Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2021	calendar year, or tax year beginning $07/01/2021$ and ending	g		06/3	30/2022
ъ.			C Name of organization		D Employer ider	ntificatio	on number
BC	heck if ap	oplicable:	HAWKWATCH INTERNATIONAL, INC.				
	Addres		Doing business as		85-0358	519	
	Name	change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone nur	nber	
	Initial	return	2240 SOUTH 900 EAST		(801)48	34-6	808
	Final r		City or town, state or province, country, and ZIP or foreign postal code				
	Amend	ded	SALT LAKE CITY, UT 84106		G Gross receipts	\$	2,413,342.
	Applica	ation	F Name and address of principal officer: NIKKI WAYMENT		H(a) Is this a grou	p return	
	_ peridir	ig	2240 SOUTH 900 EAST, SALT LAKE CITY, UT 84106		subordinates' H(b) Are all subordi		ded? Yes No
ī	Tax-exe	empt sta		27	` '		t. See instructions
			WWW.HAWKWATCH.ORG		H(c) Group exemp	otion num	iber •
				of formati	ion: 1986 M s		
	art I	_ <u> </u>	mmary		1900		
			describe the organization's mission or most significant activities: TO CONSERVE	THE E	ENVIRONMEN	יד דו	HROUGH
Ф	•		JCATION, LONG-TERM MONITORING AND SCIENTIFIC RESEARCH			<u> </u>	1100011
anc	,		DICATORS OF ECOSYSTEM HEALTH.	11 01110	111 1010 110		
ern	2		this box if the organization discontinued its operations or disposed of more the	han 25%	of its net assets		
Activities & Governance			er of voting members of the governing body (Part VI, line 1a)			3	9
ૹ			er of independent voting members of the governing body (Part VI, line 1b)			4	9
ies			number of individuals employed in calendar year 2021 (Part V, line 2a)			5	31
Ξ			number of individuals employed in calendar year 2021 (Fait V, line 2a)			6	212
Act	72	Total	unrelated business revenue from Part VIII, column (C), line 12			7a	
						7 b	
	D	ivet ui	nrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	7.0	Current Year
	0	Cantri	hutians and grants (Dart VIII line 4h)			0	
ine			butions and grants (Part VIII, line 1h)		825,63		875,154.
Revenue			am service revenue (Part VIII, line 2g)		463,22		1,350,738.
Re			ment income (Part VIII, column (A), lines 3, 4, and 7d)		25,44		49,859.
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		39,85		-22,633.
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,354,16		2,253,118.
			s and similar amounts paid (Part IX, column (A), lines 1-3)			ONE	57,437.
			its paid to or for members (Part IX, column (A), line 4)	1		ONE	NONE
ses			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		932,09	1,153,950.	
Expenses	16 a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		NC	ONE	NONE
Exp			fundraising expenses (Part IX, column (D), line 25) ▶168, 909.		0.4.4.1.0		0.00 1.64
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		344,10		872,164.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,276,19		2,083,551.
_ v	19	Reven	ue less expenses. Subtract line 18 from line 12		77,97		169,567.
Net Assets or Fund Balances					ning of Current Y		End of Year
sse 3ala			assets (Part X, line 16)		2,820,89		2,463,175.
et A			liabilities (Part X, line 26)		296,80		123,320.
			seets or fund balances. Subtract line 21 from line 20.		2,524,08	5.	2,339,855.
	rt II		gnature Block				
Und	der pen e, corre	nalties c ct, and	of perjury, I declare that I have examined this return, including accompanying schedules and state complete. Declaration of preparer (other than officer) is based on all information of which preparer h	ements, a nas any kn	nd to the best of rowledge.	my kn	owledge and belief, it is
			X Auri Mars	-	4/25/	2022	<u> </u>
Sig	n		New Waynus		Date Date	2023	<u> </u>
He			Signature of officer				
		_	NIKKI WAYMENT EXECUTIVE	DIREC	CTOR		
			Type or print name and title			l DT	INI
Paid			Type preparer's name Preparer's signature Date		Check	if PT	
	oarer	ADAI		1/202	3 self-employe	1 -	00958966
	Only	Firm's	name ▶ FORVIS, LLP		Firm's EIN		-0160260
		_	address > 250 E. 200 S., SUITE 1200 SALT LAKE CITY, UT 84111		Phone no.	801	1-531-9100
May	the I	IRS d	iscuss this return with the preparer shown above? See instructions				X Yes No
For	Paper	work	Reduction Act Notice, see the separate instructions.				Form 990 (2021)

