Form	990
Departm	nent of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

20 Open to Public Inspection

6

OMB No. 1545-0047

Information about Form 990 a	nd its	instru	uctions	is at www.irs.gov/form990.	
or tax yoar boginning	04/	01	2020	and onding	

A F	or th	e 2020 calendar year, or tax year beginning 04/01, 20	20, an	d endir	ng			03/31	, 20 21				
B c	heck if ap	pplicable: LIGHTHAWK				D Emplo	yer ide	ntification	number				
	Addre	ess Doing Business An				84-	0852	104					
		e change Number and street (or P.O. box if mail is not delivered to street address)	Roo	m/suite		E Telephone number							
	-	PO BOX 913239				(970)							
	-	City or town, state or province, country, and ZIP or foreign postal code				. ,							
	Amen	DENVER, CO 80291				G Gross	receipt	s \$	1,642	,882.			
		cation F Name and address of principal officer: DAVID KUNKEL				H(a) Is thi	s a grou	p return for	Yes	XNO			
	_ pendi	PO BOX 913239, DENVER, CO 80291					dinates?	nates included?	Yes	No			
1	Tax-ex	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)	(1) or	52				n a list. (see ir					
J		ite: LIGHTHAWK.ORG	.) 0.	02				tion number					
-		of organization: X Corporation Trust Association Other		L Year o				State of lega		CO			
	art I	Summary						<u> </u>					
		Briefly describe the organization's mission or most significant activities: TO A	CCEL	ERATE	CONS	SERVAT	ION						
Governance		SUCCESS THROUGH THE POWERFUL PERSPECTIVE OF FLI											
rna													
ove		Check this box Check						1		0			
		Number of voting members of the governing body (Part VI, line 1a)						3		9.			
ŝ	4	Number of independent voting members of the governing body (Part VI, line 1b)				••	4		9.			
Activities &		Total number of individuals employed in calendar year 2020 (Part V, line 2a)						5		12.			
cti	6	Total number of volunteers (estimate if necessary)					•••	6		330.			
٩		Total unrelated business revenue from Part VIII, column (C), line 12						7a		0			
	b	Net unrelated business taxable income from Form 990-T, line 34						7b		0			
	_					Prior Ye			Current Y				
e		Contributions and grants (Part VIII, line 1h)	OPY FC	R		2,244			1,500	<u>5,117</u> .			
Revenue		Program service revenue (Part VIII, line 2g)					3,11			0			
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)				36	5,79		4.	L,512			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						0.	1 = 4	583			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12				2,294			1,548	3,212.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)						0.		0			
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.				0			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	891,204.				7,729.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶133,4						0.	12	2,250			
Ъ								_					
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					2,82			5,559			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				1,674			1,556	5,538.			
	19	Revenue less expenses. Subtract line 18 from line 12),34		- 8	3,326			
Net Assets or Fund Balances					Beginr	ning of Cu			End of Yea				
sset 3alai	20	Total assets (Part X, line 16)				2,643				3,452.			
nd E	21	Total liabilities (Part X, line 26)					7,12			L,115.			
		Net assets or fund balances. Subtract line 21 from line 20				2,586	o, 74	5.	2,852	2,337.			
	rt II	Signature Block											
		nalties of perjury, I declare that I have examined this return, including accompanying sch cct, and complete. Declaration of preparer (other than officer) is based on all information of					pest of	my knowle	dge and b	elief, it is			
						1	0/13	3/2021					
Sig		Signature of officer				Dat	te						
He	re	► DAVID KUNKEL TREA	SURE	R									
		Type or print name and title											
		Print/Type preparer's name Preparer's signature	[Date		Chec	k	if PTIN					
Paic		REBECCA DETTMANN, CPA MANAGE		10/13	3/202		mploye		408585				
	barer	Firm's name BDO USA, LLP	I			Firm's EIN	· • 1	13-5383					
Use	Only	Firm's address > 4999 PEARL E CIRCLE STE 300 BOULDER,	CO	30301		Phone no.		303-440					
Mav	the I	PS discuss this rature with the proparer shown above? (see instructions)				Thone no.		X		No			
		rwork Reduction Act Notice, see the separate instructions.							Form 99				
		······································								(

