SANCTUARY'S FOUNING WAS A TURNING POINT IN REVERSING THEIR WIDESPREAD PERSECUTION. TODAY THE ASSOCIATION, INCORPORATED IN 1938, CONTINUES ITS PIONEERING WORK TO PROTECT BIRDS OF PREY THROUGH EDUCATION AND PUBLIC ENGAGEMENT, SCIENCE-BASED CONSERVATION PROGRAMS, INCLUDING MONITORING OF RAPTOR AND OTHER MIGRANT POPULATIONS, CONDUCTING SCIENTIFIC RESEARCH, AND THROUGH INFORMATION SHARING AND PROVIDING PROFESSIONAL CONSERVATION TRAINING.

SEVEN BIOLOGISTS AND EDUCATORS SERVE ON ITS PROGRAM STAFF, INCLUDING

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,765,474.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <i>Note: All Form 990 filers are required to complete Schedule O</i>	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <span style="float:right">2a</span> <span style="float:right">43</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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

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

**Section 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.		
	1a	22	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	22	
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?	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
b		
10b		
11a	X	
b		
11b		
12a	X	
b	X	
12b	X	
c	X	
12c	X	
13	X	
14	X	
15		
a	X	
15a	X	
b	X	
15b	X	
16a		X
b		
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed PA
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records  
**SHELLEY DAVENPORT, BUSINESS MANAGER - (610) 756-6961**  
**1700 HAWK MOUNTAIN DRIVE, KEMPTON, PA 19529**



**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.

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

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

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SEAN GRACE PRESIDENT	40.00			X				137,667.	0.	43,322.
(2) THOMAS KERR, III CHAIR	1.00	X		X				0.	0.	0.
(3) DAVID BONENBERGER VICE CHAIR	1.00	X		X				0.	0.	0.
(4) WENDY W. MCLEAN, ESQ. SECRETARY	1.00	X		X				0.	0.	0.
(5) PETER E. BENNETT TREASURER (UNTIL 11/22)	1.00	X		X				0.	0.	0.
(6) EDWIN BALDRIDGE TREASURER	1.00	X		X				0.	0.	0.
(7) JEFFREY WEIL, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(8) SARA NICHOLAS DIRECTOR	1.00	X						0.	0.	0.
(9) ANA MARIA CASTANO RIVAS DIRECTOR	1.00	X						0.	0.	0.
(10) DEBORAH EDGE, M.D. DIRECTOR	1.00	X						0.	0.	0.
(11) STEPHEN EDGE, M.D. DIRECTOR	1.00	X						0.	0.	0.
(12) PETER J. FONTAINE DIRECTOR	1.00	X						0.	0.	0.
(13) JEFF GOLDENBERG DIRECTOR	1.00	X						0.	0.	0.
(14) KENNETH HAWKINSON, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(15) RICHARD HOLT DIRECTOR	1.00	X						0.	0.	0.
(16) DIANE HUSIC, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(17) HOLLY MERKER DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SARA (SALLY) O'BYRNE DIRECTOR	1.00	X						0.	0.	0.
(19) ERNESTO RUELAS INZUNZA DIRECTOR	1.00	X						0.	0.	0.
(20) DANIEL RUBENSTEIN, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(21) JACQUELYN BONOMO DIRECTOR	1.00	X						0.	0.	0.
(22) NASREEN KARA DIRECTOR	1.00	X						0.	0.	0.
(23) DAVID MIDDLETON DIRECTOR	1.00	X						0.	0.	0.
(24) GEORGE CAUFFMAN DIRECTOR	1.00	X						0.	0.	0.
(25) AMY RUSZALA DIRECTOR (UNTIL 11/22)	1.00	X						0.	0.	0.
(26) GILLIAN BOWSER, PH.D. DIRECTOR (UNTIL 11/22)	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								137,667.	0.	43,322.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								137,667.	0.	43,322.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	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
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MINTURN T. WRIGHT, ESQ. DIRECTOR (NON-VOTING)	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(28) FERDINAND THUN DIRECTOR (NON-VOTING)	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	37,536.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,475,868.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 20,421.			
	h	<b>Total.</b> Add lines 1a-1f		1,513,404.			
Program Service Revenue	2 a	<b>MEMBERSHIP DUES</b>	Business Code 900099	504,112.	504,112.		
	b	<b>ADMISSIONS</b>	900099	313,389.	313,389.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		817,501.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		441,560.		441,560.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				931,430.			
	b	Less: cost or other basis and sales expenses	7b	807,323.			
	c	Gain or (loss)	7c	124,107.			
d	Net gain or (loss)		124,107.		124,107.		
8 a	Gross income from fundraising events (not including \$ 37,536. of contributions reported on line 1c). See Part IV, line 18						
		8a	25,999.				
b	Less: direct expenses	8b	46,968.				
c	Net income or (loss) from fundraising events		-20,969.		-20,969.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a	243,820.				
b	Less: cost of goods sold	10b	132,861.				
c	Net income or (loss) from sales of inventory		110,959.		110,959.		
Miscellaneous Revenue	11 a	<b>SALE OF CARBON CREDITS</b>	Business Code 900099	177,246.		177,246.	
	b	<b>EDUCATION FEES</b>	900099	158,440.	158,440.		
	c	<b>OTHER REVENUE</b>	900099	27,662.		27,662.	
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d		363,348.			
12	<b>Total revenue.</b> See instructions		3,349,910.	975,941.	0.	860,565.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	59,388.	59,388.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	181,916.	181,916.		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,276,889.	1,050,823.	25,658.	200,408.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,103.	9,830.	6,173.	2,100.
9 Other employee benefits	166,041.	96,305.	29,469.	40,267.
10 Payroll taxes	112,794.	81,853.	16,488.	14,453.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	45,367.		45,367.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	36,564.		36,564.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	354,441.	295,324.	2,581.	56,536.
12 Advertising and promotion	37,284.	25,042.	6,000.	6,242.
13 Office expenses	218,971.	181,693.	10,987.	26,291.
14 Information technology	95,553.	71,207.	1,822.	22,524.
15 Royalties				
16 Occupancy	120,158.	111,674.	4,242.	4,242.
17 Travel	1,509.	1,489.		20.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	116,189.	109,005.	5,316.	1,868.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	268,299.	240,427.	15,598.	12,274.
23 Insurance	104,965.	104,965.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>EQUIPMENT</b>	65,135.	56,567.	8,450.	118.
b <b>REPAIRS AND MAINTENANCE</b>	47,110.	47,110.		
c <b>HOSPITALITY</b>	24,419.	17,302.	1,797.	5,320.
d <b>AMUSEMENT TAX</b>	15,629.	15,629.		
e All other expenses	12,832.	7,925.	483.	4,424.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>3,379,556.</b>	<b>2,765,474.</b>	<b>216,995.</b>	<b>397,087.</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-20)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	1,056,821.	1	638,697.
	2	Savings and temporary cash investments	992,098.	2	850,576.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	91,689.	8	118,976.
	9	Prepaid expenses and deferred charges	70,811.	9	124,264.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,477,624.		
	b	Less: accumulated depreciation	10b 5,912,782.	10c	6,564,842.
	11	Investments - publicly traded securities	16,816,984.	11	15,940,232.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	399,117.	15	344,297.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	26,250,144.	16	24,581,884.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	78,008.	17	65,038.
	18	Grants payable		18	
	19	Deferred revenue	371,207.	19	374,131.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	449,215.	26	439,169.
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	12,705,350.	27	12,548,300.
	28	Net assets with donor restrictions	13,095,579.	28	11,594,415.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	25,800,929.	32	24,142,715.	
33	<b>Total liabilities and net assets/fund balances</b>	26,250,144.	33	24,581,884.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,349,910.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,379,556.
3	Revenue less expenses. Subtract line 2 from line 1	3	-29,646.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,800,929.
5	Net unrealized gains (losses) on investments	5	-1,628,568.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	24,142,715.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**  
Open to Public  
Inspection

Name of the organization <b>HAWK MOUNTAIN SANCTUARY ASSOCIATION</b>	Employer identification number <b>23-1392700</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



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

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

**Section A. Public Support**

Calendar 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1811692.	4090672.	2320862.	1833882.	1513404.	11570512.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	758,649.	1155841.	887,498.	793,631.	975,941.	4571560.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	2570341.	5246513.	3208360.	2627513.	2489345.	16142072.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	228,687.	210,549.	94,363.	153,633.	128,236.	815,468.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
<b>c</b> Add lines 7a and 7b	228,687.	210,549.	94,363.	153,633.	128,236.	815,468.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						15326604.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6	2570341.	5246513.	3208360.	2627513.	2489345.	16142072.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	376,855.	382,261.	432,908.	670,392.	441,560.	2303976.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	376,855.	382,261.	432,908.	670,392.	441,560.	2303976.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	135,225.	345,465.	411,084.	325,454.	341,866.	1559094.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	3082421.	5974239.	4052352.	3623359.	3272771.	20005142.
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	76.61 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	16	76.52 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	11.52 %
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	18	11.52 %

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	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 class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**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
4	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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable 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, line 7: \$		
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		
d	Excess from 2021		
e	Excess from 2022		

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

**SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:****NATIVE PLANT SALES**

2018 AMOUNT: \$ 13,825.

**OTHER REVENUE**

2019 AMOUNT: \$ 12,743.

2021 AMOUNT: \$ 2,624.

2022 AMOUNT: \$ 27,662.

**PROJECT FUNDING**

2018 AMOUNT: \$ 44,868.

**SALE OF CARBON CREDITS**

2019 AMOUNT: \$ 247,439.

2020 AMOUNT: \$ 370,459.

2021 AMOUNT: \$ 208,832.

2022 AMOUNT: \$ 177,246.

**SALES OF INVENTORY, NET**

2018 AMOUNT: \$ 76,532.

2019 AMOUNT: \$ 81,195.

2020 AMOUNT: \$ 35,580.

2021 AMOUNT: \$ 110,106.

2022 AMOUNT: \$ 110,959.

**SALES TAX****GAMING/EVENT REVENUE**

**Part VI**

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

2019 AMOUNT: \$ 4,088.

2020 AMOUNT: \$ 5,045.

2021 AMOUNT: \$ 3,892.

2022 AMOUNT: \$ 25,999.

Multiple horizontal lines for supplemental information.



## Schedule A

Payments from Disqualified Persons  
Included on Part III, Line 7a

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
ALFRED E. DOUGLAS	4,600.	8,000.	33,500.	0.	7,530.
BARBARA ALTMAN	5,600.	0.	0.	0.	0.
CHRISTINA CLAYTON	15,670.	16,215.	16,765.	0.	15,000.
DANIEL RUBENSTEIN	925.	500.	600.	0.	500.
DAVID BONENBERGER	537.	2,099.	1,762.	5,250.	4,251.
DEBORAH EDGE	7,325.	7,035.	3,372.	17,890.	2,000.
DIANE HUSIC	0.	560.	1,022.	1,060.	210.
EDWIN R. BALDRIGE	0.	0.	0.	5,047.	0.
FERDINAND THUN	35,000.	74,625.	0.	30,000.	20,333.
FREDERICK J. BESTE, III	20,000.	0.	0.	0.	0.
GILLIAN BOWSER	0.	0.	100.	0.	0.
HOLLY MERKER	0.	700.	325.	500.	925.
HOUSTON STEBBINS	8,225.	7,825.	0.	0.	0.
JEFFREY G WEIL	2,000.	5,600.	4,500.	7,610.	4,825.
JOSEPH S. MALLORY	7,500.	14,560.	0.	0.	0.
KENNETH HAWKINSON	6,000.	1,500.	5,000.	5,000.	5,000.
LEWIS CYR	200.	100.	0.	0.	0.
MINTURN T WRIGHT, III	4,000.	6,000.	6,800.	5,500.	5,500.
PETER E. BENNETT	76,170.	58,500.	4,000.	21,500.	6,500.
PETER J. FONTAINE	0.	0.	500.	1,000.	1,200.
RICHARD EALES	14,045.	0.	0.	0.	0.
RICHARD HOLT	0.	0.	0.	20,250.	20,550.
ROBERT BARKANIC	540.	0.	0.	0.	0.
SALLY O'BYRNE	0.	0.	0.	5,619.	5,639.
Total to Schedule A, Part III, Line 7a .....					

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
SARA NICHOLAS	0.	0.	1,000.	1,000.	1,650.
SCOTT WEIDENSAUL	1,200.	175.	1,350.	0.	0.
SOLOMON LAUSCH	1,375.	505.	100.	0.	0.
STEPHEN EDGE	7,200.	5,275.	3,000.	8,030.	5,000.
THOMAS KERR, III	325.	400.	325.	325.	625.
WENDY W. MCLEAN	10,250.	375.	10,342.	18,052.	10,468.
JACQUELYN BONOMO	0.	0.	0.	0.	350.
GEORGE CAUFFMAN	0.	0.	0.	0.	180.
DAVID MIDDLETON	0.	0.	0.	0.	10,000.
Total to Schedule A, Part III, Line 7a	228,687.	210,549.	94,363.	153,633.	128,236.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

Employer identification number

**HAWK MOUNTAIN SANCTUARY ASSOCIATION**

**23-1392700**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization

Employer identification number

**HAWK MOUNTAIN SANCTUARY ASSOCIATION**

**23-1392700**

**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
1		\$ 143,917.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 23,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 30,022.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>HAWK MOUNTAIN SANCTUARY ASSOCIATION</b>	Employer identification number <b>23-1392700</b>
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**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		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>HAWK MOUNTAIN SANCTUARY ASSOCIATION</b>	Employer identification number <b>23-1392700</b>
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**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
13	<hr/> <hr/> <hr/>	\$ <u>10,468.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>16,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>HAWK MOUNTAIN SANCTUARY ASSOCIATION</b>	Employer identification number <b>23-1392700</b>
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**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
19		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>HAWK MOUNTAIN SANCTUARY ASSOCIATION</b>	Employer identification number <b>23-1392700</b>
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**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
25	<hr/> <hr/> <hr/>	\$ <u>7,902.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ <u>6,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ <u>5,639.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>HAWK MOUNTAIN SANCTUARY ASSOCIATION</b>	Employer identification number <b>23-1392700</b>
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**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
31		\$ 13,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 20,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>HAWK MOUNTAIN SANCTUARY ASSOCIATION</b>	Employer identification number <b>23-1392700</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13	STOCK _____ _____ _____	\$ 10,468.	11/23/22
28	STOCK _____ _____ _____	\$ 5,214.	01/13/23
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>HAWK MOUNTAIN SANCTUARY ASSOCIATION</b>	Employer identification number <b>23-1392700</b>
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**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.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization

**HAWK MOUNTAIN SANCTUARY ASSOCIATION**

Employer identification number

**23-1392700**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ \_\_\_\_\_

b Assets included in Form 990, Part X \$ \_\_\_\_\_

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

Schedule D (Form 990) 2022

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,320,094.	16,801,413.	11,882,261.	10,262,585.	9,778,047.
b Contributions	443,751.	534,178.	499,996.	2,590,599.	472,297.
c Net investment earnings, gains, and losses	-969,936.	524,748.	4,883,934.	-530,644.	435,637.
d Grants or scholarships					
e Other expenditures for facilities and programs	-610,444.	540,245.	464,778.	440,279.	423,396.
f Administrative expenses					
g End of year balance	16,401,400.	17,320,094.	16,801,413.	11,882,261.	10,262,585.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 34.9500 %
  - b Permanent endowment 59.4000 %
  - c Term endowment 5.6500 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,622,399.		2,622,399.
b Buildings		7,032,148.	3,991,473.	3,040,675.
c Leasehold improvements				
d Equipment		1,795,723.	1,669,507.	126,216.
e Other		1,027,354.	251,802.	775,552.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,564,842.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

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

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,731,746.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,628,568.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-36,564.	
e	Add lines 2a through 2d	2e		-1,665,132.
3	Subtract line 2e from line 1	3		3,396,878.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-46,968.	
c	Add lines 4a and 4b	4c		-46,968.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		3,349,910.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,389,960.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	46,968.	
e	Add lines 2a through 2d	2e		46,968.
3	Subtract line 2e from line 1	3		3,342,992.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	36,564.	
c	Add lines 4a and 4b	4c		36,564.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		3,379,556.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE DIFFERENT ENDOWMENT FUNDS HELP TO FUND THE INTERN AND TRAINEE PROGRAM, LIBRARY, & ARCHIVES, AS WELL AS MAINTENANCE COSTS ASSOCIATED WITH THE ACOPIAN CENTER. ALL FUNDS ARE USED TOWARD EDUCATION AND GENERAL OPERATING EXPENSES.

**PART X, LINE 2:**

THE ASSOCIATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT HAS DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION

**Part XIII** Supplemental Information *(continued)*

THRESHOLD AS OF MARCH 31, 2023 AND 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES NETTED AGAINST REVENUE ON

FINANCIALS -36,564.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -46,968.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 46,968.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES NETTED AGAINST REVENUE ON

FINANCIALS 36,564.



SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization

HAWK MOUNTAIN SANCTUARY ASSOCIATION

Employer identification number

23-1392700

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BENEFIT FOR THE BIRDS (event type)	BIRDS & BREW (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	42,600.	20,935.	63,535.
	2	Less: Contributions	27,341.	10,195.	37,536.
	3	Gross income (line 1 minus line 2)	15,259.	10,740.	25,999.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	7,336.		7,336.
	6	Rent/facility costs			
	7	Food and beverages	15,259.	13,000.	28,259.
	8	Entertainment	500.	600.	1,100.
	9	Other direct expenses	4,841.	5,432.	10,273.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			46,968.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-20,969.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter name and address of the third party:
Name
Address

16 Gaming manager information:
Name
Gaming manager compensation \$
Description of services provided
 Director/officer  Employee  Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**HAWK MOUNTAIN SANCTUARY ASSOCIATION**

Employer identification number  
**23-1392700**

**Part I** General Information on Grants and Assistance

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AWARDS	17	59,388.	0.	N/A	N/A

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**  
**RECIPIENTS OF AWARDS NEED TO PROVIDE REPORTS OR LETTERS RESPONDING TO HOW THE AWARD WAS UTILIZED.**

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization

**HAWK MOUNTAIN SANCTUARY ASSOCIATION**

Employer identification number

**23-1392700**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel                     <input checked="" type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                     <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments                     <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                     <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</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</p>	<b>X</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	<b>X</b>	
<p><b>3</b> 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee                     <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                     <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Form 990 of other organizations                     <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>		<b>X</b>
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?</p>		<b>X</b>
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		<b>X</b>
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> 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:</p> <p><b>a</b> The organization?</p>		<b>X</b>
<p><b>b</b> Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		<b>X</b>
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p>		<b>X</b>
<p><b>b</b> Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		<b>X</b>
<p><b>7</b> 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</p>		<b>X</b>
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		<b>X</b>
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SEAN GRACE PRESIDENT	137,667.	0.	0.	4,130.	39,192.	180,989.	0.
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(i)							
(ii)							
(i)							
(ii)							

232112 10-18-22



**Part III** Supplemental Information

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

**PART I, LINE 1A:**

**THE PRESIDENT IS PROVIDED HOUSING AS PART OF HIS COMPENSATION. THE HOUSING IS PROVIDED ON THE PROPERTY OF THE ASSOCIATION AS A CONDITION OF HIS EMPLOYMENT. THE HOUSING IS PROVIDED FOR THE CONVENIENCE OF THE EMPLOYER AND IS NOT CONSIDERED TAXABLE INCOME TO THE PRESIDENT.**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

HAWK MOUNTAIN SANCTUARY ASSOCIATION

Employer identification number

23-1392700

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

THREE PH.D.-LEVEL SCIENTISTS. IN THE LAST DECADE, THE SANCTUARY HAS  
BEEN AT THE FOREFRONT OF GLOBALLY IMPORTANT SCIENTIFIC EFFORTS TO  
MONITOR RAPTOR POPULATIONS AND TO STUDY THE DYNAMICS OF RAPTOR  
MIGRATION AND ECOLOGY. ITS ACOPIAN CENTER FOR CONSERVATION LEARNING  
SERVES AS A HUB FOR GLOBAL RAPTOR INFORMATION, PROFESSIONAL TRAINING,  
AND STUDIES.

PROGRAMS AREAS:

1) NATURE DISCOVERY - WILDLIFE WATCHING, HIKING, ECO-TOURISM:

HAWK MOUNTAIN SANCTUARY IS A WORLD-CLASS OBSERVATION SITE FOR BIRDS OF  
PREY AND IS A FEDERALLY DESIGNATED NATIONAL NATURAL LANDMARK, AND MORE  
RECENTLY LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES FOR ITS  
LEGACY TO CONSERVATION AND ROLE OF WOMEN. THE ANNUAL AUTUMN SPECTACLE  
OF THOUSANDS OF WILD HAWKS, EAGLES AND FALCONS IN FLIGHT, COMBINED WITH  
ITS SCENIC MOUNTAIN VIEWS, APPEAL TO A WIDE AUDIENCE. EACH YEAR HAWK  
MOUNTAIN HOSTS AN AVERAGE 70,000 VISITORS. FREE NATURE INTERPRETATION  
IS PRACTICED AT ITS LOOKOUTS DURING SPRING AND FALL MIGRATION. THE  
SANCTUARY VISITOR CENTER, WHICH IS OPEN DAILY AND FREE TO THE PUBLIC,  
HOUSES A MUSEUM ON BIRDS OF PREY AND NATURE BOOKSTORE. A "WINGS OF  
WONDER" GALLERY FEATURES 19 HAND-CARVED AND PAINTED, LIFE-SIZE MODELS  
OF RAPTORS IN FLIGHT. TRAILS ARE OPEN DAWN TO DUSK YEAR-ROUND. IN 2020  
THE SANCTUARY OPENED A FULLY ACCESSIBLE AMPHITHEATER FEATURING  
UNIVERSAL ACCESSIBILITY, COVERED STAGE WITH LIGHTING AND GENEROUS

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

Schedule O (Form 990) 2022

Name of the organization

HAWK MOUNTAIN SANCTUARY ASSOCIATION

Employer identification number

23-1392700

SEATING, A PORTION OF WHICH IS COVERED. THIS FACILITY ALLOWED FOR SOCIALLY-DISTANCED PROGRAMMING DURING THE COVID PANDEMIC AND RECOVERY PERIODS AND ALSO INCLUDES AN ACCESSIBLE TRAIL THAT LINKS THE FACILITY TO THE VISITOR CENTER AND ON TO SOUTH LOOKOUT. EIGHT MILES OF TRAILS ARE MAINTAINED YEAR-ROUND LEADING TO SCIENC OVERLOOKS AND THREE RAPTOR VIEWING AREAS. IN 2020, THE SANCTUARY COMPLETED MAJOR UPGRADES TO ITS BACK-COUNTRY GOLDEN EAGLE TRAIL TO IMPROVE VISITOR SAFETY AND BETTER PROTECT THE FOREST BY INSTALLING WATER RETENSION BASINS, PLANTING NATIVE PLANT AND TREE SPECIES, AND ADDING SWITCHBACKS TO REDUCE STORM WATER RUNOFF AND EROSION. IN 2021, IT CONSTRUCTED A SPUR TRAIL TO THE EAST ROCKS OVERLOOK TO BETTER PROTECT SENSITIVE HABITAT. FOR ITS OUTSTANDING AND MODEL WORK PRACTICES, A PENNSYLVANIA DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES FORESTOR NOMINATED THE STEWARDSHIP DEPARTMENT WHICH RECEIVED AN AWARD FOR ITS EXCEPTIONAL PRACTICES IN FOREST, TRAIL, AND FACILITIES MANAGEMENT.

A STRATEGIC PLANNING PROCESS WAS COMPLETED AND OUTLINES TOP GOALS FOR THE ORGANIZATION AS WELL AS A FULL OPERATIONAL PLAN WITH A STRONG FOCUS ON INCLUSION, DIVERSITY, EQUITY, AND ACCESSIBILITY (I.D.E.A.). EACH DEPARTMENT WORKS TO ADVANCE IDEA GOALS AND REPORTS TO THE BOARD AT THREE ANNUAL MEETINGS. AN IDEA FUND WAS ESTABLISHED TO DEVOTE DEDICATED FINANCIAL RESOURCES TO THIS WORK, WHICH IS ONGOING AND IMMersed THROUGHOUT ALL PROGRAM AREAS.

2) CONSERVATION EDUCATION - SCHOOL AND GROUP PROGRAMS, PUBLIC PROGRAMMING, LIFE-LONG LEARNING:

PER ITS MISSION, BIRDS OF PREY ARE THE PRIMARY FOCUS FOR LEARNING IN

Name of the organization

HAWK MOUNTAIN SANCTUARY ASSOCIATION

Employer identification number

23-1392700

HAWK MOUNTAIN EDUCATION PROGRAM. APPALACHIAN FOREST ECOLOGY IS INCORPORATED AS MUCH AS POSSIBLE, ESPECIALLY BY USING OUTSIDE EXPERTS AND BY ENCOURAGING SPONTANEOUS DISCOVERY BASED ON THE CHANGING SEASONS.

ENVIRONMENTAL EDUCATION PROGRAMS RANGE FROM PRE-SCHOOL TO COLLEGE LEVEL. AN EXTENSIVE ON-SITE EDUCATION PROGRAM INCLUDES MORE THAN 500 FREE INTERPRETIVE PROGRAMS FOR THE GENERAL PUBLIC, UP TO A DOZEN SPECIAL-FOCUS WORKSHOPS FOR NOMINAL FEES, AND FOUR FULLY ACCREDITED COLLEGE-LEVEL COURSES THROUGH CEDAR CREST COLLEGE. TYPES OF PROGRAMS INCLUDE PUBLIC PROGRAMS, TEACHER WORKSHOPS, COLLEGE COURSES, AND THREE-MONTH RESIDENTIAL TRAINEESHIPS. IN 2020, THE SANCTUARY LAUNCHED AN AMBITIOUS AND ONGOING PLATFORM OF VIRTUAL PROGRAMMING, REACHING MORE THAN 10,000 INDIVIDUALS LOCAL TO GLOBAL. IN 2021 IT LAUNCHED EIGHT WEEKS OF NATURE DAY CAMP WITH TWO AGE SESSIONS PER WEEK FOR A TOTAL OF 16 SESSIONS, ALL OF WHICH SOLD OUT. AN IDEA SCHOLARSHIP FOR NATURE DAY CAMP REMOVES BARRIERS FOR YOUNG PEOPLE WHO MAY OTHERWISE MAY NOT BE ABLE TO PARTICIPATE.

ALL EDUCATION PROGRAMS ARE DESIGNED TO (1) BE SCIENCE AND INQUIRY-BASED, (2) OFFER CONTENT AND SKILLS TO EMPOWER VISITORS TO OBSERVE AND LEARN ABOUT NATURE AFTER THEIR VISIT, AND (3) PROVIDE MEANINGFUL, SITE-SPECIFIC CONTENT THAT RESONATES WITH PEOPLE OF ALL AGES. A NEW FOCUS ON COLLABORATION WITH OTHER CONSERVATION PARTNERS TO PROVIDE PROGRAMS HAS HELPED TO EXPAND PROGRAM OPTIONS TO REACH NEW AUDIENCES AND ALSO TO GENERATE REVENUE THROUGH EARNED INCOME THAT CAN MAKE EDUCATION SUSTAINABLE OVER THE LONG-TERM.

FACILITIES INCLUDE THE FULLY WIRED AND ADA-ACCESSIBLE EDUCATION

Name of the organization

HAWK MOUNTAIN SANCTUARY ASSOCIATION

Employer identification number

23-1392700

BUILDING, THE "WINGS OF WONDER GALLERY" IN THE VISITOR CENTER FOR PUBLIC LECTURES AND OTHER PROGRAMS, THE NEWLY UPGRADED, EXPANDED AND ACCESSIBLE AMPHITHEATER, AND "LAURELWOOD NICHE," ANOTHER ACCESSIBLE OUTDOOR LEARNING SPACE. SANCTUARY TRAILS LEAD TO EIGHT SCENIC LOOKOUTS THAT PROVIDE A BACKDROP FOR MOST EDUCATION EXPERIENCES AT HAWK MOUNTAIN. DURING AUTUMN, UP TO A DOZEN PERSONNEL SPOT BIRDS AND INTERPRET THE MIGRATION FOR VISITORS AT TWO PRIMARY LOOKOUTS.

HAWK MOUNTAIN ALSO SEEKS TO EXPORT ITS RAPTOR EDUCATION MATERIALS, INCLUDING A DOZEN BOOKLETS, FLYERS AND BOOKS AS WELL AS A WIDE RANGE OF MATERIALS, CURRICULA, LEARNING ACTIVITIES, AND CLASSROOM POSTERS, MOST PROVIDED FREE VIA ITS WEBSITE AND IN BOTH ENGLISH AND SPANISH.

INSTRUCTIONAL MATERIALS INCLUDE A 92-PAGE TEACHER GUIDE WITH ANNUAL LESSON PLAN UPDATES BASED ON NATIONAL SCIENCE EDUCATION STANDARDS, SEVERAL DOWNLOADABLE POWERPOINT'S FOR CLASSROOM USE, AND NUMEROUS ONLINE RESOURCES ON RAPTORS AVAILABLE FOR DOWNLOAD, ALSO AT NO COST.

SEVERAL DOZEN VIRTUAL PROGRAMS COVERING A WIDE RANGE OF TOPICS ARE AVAILABLE TO VIEW AT NO COST VIA THE HAWK MOUNTAIN YOUTUBE CHANNEL. AN EDUCATION INTERNSHIP PROGRAM WAS LAUNCHED IN 2015 AND HAWK MOUNTAIN IS WORKING TOWARD BUILDING RELATIONSHIPS WITH MASTERS-LEVEL STUDENTS STUDYING ADVANCED DEGREES IN ENVIRONMENTAL EDUCATION. IN 2016, THE SANCTUARY LAUNCHED A DISTANCE LEARNING PROGRAM THAT REACHED SEVEN COUNTIES AND FOUR STATES (MINNESOTA, NEW JERSEY, AND NEW YORK).

TRANSPORTABLE RAPTOR TRUNKS WERE CREATED AND SHIPPED FOR EACH DISTANCE LEARNING PROGRAM AND STAFF MENTORED FORMER TRAINEES IN ENGLAND, THE GHANA, ZIMBABWE, MEXICO, AND SOUTH AFRICA TO DEVELOP AND IMPLEMENT THIS PROGRAM TAILORED TO EACH LOCATION AND AUDIENCE. THIS YEAR HAWK MOUNTAIN PILOTED A 9-MONTH-LONG SENIOR EDUCATION INTERNSHIP THAT IS RESIDENCE

Name of the organization

HAWK MOUNTAIN SANCTUARY ASSOCIATION

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23-1392700

AND SO OFFERS A TRULY IMMERSIVE EXPERIENCE TO BOOST EXPERIENCE FOR THE INTERN AS WELL AS CAPACITY FOR THE DEPARTMENT. A NEW BARN OWL, SCREECH OWL, AND AMERICAN KESTREL WERE ADDED TO THE LIVE RAPTOR COLLECTION IN 2021 ALONG WITH A PERMIT FOR AMPHIBIANS, AND THIS YEAR, A PERMIT FOR A NON RELEASABLE BALD EAGLE WAS SECURED.

3) CONSERVATION SCIENCE - LOCAL TO INTERNATIONAL RESEARCH, INFORMATION EXCHANGE AND MENTORING, PROFESSIONAL TRAINING AND SCIENTIFIC STUDY, ANALYSIS AND PUBLICATION:

THE FOUR-MEMBER CONSERVATION SCIENCE TEAM AT HAWK MOUNTAIN INCLUDES THREE PH.D.-LEVEL SCIENTISTS AND IS LED BY SARKIS ACOPIAN DIRECTOR OF CONSERVATION SCIENCE DR. LAURIE GOODRICH WINNER OF THE WOMEN IN CONSERVATION LIFETIME ACHIEVEMENT AWARD FROM PENNFUTURE ALONG WITH MANY OTHER ACCOLADES. THE PROGRAM FOCUSES ON DETERMINING RAPTOR POPULATION TRENDS AND UNDERLYING CAUSES AND GAINING NEW INSIGHT INTO THE PROCESS AND PATTERNS OF RAPTOR MOVEMENT ECOLOGY.

PROFESSIONAL STAFF RECORD AND MAINTAIN COUNTS OF MIGRATING RAPTORS ONSITE EACH AUTUMN, CONDUCT PUBLIC-EDUCATION PROGRAMS, OVERSEE PROFESSIONAL TRAINING, AND CONDUCT AND ANALYZE COUNTS OF BOTH SPRING AND AUTUMN MIGRANTS. THE SANCTUARY'S LONG-TERM (1934-PRESENT) DATABASE OF AUTUMN COUNTS SERVES AS A CRITICAL INDICATOR OF THE CONSERVATION STATUS OF RAPTOR POPULATIONS IN NORTHEASTERN NORTH AMERICA. THE DATASET REPRESENTS THE LONGEST AND MOST DETAILED RECORD OF RAPTOR POPULATIONS IN THE WORLD AND IS PROVIDED TO THE GENERAL PUBLIC AS WELL AS TO SCIENTISTS FOR LEARNING, GENERAL INTEREST OR ANALYSIS. INDEPENDENT RESEARCH INCLUDES LONG-TERM STUDIES OF NEW WORLD VULTURES, AMERICAN

Name of the organization

HAWK MOUNTAIN SANCTUARY ASSOCIATION

Employer identification number

23-1392700

KESTRELS IN PENNSYLVANIA, THE ENDANGERED HOODED VULTURE IN AFRICA,  
 BROAD-WINGED HAWK MIGRATION ECOLOGY, ARCTIC RAPTORS, STRIATED CARACARAS  
 IN THE FALKLAND ISLANDS, PENNSYLVANIA FARMLAND RAPTORS, AND THE  
 NORTHERN GOSHAWK

FORM 990, PART III, LINE 4A CONT'D:

3) CONSERVATION SCIENCE - LOCAL TO INTERNATIONAL RESEARCH, INFORMATION  
 EXCHANGE AND MENTORING, PROFESSIONAL TRAINING AND SCIENTIFIC STUDY,  
 ANALYSIS AND PUBLICATION:

THE FIVE-MEMBER CONSERVATION SCIENCE TEAM AT HAWK MOUNTAIN INCLUDES  
 THREE PH.D.-LEVEL SCIENTISTS AND IS LED BY SARKIS ACOPIAN DIRECTOR OF  
 CONSERVATION SCIENCE DR. LAURIE GOODRICH, WINNER OF THE PRESTIGIOUS  
 WOMEN IN CONSERVATION LIFETIME ACHIEVEMENT AWARD. THE CONSERVATION  
 SCIENCE PROGRAM FOCUSES ON DETERMINING RAPTOR POPULATION TRENDS AND  
 UNDERLYING CAUSES AND GAINING NEW INSIGHT INTO THE PROCESS AND PATTERNS  
 OF RAPTOR MOVEMENT ECOLOGY.

PROFESSIONAL STAFF RECORD AND MAINTAIN COUNTS OF MIGRATING RAPTORS  
 ONSITE EACH AUTUMN, CONDUCT PUBLIC-EDUCATION PROGRAMS, OVERSEE  
 PROFESSIONAL TRAINING, AND CONDUCT AND ANALYZE COUNTS OF BOTH SPRING  
 AND AUTUMN MIGRANTS ALONG WITH OTHER WILDLIFE AND BIRD SURVEYS. THE  
 SANCTUARY'S LONG-TERM (1934-PRESENT) DATABASE OF AUTUMN COUNTS SERVES  
 AS A CRITICAL INDICATOR OF THE CONSERVATION STATUS OF RAPTOR  
 POPULATIONS IN NORTHEASTERN NORTH AMERICA. THE DATASET REPRESENTS THE  
 LONGEST AND MOST DETAILED RECORD OF RAPTOR POPULATIONS IN THE WORLD AND  
 IS PROVIDED TO THE GENERAL PUBLIC AS WELL AS TO SCIENTISTS FOR  
 LEARNING, GENERAL INTEREST OR ANALYSIS. INDEPENDENT RESEARCH INCLUDES  
 LONG-TERM STUDIES OF NEW WORLD VULTURES, AMERICAN KESTRELS IN

Name of the organization

HAWK MOUNTAIN SANCTUARY ASSOCIATION

Employer identification number

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PENNSYLVANIA, THE ENDANGERED HOODED VULTURE IN AFRICA, BROAD-WINGED HAWK MIGRATION ECOLOGY, ARCTIC RAPTORS, STRIATED CARACARAS IN THE FALKLAND ISLANDS, PENNSYLVANIA FARMLAND RAPTORS, AND THE NORTHERN GOSHAWK. IN ALL RESEARCH, TELEMETRY TRACKING HAS TAKEN PRECEDENCE AND THE DATABASE OF TELEMETRY DATA-POINTS NOW FAR EXCEEDS THE LONG-TERM MIGRATION COUNT. A GROWING GRADUATE STUDENT PROGRAM FURTHER EXTENDS THE REACH OF THE SANCTUARY BY WORKING WITH YOUNG SCIENTISTS CONDUCTING INDEPENDENT RESEARCH. IN 2020, THE TEAM LAUNCHED THE FIRST COLLABORATIVE AND INTERNATIONAL STUDY TO PINPOINT THE CAUSE FOR AMERICAN KESTREL DECLINES IN THE EASTERN UNITED STATES AND IS NOW PURSING AN ENDOWMENT TO SECURE ANNUAL FUNDS FOR DEDICATED GRADUATE STUDENTS, POST-DOCS AND EARLY-CAREER SCIENTISTS TO HELP ADVANCE THE SANCTUARY'S AMBITIOUS RESEARCH GOALS. THE KESTREL STUDY IN 2021 EXPANDED TO INCLUDE 60 COLLABORATORS, FOUR MAJOR UNIVERSITYS, AND TWO GRADUATE STUDENTS. THE SANCTUARY SUPPORTED MORE THAN A DOZEN YOUNG PEOPLE TO HELP ADVANCE THEIR CAREERS THROUGH SEED GRANTS SPONSORED BY THE BEN OLEWINE PROJECT SOAR AWARDS, MENTORED A DOZEN GRADUATE STUDENTS, AND PUBLISHED A SPANISH-LANGUAGE AND POCKET-SIZED RAPTOR FLIGHT GUIDE FOR MIGRATORY RAPTORS OF MESOAMERICA. THE TEAM ALSO MENTORED AND RAISED FUNDS TO REJUVENATE A COUNT SITE IN KEKOLDI COSTA RICA, WHERE MORE THAN 2 MILLION RAPTORS WERE TALLIED, FOLLOWING SCIENTIFIC PROTOCOLS. A MAJOR GOAL OF THIS PROJECT WAS TO WORK ON SUSTAINABILITY PLANNING AND SECURING FUNDS FOR ONGOING COUNTS, AND WITH LOCAL NON-PROFIT OVERSIGHT. THE FLEDGLING SITES IN COLOMBIA, LAUNCHED BY FORMER TRAINEE ESTHER VALEJO, IS NOW IN ITS THIRD YEAR AND CONTINUES TO EXPAND, PARTICULARLY IN ITS EDUCATIONAL OUTREACH.

CONSERVATION SCIENCE FACILITIES INCLUDE THE HAWK MOUNTAIN ACOPIAN



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CENTER FOR CONSERVATION LEARNING CENTER, A THREE-BUILDING COMPLEX WITH TWO RESIDENCES AND A RESEARCH CENTER THAT HOUSES OFFICE, LAB AND WORK SPACE ALONG WITH A LIBRARY THAT SERVES AS A GLOBAL INFORMATION CENTER FOR RAPTOR MIGRATION SCIENCE. THE ACOPIAN CENTER LIBRARY IS A WORLD-CLASS RESOURCE BOASTING 3,500-VOLUMES AND 168 SCIENTIFIC JOURNALS. THE LIBRARY IS OPEN BY APPOINTMENT AT NO COST TO ANYONE WITH AN INTEREST IN STUDYING RAPTORS OR CONDUCTING RESEARCH ON CONSERVATION ISSUES.

4) INCLUSION, DIVERSITY, EQUITY AND ACCESSIBILITY (I.D.E.A.):

HAWK MOUNTAIN IS COMMITTED TO INCREASING ACCESSIBILITY FOR ALL AND OFFERS AT NO EXTRA CHARGE AN ALL-TERRAIN WHEELCHAIR FOR VISITOR USE. UPON REQUEST, STAFF OR VOLUNTEERS WILL TRANSPORT TO THE CLOSEST OVERLOOK, ALSO AT NO COST, VISITORS WITH LIMITED MOBILITY VIA A LOW-IMPACT GOLF CART. A FULLY ACCESSIBLE TRAIL CONNECTS PEOPLE TO THE NEAREST SCENIC OVERLOOK OPENED IN 2015, FURTHER EXPANDING THE SANCTUARY'S AUDIENCE. THIS OVERLOOK INCLUDES AN ACCESSIBLE BUT NATURAL VIEWING PLATFORM. THE PATHWAY INCLUDES BENCH SEATING ALONG THE WAY OFFERING MULTIPLE POINTS FOR REST. HAWK MOUNTAIN'S EDUCATION BUILDING AND ACOPIAN CENTER FOR CONSERVATION LEARNING ARE BOTH FULLY ACCESSIBLE, AS IS ITS NEWLY OPENED AMPHITHEATER. A PROJECT TO PLAN UPGRADES TO THE SANCTUARY VISITOR CENTER IS UNDERWAY AND WITH AN EYE ON ACCESSIBILITY, DIVERISTY, EQUITY AND INCLUSION.

IN 2020, THE HAWK MOUNTAIN BOARD OF DIRECTORS APPROVED A DIVERSITY, EQUITY, AND INCLUSION STATEMENT, HOSTED TWO SESSIONS OF DE&I TRAINING FOR ITS FULL BOARD AND SENIOR STAFF, AND INCORPRATED GOALS INTO ITS STRATEGIC PLAN. THE HAWK MOUNTAIN WEBSITE INCLUDES AN ACCESSIBILITY

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WIDGET TO BETTER SERVE ONLINE USES WITH VISION IMPAIRMENT. AN IDEA TAB ON EVERY PAGE OF ITS WEBSITE IS POPULATED WITH INFORMATION AND CONTINUES TO GROW. BRAILLE BOOKLETS WITH INFORMATION ON THE SANCTUARY'S NATIVE PLANT GARDEN AND OTHER ACCESSIBLE AREAS ARE NOW AVAILABLE AT NO COST TO VISITORS WITH VISUAL IMPAIRMENTS.

IN 2020, HAWK MOUNTAIN INCREASED ITS BOARD DIVERISTY ADDING A BLACK FEMALE BIOLOGIST/PROFESSOR, A MEXCIAN MALE ORINITHOLOGIST, AND A COLOMBIAN FEMALE RAPTOR EDUCATOR TO BETTER REFLECT THE SANCTUARY'S NATIONAL AND INTERNATIONAL REACH. A GIFT TO LAUNCH AN IDEA FUND WILL ALLOW STAFF TO REMOVE BARRIERS AND INCREASE EQUITY IN THE OUTDOORS AND CONTINUE DISCUSSION AND EDUCATION IN THIS IMPORTANT TOPIC. THE SENIOR STAFF MEETING QUARTERLY TO REVIEW WAYS TO ADVANCE 'IDEA' GOALS AND TO SHARE SUCCESS STORIES AND/OR CHALLENGES.

HAWK MOUNTAIN'S INTERNATIONAL TRAINING PROGRAM HAS REACHED 465 INDIVIDUALS FROM 75 COUNTRIES, PROVIDING VISITORS THE CHANCE TO MEET PEOPLE FROM MANY DIFFERENT CULTURES AND BACKGROUNDS DURING THE COURSE OF A VISIT. OF ITS GRADUATES, 46 PERCENT ARE INTERNATIONAL, 53 FROM THE UNITED STATES, AND 25 PERCENT ARE FROM PENNSYLVANIA, WITH 60 PERCENT OF GRADUATES BEING FEMALE, THUS INCREASING THE NUMBER OF WOMEN IN SCIENCE, LOCAL TO GLOBAL.

NEW PROJECTS OR PROGRAMS INCLUDE:

- SUMMER NATURE DAY CAMP
- RAPTOR FIELD TECHNIQUES COURSE
- FULLY IMMERSIVE APPALACHIAN ECOLOGY COURSE FOR TEENAGERS
- SPANISH-LANGUAGE RAPTOR LIGHT GUIDE FOR CENTRAL AND NORTHERN SOUTH

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- COSTA RICA 'COMEBACK' MIGRATION COUNT
- CONSERVE THE CORRIDOR INITIATIVE
- ESTABLISHING, EXPANDING, AND MARKETING AN INCLUSION, DIVERSITY, EQUITY AND ACCESSIBILITY (IDEA) FUND.

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

BOARD MEMBERS DEBORAH AND STEPHEN EDGE ARE SIBLINGS.

## FORM 990, PART VI, SECTION A, LINE 6:

THE ASSOCIATION'S BYLAWS CREATE 2 CATEGORIES OF MEMBERS :

- VOTING MEMBERS (WHO ARE THE BOARD OF DIRECTORS)
- ASSOCIATE MEMBERS (WHO ARE PUBLIC, DUES-PAYING MEMBERS OF THE SANCTUARY ASSOCIATION).
- ASSOCIATE MEMBERS HAVE NO ROLE IN GOVERNANCE.

## FORM 990, PART VI, SECTION B, LINE 11B:

THE BUSINESS MANAGER, PRESIDENT, AND EXECUTIVE COMMITTEE PERFORM AN INITIAL REVIEW OF THE FORM 990. THE ENTIRE BOARD IS THEN GIVEN THE OPPORTUNITY TO REVIEW THE FORM 990 BEFORE THE RETURN IS FILED WITH THE IRS.

## FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS, OFFICERS, AND KEY EMPLOYEES COMPLETE AN ANNUAL QUESTIONNAIRE. THE CONFLICT OF INTEREST POLICY IS CONSISTENTLY MONITORED BY THE EXECUTIVE COMMITTEE. FAMILY AND BUSINESS RELATIONSHIPS ARE MENTIONED IN THE CONFLICT OF INTEREST POLICY AS SOURCES OF POTENTIAL CONFLICTS. CONFLICTED INDIVIDUALS RECUSE THEMSELVES FROM ANY DECISION-MAKING INVOLVING THE CONFLICT.

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

THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE PRESIDENT BY, AMONG OTHER THINGS, REVIEWING COMPARABLE POSITIONS AT SIMILAR NON-PROFIT ORGANIZATIONS, WITH A FOCUS ON CONSERVATION ORGANIZATIONS, TO ENSURE COMPENSATION IS WITHIN FAIR MARKET RANGE FOR THE INDUSTRY.

THE COMPENSATION REVIEW PROCESS FOR TOP OFFICIALS IS DETERMINED SUBSEQUENT TO THE DETERMINATION OF THE OVERALL ANNUAL FISCAL BUDGET. THE PRESIDENT ESTABLISHES THE OVERALL ANNUAL BUDGET, AND COMPENSATION ADJUSTMENTS ARE THEN DETERMINED BASED ON THE OVERALL BUDGET WITH SPECIFIC SALARIES SET BY THE PRESIDENT. THE BUDGET, WHICH INCLUDES SALARIES, IS APPROVED BY THE BOARD.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

## FORM 990, PART IX, LINE 11G, OTHER FEES:

## OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	295,324.
MANAGEMENT AND GENERAL EXPENSES	-2,038.
FUNDRAISING EXPENSES	56,536.
TOTAL EXPENSES	349,822.

## PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	4,619.

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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 4,619.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 354,441.