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Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		_
1	Briefly	check if Schedule O contains a response or note to any line in this Part III		
•	•	MISSION OF HAWKWATCH INTERNATIONAL (HWI) IS TO CONSERVE THE		
		IRONMENT THROUGH EDUCATION, LONG-TERM MONITORING, AND SCIENTIFIC		_
		EARCH ON RAPTORS AS INDICATORS OF ECOSYSTEM HEALTH.		
		EARCH ON RAFTORS AS INDICATORS OF ECOSISTEM HEADIN.		
2	Did the	e organization undertake any significant program services during the year which were not listed on the		
		Form 990 or 990-EZ?	_ Yes _ X N	٥V
		," describe these new services on Schedule O.		
3		ne organization cease conducting, or make significant changes in how it conducts, any program		\I.
		es?	Yes X	40
4		ibe the organization's program service accomplishments for each of its three largest program services,	as measured	bv
		ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc		
		tal expenses, and revenue, if any, for each program service reported.		
4a	(Code:		51,362.	
		SERVATION AND SCIENTIFIC RESEARCH PROGRAM INCLUDES VARIOUS		
		LD PROJECTS, WHICH STUDY THE MIGRATION, NESTING, AND WINTERING		
		ITS HABITATS, CONDITIONS, AND DEVELOPMENT OF RAPTORS. DATA IS		
		LECTED, ANALYZED, REPORTED, PUBLISHED, AND USED BY GOVERNMENTAL		
		NCIES AND OTHERS TO FURTHER THE UNDERSTANDING AND CONSERVATION		—
	OF RA	RAPTORS AND THEIR HABITATS.		—
				—
				_
4b	(Code:	:) (Expenses \$195,574. including grants of \$) (Revenue \$1	18,793.	
	_EDUC2	CATION PROGRAM CONSISTS PRIMARILY OF SCHOOL PRESENTATIONS,		
	_FIELI	LD TRIPS, SEMINARS, AND VOLUNTEERS TO PROMOTE THE EDUCATION		
	_ABOU'	UT AND CONSERVATION OF RAPTORS AND THEIR HABITATS.		
				—
				—
				—
4c	(Code:	:) (Expenses \$ 6,887. including grants of \$) (Revenue \$ 2	80,584.)	_
	SEE SO	SCHEDULE O	·	
				—
				—
				—
<u></u>	Other n	program services (Describe on Schedule O.)		—
→u	(Expens			
40	<u> </u>	program service expenses \(\bigsim 1 714 100		—

4e Total p JSA 1E1020 1.000 Form **990** (2021) Form 990 (2021)
Part IV Page 3

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
_	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
_	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2021)

Part IV Chocklist of Poquired Schodules (continued)

Par	Checklist of Required Schedules (continued)		V	Na
22	Did the experiencian variety mare than CE 000 of events as other assistance to as for democial individuals an		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		37
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	242		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·		24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	-		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_ 0 u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		_X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		3.5
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note : All Form 990 filers are required to complete Schedule O	20		v
Part		38		<u>X</u>
ı aıı	Check if Schedule O contains a response or note to any line in this Part V			
	Shook in Concount C Contains a response of note to any line in this fact v		Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 31			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	Х	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ 11	Λ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1.4-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			21
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
• •	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

85-0358519 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Sect	ion A. Governing Body and Management			· · ·		
	<u> </u>				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	ship with			
	any other officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or ur					
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:			_		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	_	
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of		-	401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	•		10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t			12b	Х	
	rise to conflicts?			120	- 1	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•		12c	Х	
12	describe on Schedule O how this was done			13	X	
13 14	Did the organization have a written whistleblower policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar					
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation		•			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arra	ngement			
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA, UT,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		and 990-1	Γ (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain on Sc	ply.				. ,
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum	nents,	conflict o	f inter	est p	olicy,
	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 bullet tensen 2240 south 900 East Salt Lake City, it 84106	ooks	and record	s >		

801-484-6808

Form **990** (2021)

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

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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.

	1	1 3 1						1	I	
(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more the box, unless person is b officer and a director/t				an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(A) NEVER TO AN ANTHER	40.00									
(1) NIKKI WAYMENT	40.00	1		X				72 470	NONE	10 260
EXECUTIVE DIRECTOR	1.00			X				73,478.	NONE	10,368.
(2) DARLENE BATATIAN BOARD MEMBER	NONE	X						NONE	NONE	NONE
(3) CINDY KINDRED	1.00							NONE	NOINE	NONE
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(4) MIKE SHAW	1.00							INOINE	INOINE	NONE
SECRETARY	NONE	X		X				NONE	NONE	NONE
(5) BARBARA POLICH	1.00	- 21		71				110111	110111	IVOIVE
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(6) SARAH GEORGE	1.00							1,01,2	110112	1.01.2
VICE-CHAIR	NONE	X		X				NONE	NONE	NONE
(7) ANTHONY LEWIS	1.00							_	-	
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(8) JILL CURTIS	1.00									
CHAIR	NONE	Х		X				NONE	NONE	NONE
(9) FIDEL ATUO	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(10) CAROL GARNER	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(11)										
(12)										
(13)										
(14)										
	1		_		1	1		1	l .	

Form **990** (2021)

Form 990 (2021) Page

	990 (2021)	iotopo Va	F.				d l	1:	haat Campanaat	ad Employees /s			age o
Ρá	rt VII Section A. Officers, Directors, Tru	· ·	ey ⊏ii	ipic			and r	ııgı		· · · · · · · · · · · · · · · · · · ·			
	(A) Name and title	Average hours per week (list any hours for	box,	unle er an	Pos heck ss pe	erson	e than cois both	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Est amo o comp	(F) imated ount of ther ensatio	n
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	m the nization related nizations	
1b	Sub-total							\blacktriangleright	73,478.	NONE		10,3	868.
С	Total from continuation sheets to Part VII, S	ection A						>	NONE				ONE
	Total (add lines 1b and 1c)	limited to t			d al	bove	e) who	o re	73,478. ceived more than	NONE \$100,000 of		10,3	368.
	reportable compensation from the organization					NO:	NE					Yes	No
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu										3	100	X
4	For any individual listed on line 1a, is the sorganization and related organizations gre	sum of repeater than	oortab \$15	le (com 00?	pen <i>If</i>	satio	n ai	nd other compens	sation from the			
5	individual							un	related organization	on or individual	4		X
Se	for services rendered to the organization? If "Yoction B. Independent Contractors										5		X
1	Complete this table for your five highest com compensation from the organization. Report c year.												

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

85-0358519

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a respon	se or note to an	y line in this Part V	'III 		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a	Federated campaigns	1a	NONE				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		NONE				
စ်ဋိ	C	Fundraising events		69,653.				
fts,	d	Related organizations		NONE				
<u>a</u>	e	Government grants (contribution		360,942.				
ns, sim	f	All other contributions, gifts, gr	, 	300,312.				
ë ë	'	and similar amounts not included a		444,559.				
ş Ş	_	Noncash contributions included		111,337.				
늘	g	lines 1a-1f		37,001.				
a Co	_ h	Total. Add lines 1a-1f			875,154.			
	-"	Total. Add lines 1a-11		Business Code	073,134.			
ø		COMPRIACE DEVENUE	ľ	813312	1 225 540	1 225 540		
Š	2a	CONTRACT REVENUE		813312	1,335,540.	1,335,540.		
Ser	b	PROGRAM SERVICE FEES		013312	15,198.	15,198.		
E Z	С							
gra Re	d							
Program Service Revenue	е							
а.	f	All other program service revenu			1 252 522			
	g	Total. Add lines 2a-2f			1,350,738.			
	3	Investment income (including	-		605			605
		other similar amounts)			605.			605.
	4	Income from investment of tax	•		NONE			
	5	Royalties	(i) Real	(ii) Personal	NONE			
	_		(i) Keai	(II) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	NONE	NONE				
	d _	Net rental income or (loss)			NONE			
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets	154 500					
_		other than inventory 7a	154,799.					
ne	b	Less: cost or other basis						
evenue		and sales expenses 7b	105,317.	228.				
Re	١.	Gain or (loss) 7c	49,482.	-228.				
ē	d	Net gain or (loss)		•	49,254.			49,254.
Other	8a	Gross income from fund	١ ١					
_		events (not including \$	69,653.					
		of contributions reported of		C F01				
		1c). See Part IV, line 18		6,581.				
		Less: direct expenses Net income or (loss) from fund		50,070.	-43,489.			-43,489.
	C	, ,			-43,409.			-43,403.
	9a		gaming	NONE				
		activities. See Part IV, line 19		NONE				
		Less: direct expenses		_	NONE			
	C	Net income or (loss) from gam			NONE			
	10a	Gross sales of inventory returns and allowances		25,465.				
				4,609.				
	b	Less: cost of goods sold Net income or (loss) from sales	of inventory		20,856.			20,856.
·n	_			Business Code	23,030.			23,030.
Miscellaneous Revenue	110							
ane	11a							
	b							
<u> </u>	c d	All other revenue						
Σ	e	Total. Add lines 11a-11d	,	▶	NONE			
	12	Total revenue. See instructions			2,253,118.	1,350,738.		27,226.

85-0358519

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 resp	•		· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b, 7b,			(C)	(D)
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and	F7 427	F. 42.7		
	foreign individuals. See Part IV, lines 15 and 16	57,437.	57,437.		
	Benefits paid to or for members	NONE			
	Compensation of current officers, directors, trustees, and key employees	86,865.	70,161.	10,980.	5,724.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	NONE	T40 110	116 150	60 500
	Other salaries and wages	918,811.	742,118.	116,170.	60,523.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,184.	11,457.	1,793.	934.
9	Other employee benefits	65,206.	52,667.	8,244.	4,295.
10	Payroll taxes	68,884.	55,637.	8,709.	4,538.
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	1,118.	1,118.	1	
	Accounting	15,053.		15,053.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O	201 400	F 001	10 242
40	(A), amount, list line 11g expenses on Schedule O.)	297,642.	281,408.	5,991.	10,243.
	Advertising and promotion	105,588.	73,868.	1,989.	29,731.
13 14	Office expenses	46,675.	75,000.	14,349.	32,326.
15	Royalties	NONE		11,317.	32,320.
16	Occupancy	13,540.	11,716.	974.	850.
17	Travel	242,625.	231,472.	1,443.	9,710.
18	Payments of travel or entertainment expenses	,	,	,	· ,
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	759.	542.	217.	
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	41,569.	36,310.	5,188.	71.
23	Insurance	29,863.	18,748.	8,063.	3,052.
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.)				
а	FIELD AND PROGRAM EXPENSES	77,684.	69,393.	1,379.	6,912.
b					
С					
d					
	All other expenses	0 000 551	1 714 100	000 540	160 000
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	2,083,551.	1,714,100.	200,542.	168,909.
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)		1,516,818.	57,433.	122,067.
	· · · · · · · · · · · · · · · · · · ·		I,JIU,UIU.	21,133.	144,007.

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Part X Balance Sheet

					(A)		(B)
		Cook non-interest bearing			Beginning of year 111,123.	1	End of year 68,614.
	1	Cash - non-interest-bearing			80,593.	2	29,406.
	2				80,856.	3	273,709.
	3	Pledges and grants receivable, net	NONE		NONI		
	4 5	Loans and other receivables from any current of	NONE	4	INOIN		
	5	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of these		· ·	NONE	5	NONI
	6	Loans and other receivables from other disqua	-		IVOIVE		110111
	Ū	under section 4958(f)(1)), and persons described	NONE	6	NONI		
s	7	Notes and loans receivable, net			NONE		NONI
Assets	8	Inventories for sale or use			12,383.	8	7,130
As	9	Prepaid expenses and deferred charges			15,947.	9	22,560
	-	Land, buildings, and equipment: cost or other	ĺ		13/51/.		22,300
		basis. Complete Part VI of Schedule D	10a	466,121.			
	b	Less: accumulated depreciation			142,048.	10c	138,128.
	11	Investments - publicly traded securities			2,377,943.	11	1,923,628.
	12	Investments - other securities. See Part IV, line 11			NONE		NONE
	13	Investments - program-related. See Part IV, line 11		-	NONE		NONE
	14	Intangible assets		NONE	14	NONI	
	15	Other assets. See Part IV, line 11		NONE	15	NONE	
	16	Total assets. Add lines 1 through 15 (must equal		2,820,893.	16	2,463,175.	
	17	Accounts payable and accrued expenses			88,679.	17	108,061.
	18	Grants payable		NONE	18	NON	
	19	Deferred revenue	28,108.	19	2,617		
	20	Tax-exempt bond liabilities	NONE	20	NONI		
	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	NONE	21	NON
Se	22	Loans and other payables to any current or	form	er officer, director,			
≝∣		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
Liabilities		controlled entity or family member of any of these	perso	ons	NONE	22	NON
3	23	Secured mortgages and notes payable to unrelate	ed thir	d parties	15,853.	23	12,642.
	24	Unsecured notes and loans payable to unrelated	third p	arties	NONE	24	NON
	25	Other liabilities (including federal income tax,	payab	les to related third			
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			164,168.	25	NON
	26	Total liabilities. Add lines 17 through 25			296,808.	26	123,320.
Fund Balances		Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33.	here	► <u>x</u>			
<u>a</u>	27	Net assets without donor restrictions			515,751.	27	1,339,855.
Ä	28	Net assets with donor restrictions		<u></u> [2,008,334.	28	1,000,000.
		Organizations that do not follow FASB ASC 958 and complete lines 29 through 33.	, che	ck here ▶			
ō	29	Capital stock or trust principal, or current funds .				29	
šet	30	Paid-in or capital surplus, or land, building, or equ				30	
Assets	31	Retained earnings, endowment, accumulated inc		<u></u>		31	
	32	Total net assets or fund balances			2,524,085.	32	2,339,855.
2	33	Total liabilities and net assets/fund balances			2,820,893.	33	2,463,175.

Form **990** (2021)

Form 99	00 (2021)				Pa	ge 12
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	2	, 2	53,	<u>118</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	0,	83,	<u>551</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		1	69,	<u> 567</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	1,5	24,	<u>085</u> .
5	Net unrealized gains (losses) on investments	5		-3	53,	<u> 797</u>
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	1,3	39,	<u>855</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ed or	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .		3b		

Form **990** (2021)

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

HAV	WKWATCH INTERNATI						358519
Pa	rt I Reason for Pub	olic Charity Status. (All	organizations must	complet	te this pa	art.) See instructions	S.
Γhe	organization is not a pri	vate foundation because i	t is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	A church, convention	on of churches, or associa	ation of churches descri	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school described	in section 170(b)(1)(A)(ii). (Attach Schedule E	Form 99	0).)		
3	A hospital or a coo	perative hospital service of	organization described	n sectio	n 170(b)	(1)(A)(iii).	
4	A medical research	n organization operated in	conjunction with a hos	spital des	scribed ir	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, cit	y, and state:					
5	An organization op	erated for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
	section 170(b)(1)(A	A)(iv). (Complete Part II.)					
6	A federal, state, or	local government or gove	ernmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X An organization that	at normally receives a su	bstantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
	described in sectio	n 170(b)(1)(A)(vi). (Comp	lete Part II.)				
8	A community trust	described in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural rese	earch organization describ	ed in section 170(b)(1)(A)(ix) (operated	in conjunction with a	land-grant college
	or university or a no	on-land-grant college of a	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
	university:						
10	receipts from activi support from gross	at normally receives (1) m ties related to its exempt investment income and u ganization after June 30, 1	functions, subject to c inrelated business tax	ertain ex able incc	ceptions me (less	s; and (2) no more than s section 511 tax) from	n 331/3 % of its
1	, ,	ganized and operated exc		. , . , .		,	
2		ganized and operated exclu	-	-			ry out the purposes o
		y supported organizations	-	-			
	the box on lines 12	a through 12d that descril	oes the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а	Type I. A support	ting organization operated	d, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	• • • • • • • • • • • • • • • • • • • •	ganization(s) the power to	•	•		• , ,	
	supporting organi	ization. You must comple	te Part IV, Sections A	and B.			
b	Type II. A suppor	ting organization supervis	sed or controlled in co	nnection	with its	supported organizati	on(s), by having
	control or manag	ement of the supporting of	organization vested in	the sam	e person	s that control or mar	age the supported
	organization(s). Y	ou must complete Part I\	/, Sections A and C.				
С	Type III function	ally integrated. A support	ing organization opera	ited in co	onnectio	n with, and functiona	lly integrated with,
	its supported orga	anization(s) (see instruction	ns). You must comple	te Part l'	V, Section	ons A, D, and E.	
d	Type III non-func	tionally integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		nally integrated. The orga	• •	•		•	d an attentiveness
		instructions). You must c	-				
е		the organization received				**	I, Type III
		ated, or Type III non-func		porting c	organizat	ion.	
T		ipported organizations					
g		nformation about the supp	1 ,	<i>6</i> -2		(A) A	(14) A
	(i) Name of supported organization	ation (ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))		ment?	instructions)	instructions)
				Yes	No		
A)							
B)							
<u> </u>							
C)							
יט							
D)							
E)							
-,							
Γota	al						
							I.

Schedule A (Form 990) 2021 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	414,088.	658,888.	633,688.	725,638.	875,154.	3,307,456.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 5	Total. Add lines 1 through 3 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	414,088.	658,888.	633,688.	725,638.	875,154.	3,307,456.
_	shown on line 11, column (f)						486,663.
6	Public support. Subtract line 5 from line 4						2,820,793.
	tion B. Total Support	4 > 004=	# N 0 0 4 0	() 2242	4 10 0000		
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	414,088. 2,302.	658,888. 3,864.	633,688. 1,363.	725,638.	875,154. 605.	3,307,456. 8,139.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	130,390.	49,949.				180,339.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10,210.	8,608.	5,127.	39,852.	25,465.	89,262.
11	Total support. Add lines 7 through 10						3,585,196.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	3,874,347.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2021 (lin		-			14	78.68 %
15	Public support percentage from 2020					15	77.49 %
16a	331/3% support test - 2021. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization	-		_			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					•	•
	Part VI how the organization meets			_	•		
L	organization						
D	10%-facts-and-circumstances test - 2	-	=				
	15 is 10% or more, and if the organization most					-	-
	in Part VI how the organization meets			•	•		
10	organization. Private foundation. If the organization						
18							
	instructions						

Schedule A (Form 990) 2021 Page **3**

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

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

Sec	tion A. Public Support			/1	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	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						
	Amounts included on lines 1, 2, and 3						
ıa	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						ı
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.		, ,	. ,	, ,	.,	
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	•						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first socon	d third fourth	or fifth tax 10	l ar as a soction	501(c)(2)
14	organization, check this box and stop here .	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,			ımn (f))		15	%
16	Public support percentage from 2020 Sche					16	
$\overline{}$	tion D. Computation of Investment					10	/0
17	Investment income percentage for 2021 (lir			13 column (f))		17	%
18	Investment income percentage for 2021 (iii					18	
	331/3% support tests - 2021. If the or						
ıJd	17 is not more than 331/3%, check this	-					. \square
L	331/3% support tests - 2020. If the orga		_				
b	line 18 is not more than 331/3%, check				•		
20	Private foundation. If the organization of		-	•		• • •	
			- 20% JII IIIIO	,	,	500 1110111	

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021 Page **5**

Part	V Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		•		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
•	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
J	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	struction	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
2		-5		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

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Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organizations	5	
1 Check here if the organization satisfied the Integral Part Test as a instructions. All other Type III non-functionally integrated supporting		• •	•
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 collect of gross income or for management, conservation, or maintenance of	ion		
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):	4.		
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 (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater an see instructions).	ount,		
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 Check here if the current year is the organization's first as a non-fu	unctionally integra	ted Type III supporting	a organization

Schedule A (Form 990) 2021

(see instructions).

Schedule A (Form 990) 2021 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Soct	ion E - Distribution Allocations (soo instructions)	(i)	(ii) Underdistributions	s	(iii) Distributable

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

Schedule of Contributors

OMB No. 1545-0047

2021

► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization HAWKWATCH INTERNATIONAL, 85-0358519 Organization type (check one): Filers of: Section: X 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

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) (2021)

Name of organization HAWKWATCH INTERNATIONAL, INC.

Employer identification number 85-0358519

art I	Contributors	(see instructions).	Use duplicate cop	ies of Part I if additiona	Il space is needed.
-------	--------------	---------------------	-------------------	----------------------------	---------------------

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1_	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3_	N/A	\$145,780.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$47,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_	N/A		Person X Payroll

Name of organization HAWKWATCH INTERNATIONAL, INC.

Employer identification number 85-0358519

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	N/A	\$24,570.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	N/A	\$141,704.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9_	N/A	\$41,400.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	N/A	\$35,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	N/A	\$164,168.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	HAWKWATCH INTERNATIONAL, INC.	85-0358519
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional	space is needed.

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

Schedule B (Form 990) (2021) Page **4**

Name of organization Employer identification number HAWKWATCH INTERNATIONAL, INC. 85-0358519 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 information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization Employer identification number HAWKWATCH INTERNATIONAL, INC. 85-0358519 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 HAW	KWATCH INTERNA	ATIONAL, INC.			35851		Page 2
Pa	rt Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, or Other	Similar Assets (continu	ed)	
3	Using the organization's acquisitio	n, accession, and c	other records, chec	k any of the follow	ving that make sigi	nificant	use o	of its
	collection items (check all that appl	y):						
а	Public exhibition			or exchange progra	m			
b	Scholarly research		e Other					
С	Preservation for future gener							
4	Provide a description of the organ	ization's collections	and explain how	they further the or	ganization's exemp	t purpo:	se in	Part
	XIII.							
5	During the year, did the organizatio				_	_		_
	assets to be sold to raise funds rath		ained as part of the	organization's colle	ction?	Yes		No
Pa	rt IV Escrow and Custodial An Complete if the organiza 990, Part X, line 21.	•	es" on Form 990, F	Part IV, line 9, or r	reported an amou	nt on Fo	orm	
1 a	Is the organization an agent, trust	ee, custodian or of	ther intermediary fo	or contributions or	other assets not			_
	included on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in	Part XIII and comp	lete the following tal	ble:				
					Amount			
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance							T
	Did the organization include an am					Yes		⊣ No
	If "Yes," explain the arrangement in rt V Endowment Funds.	Part XIII. Check ne	ere if the explanation	nas been provided	on Part XIII			
Га	rt V Endowment Funds. Complete if the organiza	tion answered "Ve	s" on Form 990 F	Part IV line 10				
	Complete ii the organiza	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fou	r vears	hack
	Danis dan afasan kalasas	2,377,943.	2,027,304.	2,083,148.	2,067,382.		957,6	
1a	Beginning of year balance	5,391.	2,491.	2,990.	2,029.		122,2	
D	Contributions	3,331.	2,131.	275501	27023.		100,1	
C	Net investment earnings, gains, and losses	-304,315.	452,639.	95,266.	128,737.		139,7	735.
٨	Grants or scholarships	272,0201						
	Other expenditures for facilities							
C	and programs	5,391.	2,491.	4,100.	7,883.		122,2	241.
f	Administrative expenses	150,000.	102,000.	150,000.	115,000.		30,0	
g	End of year balance	1,923,628.	2,377,943.	2,027,304.	2,075,265.	2,	067,3	382.
2	Provide the estimated percentage Board designated or quasi-endowm	of the current year		, column (a)) held as): :			
	Permanent endowment ► 51.80		_					
	Term endowment ► 17.0400							
	The percentages on lines 2a, 2b, a	nd 2c should equal 1	100%.					
3a	Are there endowment funds not in t	he possession of th	ne organization that	are held and admi	nistered for the	_		
	organization by:						Yes	No
	(i) Unrelated organizations					3a(i)		Х
	(ii) Related organizations					3a(ii)		Х
b	If "Yes" on line 3a(ii), are the relate	-	•			3b		$oxed{oxed}$
4	Describe in Part XIII the intended u		tion's endowment fu	nds.				
Pa	rt VI Land, Buildings, and Equ	ipment.		Dowt IV / Iina 44a	_			

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				
1 a	Land								
b	Buildings								
С	Leasehold improvements		61,101.	35,896.	25,205.				
d	Equipment		256,385.	215,544.	40,841.				
е_	Other		148,635.	76,553.	72,082.				
Tota	otal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)								

Schedule D (Form 990) 2021

Schedule D (F	orm 990) 2021 HAWKWATC	H INTERNATIONAL,	INC.	85-0358519	Page 3
Part VII	Investments - Other Securities		m 000 Part l	V, line 11b. See Form 990, Part X, line	12
			i i		12.
	(a) Description of security or category	(b) Book va	iue	(c) Method of valuation:	

Part VII	Complete if the organization answered	l "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 valuat Cost or end-of-year mark	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A) _				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
· ,	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B)	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.			m 990, Part X,
1.	(a) Descrip	otion of liability		(b) Book value
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				

(5) (6) (7) (8) (9)

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 .

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

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	າ.	1000001
1	Total revenue, gains, and other support per audited financial statements	1	2,666,036.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Trees of phot year grante, 111111111111111111111111111111111111		
		2e	408,309.
	Add lines 2a through 2d	3	2,257,727.
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		2,237,727.
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	-4,609.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,253,118.
Part 2		_	2/200/1201
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,850,266.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		, ,
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	766,715.
	Subtract line 2e from line 1	3	2,083,551.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	2,083,551.
Part 2	XIII Supplemental Information.		
Provide 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, ation.	line 4; Part X, line
SEE S	SUPPLEMENTAL PAGE		

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

DESCRIPTION OF INTENDED USES OF ENDOMENT FUNDS:

THE INCOME GENERATED BY THE ENDOWMENT SHALL BE USED TO HELP SUPPORT THE ORGANIZATION'S SCIENCE PROGRAMS.

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 4

REVENUE ON RETURN, NOT ON BOOKS

(4,609) - COST OF GOODS SOLD

SCHEDULE D, PART XII, LINE 2D

EXPENSE ON BOOKS, NOT ON RETURN:

4,609 - REFUNDED COST OF GOODS SOLD

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Part I

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number

HAWKWATCH INTERNATIONAL, INC. 85-0358519 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t			tion criteria used to	X Yes No
2	For grantmakers. Describe in Foutside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants and	d other assistance
3	Activities per Region. (The follow	ing Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	MIDDLE EAST AND NORTH AFRICA		5	PROGRAM SERVICES	SCIENTIFIC RESEARCH	73,453.
(2)	EUROPE		1	PROGRAM SERVICES	SCIENTIFIC RESEARCH	16,623.
(3)	SOUTH AMERICA		2	PROGRAM SERVICES	SCIENTIFIC RESEARCH	4,179.
(4)	SUB-SAHARAN AFRICA		2	PROGRAM SERVICES	SCIENTIFIC RESEARCH	32,866.
(5)	SOUTH ASIA		2	PROGRAM SERVICES	SCIENTIFIC RESEARCH	4,692.
	SUB-SAHARAN AFRICA		1	GRANTMAKING	SCIENTIFIC RESEARCH	57,437.
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal		13.			189,250.
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)		13.			189,250.

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

Schedule F (Form 990) 2021

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990 Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	REIMBURSEMEN	57,437.	WIRE TRANSFE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
exe	er total number of recipient org mpt 501(c)(3) organization by the	ne IRS, or for which t	the grantee or counsel has	provided a sec	ction 501(c)(3) equiv	alency letter	▶		1
3 Ente	er total number of other organiz	ations or entities					▶	NO	ONE

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_(1)							
(2)							
_ (3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(</u> 10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

3

5

6

Schedule F	F (Form 990) 2021	HAWKWATCH	INTERNATIONAL,	INC.		Page 🛭 5
Part IV	Foreign Forms		·			
th	ne organization may be require	ed to file Form 926, Return b	ign corporation during the tax by a U.S. Transferor of Property	to a Foreign	Yes	X No
b R	e required to separately file Fo eceipt of Certain Foreign Gifts,	rm 3520, Annual Return To i and/or Form 3520-A, Annua	g the tax year? If "Yes," the org Report Transactions With Fore al Information Return of Foreigr n't file with Form 990)	ign Trusts and Trust With a	Yes	X No

Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to

Certain Foreign Corporations (see Instructions for Form 5471)

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"

the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain

Foreign Partnerships (see Instructions for Form 8865)

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2021

No

X No

X No

Yes

Yes

Yes

Part V

Supplemental Information

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

SCHEDULE F, PART I, LINE 2

THE INTERNATIONAL GRANT PROGRAM IS SOLICITED ON THE HWI WEBSITE, AND APPLICATIONS ARE RECEIVED BY HWI STAFF. GRANT APPLICATIONS FOR MISSION-ALIGNED PROJECTS ARE SELECTED, REVIEWED AND AWARDED BY THE EXECUTIVE DIRECTOR. THE INTERNATIONAL PROGRAM DIRECTOR MONITORS THE GRANTEES AND THE PROGRESS OF THEIR SELECTED PROJECTS. A MID-SEASON AND FINAL REPORT ARE REQUIRED OF GRANTEES. FINAL REPORTS ARE SUBMITTED TO HWI AND USED TO EVALUATE THE SUCCESS OF THE PROJECTS AND PROMOTE FUTURE GRANT CYCLES. THE PROGRESS OF THE PROJECTS IS ALSO PROMOTED ON OUR SOCIAL MEDIA CHANNELS.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection Employer identification number HAWKWATCH INTERNATIONAL, INC. 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d 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 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total 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.

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

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 HAWKWATCH INTERNATIONAL, INC. 85-0358519 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 35TH ANNIVERSAR (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	76,234.			76,234
Re	2	Less: Contributions	6,581.			6,581
	3	Gross income (line 1 minus line 2)	69,653.			69,653.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ά Exp	7	Food and beverages	357.			357
Direc	8	Entertainment	39,952.			39,952
	9	Other direct expenses	9,761.			9,761
	10 11		ne 10 from line 3, colu anization answered "`	ımn (d)	<u></u>	19,583.
		\$15,000 on Form 990-EZ, lin	e 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		billigo/progressive billigo		
ses		Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9 a b		Enter the state(s) in which the org Is the organization licensed to con If "No," explain:	anization conducts ga duct gaming activities	in each of these state	es?	Yes No
10a		Were any of the organization's gamine If "Yes," explain:	g licenses revoked, susp		• •	. Yes No

Schedule G (Form 990) 2021

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?	No the organization conduct gaming activities with nonmembers?
formed to administer charitable gaming?	rmed to administer charitable gaming?
Indicate the percentage of gaming activity conducted in: a The organization's facility	dicate the percentage of gaming activity conducted in: ne organization's facility
Indicate the percentage of gaming activity conducted in: a The organization's facility	dicate the percentage of gaming activity conducted in: ne organization's facility
b An outside facility	
b An outside facility	
Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	,
Address ▶ 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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? 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 explanation 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	
Does the organization have a contract with a third party from whom the organization receives gaming revenue?	ame ▶
revenue?	ldress ▶
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 ▶	
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	'Yes." enter the amount of gaming revenue received by the organization ▶ \$ and the
C If "Yes," enter name and address of the third party: Name ▶	nount of gaming revenue retained by the third party > \$
Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	
Name ►	ame ▶
Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	ldress ▶
Description of services provided ► Director/officer	aming manager information:
Director/officer	ame ▶
Director/officer	aming manager compensation ▶\$
 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 explanation 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 	escription of services provided
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes 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 explanation 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	Director/officer Employee Independent contractor
retain the state gaming license?	andatory distributions:
 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 explanation 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 	the organization required under state law to make charitable distributions from the gaming proceeds to
or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation 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	tain the state gaming license?
Part IV Supplemental Information. Provide the explanation 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	· · · · · · · · · · · · · · · · · · ·
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	
(see instructions).	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization Employer identification number

HAWKWATCH INTERNATIONAL, INC. 85-0358519 Types of Property (c) (b) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods 1 6,500. INSURED VALUE 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 1 5,618. STOCK MARKET VALUE Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts Other ▶ (SEE SUPP PAGE 24,883. 25 26 Other ►(_ Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Χ contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Χ contributions? **b** If "Yes," describe in Part II. 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.

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

Schedule M (Form 990) 2021

Part II Supple

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, COLUMN B:

NUMBER OF NONCASH CONTRIBUTIONS NUMBER DISCLOSED RELATES TO THE NUMBER OF NON-CASH CONTRIBUTIONS RECEIVED.

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	- OTHER NO	NCASH CONTRIBUTIONS		
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
EQUIPMENT/SUPPL	X	33	24,883.	FAIR MARKET VALU
TOTALS	==	33. =======	24,883.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

85-0358519

HAWKWATCH INTERNATIONAL, INC.

FORM 990, PART VI, SECTION A, LINE 8B

THE FULL BOARD OF DIRECTORS MEETS EVERY OTHER MONTH THROUGHOUT THE YEAR.

ALL VOTING ACTIONS AND OTHER WORTHY ITEMS ARE RECORDED IN THE MINUTES OF

EACH MEETING BY THE BOARD SECRETARY. THERE IS ONE BOARD COMMITTEE THAT

MEETS REGULARLY THROUGHOUT THE YEAR, BUT THEY DO NOT TAKE VOTES OR ANY

ACTION AS A COMMITTEE BY ITSELF. RATHER, COMMITTEES TAKE ANY VOTE-WORTHY

ITEMS TO THE FULL BOARD FOR APPROVAL. OTHER COMMITTEES MEET ON AN AS

NEEDED BASIS, AND ALSO DO NOT HAVE THE AUTHORITY TO VOTE OUTSIDE OF THE

FULL BOARD.

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990:

THE TREASURER, FINANCE COMMITTEE, EXECUTIVE DIRECTOR AND OFFICE MANAGER WILL REVIEW THE DRAFT 990 PRIOR TO THE TREASURER SIGNING IT. BEFORE THE RETURN IS FILED A COMPLETE COPY OF THE 990 IS SENT TO THE BOARD.

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

ENFORCEMENT OF CONFLICTS OF INTEREST POLICY:

BOARD MEMBERS DISCUSS AND SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. AT EACH BI-MONTHLY BOARD MEETING CONFLICTS OF INTEREST ARE DISCUSSED IF APPLICABLE.

ALL CONFLICTS OF INTEREST ARE BROUGHT TO THE BOARD AND THE BOARD

DETERMINES IF A CONFLICT EXISTS. IF THERE IS A CONFLICT OF INTEREST THE

BOARD MEMBERS WITH THE CONFLICT WILL RECUSE THEMSELVES FROM THE

DELIBERATION.

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

COMPENSATION PROCESS FOR THE CEO AND OTHER EMPLOYEES:

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

85-0358519

Department of the Treasury Internal Revenue Service Name of the organization

HAWKWATCH INTERNATIONAL, INC

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number**

HAWKWATCH USES A STUDY FROM THE UTAH NONPROFIT ASSOCIATION IN DETERMINING SALARIES FOR THE EXECUTIVE DIRECTOR AND OTHER EMPLOYEES. THE STUDY IS REVIEWED BY AND COMPENSATION APPROVED BY THE BOARD. THE PROCESS AND ALL DECISIONS ARE DOCUMENTED IN PERSONNEL FILES. THE STUDY IS CONDUCTED ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION:

THE GOVERNING DOCUMENTS, DISCLOSURE EXPLANATIONS, AND TAX RETURNS ARE AVAILABLE UPON REQUEST AND ON THE WEBSITE.

Name of the organization

HAWKWATCH INTERNATIONAL, INC.

Employer identification number

85-0358519

FORM 990, PART III - PROGRAM SERVICE

LINE 4C, PROGRAM SERVICE

THE DEVELOPMENT & COMMUNICATIONS PROGRAM PROVIDES WAYS FOR HAWKWATCH INTERNATIONAL (HWI)'S COMMUNITY TO CONNECT WITH RAPTOR CONSERVATION. THE PROGRAM CREATES A VARIETY OF DIGITAL AND PRINTED CONTENT TO EDUCATE THE PUBLIC, INCLUDING BUT NOT LIMITED TO INFOGRAPHICS, BLOGS, REPORTS, AND PRESENTATIONS, AS WELL AS DAILY EDUCATIONAL CONTENT POSTED ON SOCIAL MEDIA. THE PROGRAM ALSO HOSTS FIELD TRIPS, LECTURES, AND OTHER EVENTS TO FOSTER A SENSE OF COMMUNITY FOR THOSE PASSIONATE ABOUT RAPTOR CONSERVATION. FINALLY, THE PROGRAM RAISES CRITICAL UNRESTRICTED DOLLARS FOR RAPTOR CONSERVATION THROUGH MOST TRADITIONAL METHODS, INCLUDING OPPORTUNITIES THAT PROVIDE LEARNING ALONGSIDE THE FUNDING REQUEST, SUCH AS OUR HALLMARK ADOPT-A-HAWK PROGRAM AND OUR NEWER RAPTOR TRANSMITTER SPONSORSHIP PROGRAM.

Name of the organization	Name of the organization				
HAWKWATCH INTERNATION	AL, INC.	INC.		85-0358519	
FORM 990, PART IX - OTHER FE	ES				
	==				
	(A)	(B)	(C)	(D)	
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING	
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES	
SCIENTIFIC SURVEY	224,518.	224,518.			
EDUCATION SERVICES	33,257.	33,257.			
VETERINARY/BIRD SERVICES	5,292.	5,292.			
OTHER SERVICE	34,575.	18,341.	5,991.	10,243	
TOTALS					
	297,642.	281,408.	5,991.	10,243	
	=========	=========	=========	==========	