-	rm 990 (20		Page 2
Ρ	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	•	describe the organization's mission: ACHMENT 1	• <u> </u>
2	Did the	organization undertake any significant program services during the year which were not listed on the	
	prior Fo	brm 990 or 990-EZ? Yes	X No
3	Did the services	e organization cease conducting, or make significant changes in how it conducts, any program	X No
4	Describ expense	describe these changes on Schedule O. The the organization's program service accomplishments for each of its three largest program services, as meas es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to al expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$)
		PARTNERS LIKE THE NATURE CONSERVANCY, AUDUBON, SURFRIDER	
		ATION, US FISH AND WILDLIFE AMONG OTHERS, AS WELL AS	
		LATORS AT ALL LEVELS THROUGHOUT THE US. LIGHTHAWK FLIGHTS	
		DED THE CATALYTIC AERIAL PERSPECTIVE THAT ALLOWED DATA	
		CTION, SURVEYS, MONITORING, MEDIA OUTPUT AND CRITICAL	
		LATIVE DECISION MAKERS TO EVALUATE CURRENT CONDITIONS AS WELL	
	AS SE	T FUTURE CONSERVATION GOALS AND OBJECTIVES.	
4b	(Code:) (Expenses \$ 490,719. including grants of \$) (Revenue \$)
	RESEA	RCH AND MANAGEMENT: LAND, WATER AND WILDLIFE: LIGHTHAWK	
	FLIGH	TS SUPPORTED LAND TRUST OVERSIGHT AND MANAGEMENT THROUGHOUT	
		S THROUGH EASEMENT MONITORING AND EVALUATION OF LAND FOR	
		SITION FEASIBILITY AND PROVIDING COMPLIANCE AND OTHER	
		MATION OTHERWISE NOT ACCESSIBLE. LIGHTHAWK FLIGHTS INFORMED	
		RCH STUDIES ON COASTAL SEA LEVEL CHANGES, AND OTHER MAJOR	
		AREAS LIKE THE DELAWARE AND COLORADO RIVERS. LIGHTHAWK	
		TS PROVIDED OTHERWISE UNAVAILABLE DATA TOWARD ANNUAL COUNTS	
		LMON, VARIOUS ENDANGERED BIRD SPECIES, ALGAL BLOOMS AND IVE PLANT GROWTH, AND RIPARIAN WATER RIGHTS ISSUES.	
4c	WILDL) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$)
		ION, IT ALSO HALTED THE SPECIES TRANSPORT THAT SOME OF THE	
		AIRLINES ASSISTED IN. THIS PAST YEAR SAW UNPRECEDENTED NEED	
		OVING ENDANGERED ANIMALS LIKE MEXICAN WOLVES, MASKED BOBWHITE	
		AND WHITE ABALONE. FOR WOLVES, REDENNING PUPS FROM	
		RVATION BREEDING CENTERS TO NEW FOSTER MOTHERS IN THE WILD IS	
		TICALLY TIMED EVENT AND LIGHTHAWK FLIGHTS WERE CRUCIAL TO THE SS OF THESE RELOCATION EFFORTS.	
	JUCCE	55 OF THESE REDOCTION EFFORTS.	

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$
 4e Total program service expenses ▶
 1,326,2

 JSA 0E1020 1.000 6742QP R59G 10/13/2021 8:14:06 PM
 1,326,267.

art	V Checklist of Required Schedules		Var	Т
			Yes	+
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	4	Х	
2	complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	1	X	_
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		+
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			1
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			Ī
	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		
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		
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		
0	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	
1	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,"		37	
	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	445		
•	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
2a	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		
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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		
5	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		
6	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		-
7	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		-
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
~	Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II	18		-
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
۰-	If "Yes," complete Schedule G, Part III	19		
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
р 1	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
	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		

			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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		Х
21 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	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		х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
28				
_	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			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			-
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part		50		
r aru	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ū	reportable gaming (gambling) winnings to prize winners?	1c	х	
10.4				

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	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 12									
b	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 e-file (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
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		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
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		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b		<u> </u>						
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	_		37						
	and services provided to the payor?	7a		Х						
	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	-		x						
	required to file Form 8282?	7c								
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		x						
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
8	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
0	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	-								
-	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								
10	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									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)									
12 a	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 12b									
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	4.4		X						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a								
	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	15		x						
	excess parachute payment(s) during the year?	15		- 25						
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		x						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10								

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b	əlow,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedul				tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>			Х
Sect	ion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	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 relationship w	vith			
-	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the dir				
Ū	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization become aware during the year of a significant aversion of the organization second assessed in a significant aversion of the organization second assessed in a significant aversion of the organization second assessed in a significant aversion of the organization second assessed in a significant aversion of the organization second assessed in a significant aversion of the organization second assessed in a significant aversion of the organization second assessed in a significant aversion of the organization second assessed in a significant aversion of the organization second assessed in a significant aversion of the organization second assessed in a significant aversion of the organization second aversion second aversion se		6		Х
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appo		-		
10	one or more members of the governing body?		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) member				
b	stockholders, or persons other than the governing body?		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken dur				
0		ing			
_	the year by the following:	- 1	8a	Х	
a h	The governing body?		8b	Х	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve		-	.)	
				Yes	No
102	Did the organization have local chapters, branches, or affiliates?	Γ	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter	' • -			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
110			11a	Х	
11a		·			
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 1	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		124		
b	rise to conflicts?		12b	Х	
-		' - -			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		12c	Х	
40	describe in Schedule O how this was done		13	Х	
13	Did the organization have a written whistleblower policy?		14	Х	
14	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review and approval				
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.		15a	Х	
a	The organization's CEO, Executive Director, or top management official		15b	Х	
b	Other officers or key employees of the organization	•			
40.5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	art			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem		16a		x
	with a taxable entity during the year?		TVa		
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard				
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure	-			1
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9		(500	tion 5	501(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	30-1	(060	1011 0	,
	$\begin{bmatrix} X \end{bmatrix}$ Own website $\begin{bmatrix} Another's website \\ \end{bmatrix} \begin{bmatrix} X \end{bmatrix}$ Upon request $\begin{bmatrix} Other (explain on Schedule O) \\ \end{bmatrix}$				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confi	ict of	inter	oct r	nolicy
13	and financial statements available to the public during the tax year.		me	Got þ	Joney,
20		oorde			
20	State the name, address, and telephone number of the person who possesses the organization's books and re CYNTHIA HARTMANN PO BOX 913239 DENVER, CO 80291 970-797-9355	,00108			
			-	000	(2020)

JSA

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

		(C) Position								
(A)	(B)	(do n			a than o	ne	(D)	(E)	(F)	
Name and title	Average hours		(do not check more than or box, unless person is both					Reportable compensation	Reportable compensation	Estimated amount of other
	per week		officer and a di					from the	from related	compensation
	(list any	or In	l.	Q	5	e H	Fo	organization	organizations	from the
	hours for related	Individual trustee or director	stitu	Officer	Key employee	ghes	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	ualt	tiona	`	nplo	/ee				related organizations
	below	trust	altru		yee	mpe				
	dotted line)	ee	Institutional trustee			Highest compensated employee				
						ed				
(1)EMILIE RYAN	40.00									
CFO (OUTGOING)	0.			Х				81,903.	0.	25,626.
(2) MICHELE RUTLEDGE	40.00									
CEO	0.			Х				83,992.	0.	1,800.
(3) LAWRENCE SITTIG	1.00									
CHAIR	0.	Х		Х				0.	0.	0.
(4) JAMES BECKER	1.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(5) DAVID KUNKEL	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(6)JOSH MARVIL	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(7)NORISSA GIANGOLA	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8) PHIL WALKER	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)WILL WORTHINGTON	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10) KIMBERLY ECKERT	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(11) ERIN MANZITTO-TRIP	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(12) CYNTHIA HARTMANN	0.									
CFO (INCOMING)	0.			Х				0.	0.	0.
(13)										
(14)										

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Part VII Section A. Officers, Directors, Tru	istees, Ke	y Em	plo	byee	es,	and H	ligl	hest Compensat	ed Employ	jees (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	Average Position hours per veek (list any hours for officer and a director					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		am	(F) stimated nount o other pensati	f
	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		orga and	om the anizatic d relate anizatio	d
		-											
		_											
		_											
		-											
		-											
1b Sub-total							►	165,895.		0.		27,	426.
c Total from continuation sheets to Part VII, Se	-							0.		0.		07	0
d Total (add lines 1b and 1c)							•	165,895.	¢100.000	0.		27,	±20.
2 Total number of individuals (including but not reportable compensation from the organization				a a	DOV	e) who	o re	eceived more than	\$100,000 0	70			
												Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		X
4 For any individual listed on line 1a, is the											J		
organization and related organizations gre													
individual											4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		X
Section B. Independent Contractors													
 Complete this table for your five highest com compensation from the organization. Report c year. 													
(A) Name and business add	ress							(B) Description of se	rvices	С	(C) compens		
							_						
							+						
							_						

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 ► 0. JSA 0E1055 1.000

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	990 (2						Page 9
Par	rt VIII						[]
		Check if Schedule O contains a respor	nse or note to an	y line in this Part ∖ (A) Total revenue	(III (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f1gTotal. Add lines 1a-1f1		1,506,117.			
Program Service Revenue	2a b c d e f g	All other program service revenue	Business Code	0.			
	3 4 5 6a b c	Investment income (including dividends, other similar amounts) Income from investment of tax-exempt bond Royalties Gross rents Less: rental expenses Rental income or (loss) 6c	interest, and ▶ proceeds	41,512. 0. 0.			41,512
svenue	d 7a b	Net rental income or (loss)	(ii) