

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning APR 1, 2023, and ending MAR 31, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to 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>6,763,197.</u>
2a	Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here		b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here		b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here		b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here		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) _____, (EIN) _____ and that I have examined a copy of the 2023 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 ADVISORY GROUP, LP to enter my PIN 19529
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 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 2023 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

Sean Grace

Date 1/07/2025

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 2023 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 JEFFREY J. SPENGLER, CPA Date 01/06/25

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

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

Form **8879-TE** (2023)

LHA 302521 01-05-24

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)

2023

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning APR 1, 2023 and ending MAR 31, 2024

B Check if applicable: C Name of organization HAWK MOUNTAIN SANCTUARY ASSOCIATION D Employer identification number 23-1392700 E Telephone number (610) 756-6961 G Gross receipts \$ 9,658,872. H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) J Website: WWW.HAWKMOUNTAIN.ORG K Form of organization: X Corporation L Year of formation: 1938 M State of legal domicile: PA

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and asset/liability totals.

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.

Sign Here: Signature of officer SEAN GRACE, PRESIDENT. Date 1/07/2025.

Paid Preparer Use Only: Print/Type preparer's name JEFFREY J. SPENGLER, CPA. Firm's name BAKER TILLY ADVISORY GROUP, LP. Firm's address 20 STANWIX STREET PITTSBURGH, PA 15222.

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? [X] Yes [] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,691,416. including grants of \$ 53,422.) (Revenue \$ 822,735.)

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 FOUNDING 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.

CONTINUED ON SCHEDULE O.

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 2,691,416.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Table with 3 columns: Question ID, Yes, No. Rows 1a, 1b, 1c detailing IRS filing and tax compliance information.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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 23		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 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 0.00			X			144,200.	0.	49,446.	
(2) LAURIE GOODRICH DIRECTOR OF CONSERVATION SCIENCE	40.00 0.00				X		114,618.	0.	25,915.	
(3) THOMAS KERR, III CHAIR	1.00 0.00	X		X			0.	0.	0.	
(4) DAVID BONENBERGER VICE CHAIR	1.00 0.00	X		X			0.	0.	0.	
(5) WENDY W. MCLEAN, ESQ. SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(6) EDWIN BALDRIGE TREASURER	1.00 0.00	X		X			0.	0.	0.	
(7) PETER BENNETT DIRECTOR	1.00 0.00	X					0.	0.	0.	
(8) JACQUELYN BONOMO DIRECTOR	1.00 0.00	X					0.	0.	0.	
(9) ANA MARIA CASTANO RIVAS DIRECTOR	1.00 0.00	X					0.	0.	0.	
(10) GEORGE CAUFFMAN DIRECTOR	1.00 0.00	X					0.	0.	0.	
(11) DEBORAH EDGE, M.D. DIRECTOR	1.00 0.00	X					0.	0.	0.	
(12) STEPHEN EDGE, M.D. DIRECTOR	1.00 0.00	X					0.	0.	0.	
(13) JEFF GOLDENBERG DIRECTOR	1.00 0.00	X					0.	0.	0.	
(14) RICHARD HOLT DIRECTOR	1.00 0.00	X					0.	0.	0.	
(15) ELIZABETH HUCKER DIRECTOR	1.00 0.00	X					0.	0.	0.	
(16) DIANE HUSIC, PH.D. DIRECTOR	1.00 0.00	X					0.	0.	0.	
(17) NASREEN KARA DIRECTOR	1.00 0.00	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) JAMES LEFIK DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) HOLLY MERKER DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) DAVID MIDDLETON DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) SARA NICHOLAS DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) SARA O'BYRNE DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) DANIEL RUBENSTEIN, PH.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) ERNESTO RUELAS INZUNZA DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) SCOTT WEIDENSAUL COMMITTEE MEMBER (NON-VOTING)	1.00 0.00	X						0.	0.	0.
(26) JEFFREY WEIL, ESQ. DIRECTOR (NON-VOTING)	1.00 0.00	X						0.	0.	0.
1b Subtotal								258,818.	0.	75,361.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								258,818.	0.	75,361.

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 2

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for MINTURN T. WRIGHT, ESQ., PETER J. FONTAINE, and KENNETH HAWKINSON, PH.D.

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	60,351.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,965,920.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 71,603.				
	h Total. Add lines 1a-1f			4,026,271.			
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code					
		900099	395,585.	395,585.			
	b ADMISSIONS	900099	301,386.	301,386.			
	c EDUCATION FEES	900099	125,764.	125,764.			
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			822,735.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		534,040.			534,040.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(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	7a	(i) Securities	3,658,216.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	2,713,375.				
	c Gain or (loss)	7c	944,841.				
	d Net gain or (loss)			944,841.		944,841.	
8 a Gross income from fundraising events (not including \$ 60,351. of contributions reported on line 1c). See Part IV, line 18	8a		13,234.				
			63,464.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-50,230.		-50,230.		
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		226,401.				
			118,836.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			107,565.		107,565.		
Miscellaneous Revenue	11 a SALE OF CARBON CREDITS	Business Code					
		900099	349,012.			349,012.	
	b OTHER REVENUE	900099	28,963.			28,963.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			377,975.				
12 Total revenue. See instructions			6,763,197.	822,735.	0.	1914191.	

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	53,422.	53,422.		
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	159,829.	159,829.		
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	1,370,591.	1,129,905.	26,716.	213,970.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,991.	9,296.	6,424.	2,271.
9 Other employee benefits	204,658.	136,798.	28,405.	39,455.
10 Payroll taxes	114,801.	83,549.	17,776.	13,476.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	47,461.		47,461.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	40,696.		40,696.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	194,001.	129,319.	6,130.	58,552.
12 Advertising and promotion	15,847.	6,523.	6,378.	2,946.
13 Office expenses	190,587.	178,724.	11,591.	272.
14 Information technology	99,944.	78,280.		21,664.
15 Royalties				
16 Occupancy	110,533.	106,291.		4,242.
17 Travel	125,328.	119,199.	4,513.	1,616.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,070.	1,026.		44.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	263,581.	234,816.	16,177.	12,588.
23 Insurance	121,201.	121,201.		
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 REPAIRS AND MAINTENANCE	61,376.	61,376.		
b EQUIPMENT	50,056.	44,788.	5,268.	
c HOSPITALITY	24,991.	15,398.	684.	8,909.
d AMUSEMENT TAX	15,052.	15,052.		
e All other expenses	10,271.	6,624.	247.	3,400.
25 Total functional expenses. Add lines 1 through 24e	3,293,287.	2,691,416.	218,466.	383,405.
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 958-720)				

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
Assets	1 Cash - non-interest-bearing	638,697.	1	649,405.
	2 Savings and temporary cash investments	850,576.	2	573,273.
	3 Pledges and grants receivable, net		3	907,593.
	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	118,976.	8	112,991.
	9 Prepaid expenses and deferred charges	124,264.	9	97,566.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,535,162.		
	b Less: accumulated depreciation	10b 6,176,363.		
	11 Investments - publicly traded securities	6,564,842.	10c	6,358,799.
	12 Investments - other securities. See Part IV, line 11	15,940,232.	11	17,527,021.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	344,297.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	24,581,884.	15	2,935,807.	
		16	29,162,455.	
Liabilities	17 Accounts payable and accrued expenses	65,038.	17	60,241.
	18 Grants payable		18	
	19 Deferred revenue	374,131.	19	422,150.
	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 Total liabilities. Add lines 17 through 25	439,169.	26	482,391.
Net Assets or Fund Balances	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	12,548,300.	27	13,581,367.
	28 Net assets with donor restrictions	11,594,415.	28	15,098,697.
	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 Total net assets or fund balances	24,142,715.	32	28,680,064.
	33 Total liabilities and net assets/fund balances	24,581,884.	33	29,162,455.

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	6,763,197.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,293,287.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,469,910.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,142,715.
5	Net unrealized gains (losses) on investments	5	1,067,439.
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	28,680,064.

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 _____		

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **HAWK MOUNTAIN SANCTUARY ASSOCIATION** Employer identification number **23-1392700**

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		
Total						

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4090672.	2320862.	1833882.	1513404.	4026271.	13785091.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1155841.	887,498.	793,631.	975,941.	822,735.	4635646.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	5246513.	3208360.	2627513.	2489345.	4849006.	18420737.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	210,549.	94,363.	153,633.	128,236.	203,827.	790,608.
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.
c Add lines 7a and 7b	210,549.	94,363.	153,633.	128,236.	203,827.	790,608.
8 Public support. (Subtract line 7c from line 6.)						17630129.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	5246513.	3208360.	2627513.	2489345.	4849006.	18420737.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	382,261.	432,908.	670,392.	441,560.	534,040.	2461161.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	382,261.	432,908.	670,392.	441,560.	534,040.	2461161.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	345,465.	411,084.	325,454.	341,866.	498,774.	1922643.
13 Total support. (Add lines 9, 10c, 11, and 12.)	5974239.	4052352.	3623359.	3272771.	5881820.	22804541.

14 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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	77.31 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	76.61 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	10.79 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	11.52 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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	Distributable Amount. 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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

OTHER REVENUE

2019 AMOUNT: \$ 12,743.

2021 AMOUNT: \$ 2,624.

2022 AMOUNT: \$ 27,662.

2023 AMOUNT: \$ 28,963.

SALE OF CARBON CREDITS

2019 AMOUNT: \$ 247,439.

2020 AMOUNT: \$ 370,459.

2021 AMOUNT: \$ 208,832.

2022 AMOUNT: \$ 177,246.

2023 AMOUNT: \$ 349,012.

SALES OF INVENTORY, NET

2019 AMOUNT: \$ 81,195.

2020 AMOUNT: \$ 35,580.

2021 AMOUNT: \$ 110,106.

2022 AMOUNT: \$ 110,959.

2023 AMOUNT: \$ 107,565.

GAMING/EVENT REVENUE

2019 AMOUNT: \$ 4,088.

2020 AMOUNT: \$ 5,045.

2021 AMOUNT: \$ 3,892.

2022 AMOUNT: \$ 25,999.

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.)

2023 AMOUNT: \$ 13,234.

Multiple horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

HAWK MOUNTAIN SANCTUARY ASSOCIATION

Employer identification number

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).

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

Schedule B (Form 990) (2023)

Name of organization HAWK MOUNTAIN SANCTUARY ASSOCIATION	Employer identification number 23-1392700
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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
1	<hr/> <hr/> <hr/>	\$ <u>621,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>417,623.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>279,468.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>274,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>210,312.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>104,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAWK MOUNTAIN SANCTUARY ASSOCIATION	Employer identification number 23-1392700
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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	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>50,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>48,510.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>44,324.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>41,550.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAWK MOUNTAIN SANCTUARY ASSOCIATION	Employer identification number 23-1392700
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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	_____ _____ _____	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 32,502.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ 29,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ 25,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAWK MOUNTAIN SANCTUARY ASSOCIATION	Employer identification number 23-1392700
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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	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ 20,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ 19,327.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAWK MOUNTAIN SANCTUARY ASSOCIATION	Employer identification number 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
25		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ <u>12,584.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ <u>12,040.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ <u>11,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ <u>10,060.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAWK MOUNTAIN SANCTUARY ASSOCIATION	Employer identification number 23-1392700
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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	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAWK MOUNTAIN SANCTUARY ASSOCIATION	Employer identification number 23-1392700
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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
37	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAWK MOUNTAIN SANCTUARY ASSOCIATION	Employer identification number 23-1392700
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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
43	<hr/> <hr/> <hr/>	\$ <u>8,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ <u>7,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ <u>6,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<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.)
48	<hr/> <hr/> <hr/>	\$ <u>5,949.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAWK MOUNTAIN SANCTUARY ASSOCIATION	Employer identification number 23-1392700
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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
49	_____ _____ _____	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ <u>5,380.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ <u>5,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ <u>5,193.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____ _____ _____	\$ <u>5,190.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____ _____ _____	\$ <u>5,125.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAWK MOUNTAIN SANCTUARY ASSOCIATION	Employer identification number 23-1392700
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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
55	<hr/> <hr/> <hr/>	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<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.)
57	<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.)
58	<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.)
59	<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.)
60	<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.)

Name of organization HAWK MOUNTAIN SANCTUARY ASSOCIATION	Employer identification number 23-1392700
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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
61	<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.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAWK MOUNTAIN SANCTUARY ASSOCIATION	Employer identification number 23-1392700
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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
10	MCDONALDS 200 SHARES _____ _____ _____	\$ <u>28,260.</u>	<u>04/05/23</u>
14	COSTCO 45 SHARES _____ _____ _____	\$ <u>25,502.</u>	<u>09/20/23</u>
26	CME STOCK 14 SHARES _____ _____ _____	\$ <u>2,584.</u>	<u>06/20/23</u>
48	26 SHARES APPLE STOCK _____ _____ _____	\$ <u>5,099.</u>	<u>12/20/23</u>
52	58 SHARES MORGAN STANLEY _____ _____ _____	\$ <u>4,968.</u>	<u>02/14/24</u>
53	ELI LILLY AND CO STOCK 18 SHARES _____ _____ _____	\$ <u>5,190.</u>	<u>12/20/23</u>

Name of organization HAWK MOUNTAIN SANCTUARY ASSOCIATION	Employer identification number 23-1392700
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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.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and questions 3-9 regarding modifications, monitoring, and expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

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 in 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	16,401,400.	17,320,094.	16,801,413.	11,882,261.	10,262,585.
b Contributions	697,319.	443,751.	534,178.	499,996.	2,590,599.
c Net investment earnings, gains, and losses	101,591.	-969,936.	524,748.	4,883,934.	-530,644.
d Grants or scholarships					
e Other expenditures for facilities and programs	-673,284.	-610,444.	540,245.	464,778.	440,279.
f Administrative expenses					
g End of year balance	17,873,594.	16,401,400.	17,320,094.	16,801,413.	11,882,261.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 32.7120 %
 - b Permanent endowment 50.0780 %
 - c Term endowment 17.2099 %
- 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		7,041,613.	4,161,751.	2,879,862.
c Leasehold improvements				
d Equipment		1,825,958.	1,677,911.	148,047.
e Other		1,045,192.	336,701.	708,491.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,358,799.

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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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) CASH RESTRICTED FOR CAPITAL CAMPAIGN	2,058,923.
(2) CASH RESTRICTED FOR LAND ACQUISITION	876,884.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,935,807.

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)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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	7,853,404.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,067,439.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-40,696.	
e	Add lines 2a through 2d	2e		1,026,743.
3	Subtract line 2e from line 1	3		6,826,661.
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	-63,464.	
c	Add lines 4a and 4b	4c		-63,464.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		6,763,197.

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	3,316,055.
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	63,464.	
e	Add lines 2a through 2d	2e		63,464.
3	Subtract line 2e from line 1	3		3,252,591.
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	40,696.	
c	Add lines 4a and 4b	4c		40,696.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		3,293,287.

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, 2024 AND 2023.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES NETTED AGAINST REVENUE ON	
FINANCIALS	-40,696.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	-63,464.
----------------------	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	63,464.
----------------------	---------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES NETTED AGAINST REVENUE ON	
FINANCIALS	40,696.

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.

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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			
Total						

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 (add col. (a) through col. (c))
		BENEFIT FOR THE BIRDS (event type)	BIRDS & BREW (event type)	NONE (total number)	
Revenue	1	Gross receipts	51,131.	22,454.	73,585.
	2	Less: Contributions	43,717.	16,634.	60,351.
	3	Gross income (line 1 minus line 2)	7,414.	5,820.	13,234.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	18,707.		18,707.
	6	Rent/facility costs			
	7	Food and beverages	15,289.	13,000.	28,289.
	8	Entertainment	200.	600.	800.
	9	Other direct expenses	10,782.	4,886.	15,668.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			63,464.
11	Net income summary. Subtract line 10 from line 3, column (d)			-50,230.	

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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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 (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**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 for the latest information.

OMB No. 1545-0047

2023

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

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	13	53,422.	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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

HAWK MOUNTAIN SANCTUARY ASSOCIATION

Employer identification number

23-1392700

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <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) |

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

2 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?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <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 |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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	(i)	144,200.	0.	0.	4,354.	45,092.	193,646.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **HAWK MOUNTAIN SANCTUARY ASSOCIATION** Employer identification number **23-1392700**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	71,603. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for data entry.

**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 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

HAWK MOUNTAIN SANCTUARY ASSOCIATION

Employer identification number

23-1392700

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

HAWK MOUNTAIN RECEIVED A GRANT TO COORDINATE OFFICIAL HAWKWATCHES AT FIVE SITES ALONG THE KITTATINNY RIDGE AND TO PROMOTE EDUCATION AND OUTREACH AT EACH SITE. SANCTUARY SCIENTISTS WORKED TO TRAIN SEASONAL AND VOLUNTEER COUNTERS AND EDUCATORS AND THEN SYNTHESIZED THE COLLECTED MIGRATION DATA, ALONG WITH DATA OF NUMBER OF VISITORS, INCLUDING NUMBER OF VISITORS TO NORTH LOOKOUT AT HAWK MOUNTAIN.

HAWK MOUNTAIN STEWARDSHIP DEPARTMENT PRODUCED A SERIES OF LAND CONSERVATION POSTERS FOR USE IN PUBLIC OUTREACH AND AS AN EXHIBIT, AND CONSTRUCTED A TRAILSIDE KIOSK TO PROMOTE THE IMPORTANCE OF CONSERVING THE KITTATINNY RIDGE AS A CLIMATE RESILIENT LANDSCAPE.

NEW HIGHER-LEVEL ADULT WORKSHOPS SEEKING LEARNING OPPORTUNITIES INCLUDE RAPTOR FIELD TECHNIQUES COURSE, APPALACHIAN FIELD INSTITUTE WORKSHOPS, AND CAPTIVE RAPTOR MANAGEMENT WORKSHOP.

THE STATE PROVIDED FUNDING FOR HAWK MOUNTAIN TO OVERSEE THE 3RD PENNSYLVANIA BIRD ATLAS, A FIVE-YEAR PROJECT TO SURVEY BIRD SPECIES' STATUS DURING THE BREEDING AND THE WINTERING SEASON. AMBER WIEWEL WAS SELECTED TO SERVE AS BIRD ATLAS PROJECT COORDINATOR AND REPORTS TO THE DIRECTOR OF CONSERVATION SCIENCE.

VULTURE ROAD SURVEYS WERE CONDUCTED ALONG THE KITTATINNY RIDGE AFTER A DECADE-LONG HIATUS TO COLLECT INFORMATION ON THE WINTERING BEHAVIORS OF VULTURES, HIGHLIGHT THE BIRDS AS BOTH YEAR-ROUND RESIDENTS AND MIGRANTS FROM THE NORTH. STAFF ALSO COORDINATED TO COMPLETE ROAD SURVEYS IN URUGUAY, VENEZUELA, AND SASKATCHEWAN, CANADA.

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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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SEVEN BIOLOGISTS AND EDUCATORS SERVE ON ITS PROGRAM STAFF, INCLUDING 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. THE SANCTUARY HAS EMERGED AS A LEADER IN GLOBAL RAPTOR CONSERVATION. ITS ACOPIAN CENTER FOR CONSERVATION LEARNING SERVES AS A HUB FOR GLOBAL RAPTOR INFORMATION, PROFESSIONAL TRAINING, AND STUDIES, AND ITS ACCLAIMED INTERNATIONAL TRAINEESHIP PROGRAM HAS TRAINED MORE THAN 500 YOUNG PEOPLE FROM 76 COUNTRIES ON SIX CONTINENTS.

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 WOMEN'S HISTORY. 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 OF 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

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LIGHTING, AND GENEROUS 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 SCENIC 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 RETENTION 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 FORESTER NOMINATED THE STEWARDSHIP DEPARTMENT WHICH RECEIVED AN AWARD FOR ITS EXCEPTIONAL PRACTICES IN FOREST, TRAIL, AND FACILITIES MANAGEMENT. THE DEPARTMENT CONTINUES A GROUND-BREAKING AND LONG-TERM INVASIVE PLANT REMEDIATION PROJECT THAT REQUIRES THE USE OF A DEDICATED SMALL TEAM TO TACKLE INVASIVES EACH SUMMER FOR CONSISTENT AND PERSISTENT REMEDIATION. LAST YEAR, THE STEWARDS CONSTRUCTED AN IMPRESSIVE DEER ENCLOSURE AND SEVERAL SMALLER ENCLOSURES TO REMEDIATE THE EFFECTS OF WHITE-TAILED DEER UPON NATIVE SPECIES. THE SUMMER STEWARD TEAM ALSO HELPED TO MANAGE A NEWLY CREATED POLLINATOR MEADOW IN A PARCEL ACQUIRED CONTIGUOUS TO ITS ACOPIAN CENTER FOR CONSERVATION LEARNING, WHICH THIS YEAR HAS ATTRACTED INCREDIBLE NUMBERS OF BUTTERFLIES, BEES, AND BENEFICIAL INSECTS.

A STRATEGIC PLANNING PROCESS WAS COMPLETED AND OUTLINES TOP GOALS FOR THE ORGANIZATION AS WELL AS A FULL OPERATIONAL PLAN WITH A STRONG FOCUS

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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 IMMERSSED 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 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 TO ADULT LEARNING. AN EXTENSIVE ON-SITE EDUCATION PROGRAM INCLUDES MORE THAN 500 FREE INTERPRETIVE PROGRAMS FOR THE 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 ADDITION TO A FULL CALENDAR OF WALKS, TALKS, LECTURES, AND PROGRAMS. 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. IN 2022, IT ADDED TWO AGE SESSIONS PER WEEK FOR A TOTAL OF 16 SESSIONS, ALL OF WHICH SOLD OUT IN 2023. AN IDEA SCHOLARSHIP FOR NATURE DAY CAMP REMOVES BARRIERS FOR YOUNG PEOPLE WHO MAY OTHERWISE MAY NOT BE ABLE TO PARTICIPATE. DISTANCE LEARNING

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PROGRAMS NOW CONTINUE DURING NON-PEAK MONTHS AND DAY CAMP CONTINUES IN ITS ADVANCED FORM AS WELL, INCLUDING THE USE OF CITS AND DAY CAMP INTERNS.

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 TO GENERATE REVENUE THROUGH EARNED INCOME THAT CAN MAKE EDUCATION SUSTAINABLE OVER THE LONG-TERM.

FACILITIES INCLUDE THE FULLY WIRED AND ADA-ACCESSIBLE EDUCATION 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 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,

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SEVERAL DOWNLOADABLE POWERPOINTS 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. IN 2022, HAWK MOUNTAIN PILOTED A 9-MONTH-LONG SENIOR EDUCATION INTERNSHIP THAT IS RESIDENTIAL 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 ALONG WITH A PERMIT FOR AMPHIBIANS.

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 WOMEN IN CONSERVATION LIFETIME ACHIEVEMENT AWARD FROM PENNFUTURE ALONG WITH MANY

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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 RECORDS AND MAINTAINS COUNTS OF MIGRATING RAPTORS ONSITE EACH AUTUMN, CONDUCTS PUBLIC-EDUCATION PROGRAMS, OVERSEES PROFESSIONAL TRAINING, AND CONDUCTS AND ANALYZES 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 PUBLIC AND TO PROFESSIONALS FOR LEARNING, GENERAL INTEREST, OR ANALYSIS. INDEPENDENT RESEARCH INCLUDES LONG-TERM STUDIES OF NEW WORLD VULTURES, AMERICAN 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. IN ALL RESEARCH, TELEMETRY TRACKING HAS TAKEN PRECEDENCE, AND THE DATABASE OF TELEMETRY DATA-POINTS NOW FAR EXCEEDS THE LONG-TERM MIGRATION COUNT DATA.

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

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EARLY-CAREER SCIENTISTS TO HELP ADVANCE THE SANCTUARY'S AMBITIOUS RESEARCH GOALS. A GRANT THIS YEAR WILL CONTINUE THIS RESEARCH. THE KESTREL STUDY HAS EXPANDED TO INCLUDE 60 COLLABORATORS, FOUR MAJOR UNIVERSITIES, 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. FIVE GRADUATE STUDENTS RECEIVED THEIR PH.D.S, AN OUTSTANDING FEAT FOR RAPTOR CONSERVATION SCIENCE, THE GRADUATE STUDENTS, AND FOR HAWK MOUNTAIN. 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 IS 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 FOURTH YEAR AND CONTINUES TO EXPAND, PARTICULARLY IN ITS EDUCATIONAL OUTREACH.

CONSERVATION SCIENCE FACILITIES INCLUDE THE ACOPIAN 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.

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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 NATIONALLY-AWARD-WINNING ACCESSIBLE TRAIL

CONNECTS PEOPLE TO THE NEAREST SCENIC OVERLOOK (TRAIL 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 AMPHITHEATER. A PROJECT

TO PLAN UPGRADES TO THE SANCTUARY VISITOR CENTER IS UNDERWAY AND WITH

AN EYE ON ACCESSIBILITY, DIVERSITY, 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 INCORPORATED GOALS INTO ITS

STRATEGIC PLAN. THE HAWK MOUNTAIN WEBSITE INCLUDES AN ACCESSIBILITY

WIDGET TO BETTER SERVE ONLINE USES WITH VISION IMPAIRMENT. AN IDEA TAB

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.

HAWK MOUNTAIN INCREASED ITS BOARD DIVERSITY ADDING TWO FORMER TRAINEES

WHO NOW ARE EXPERTS IN THE FIELD OF RAPTOR CONSERVATION: A MEXICAN MALE

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ORNITHOLOGIST, AND A COLOMBIAN FEMALE RAPTOR EDUCATOR AND FORESTRY ENGINEER TO BETTER REFLECT THE SANCTUARY'S NATIONAL AND INTERNATIONAL REACH. A GIFT TO LAUNCH AN IDEA FUND ALLOWS 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 MORE THAN 500 INDIVIDUALS FROM 76 COUNTRIES, PROVIDING VISITORS THE CHANCE TO MEET PEOPLE FROM MANY DIFFERENT CULTURES AND BACKGROUNDS DURING 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.

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

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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.

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.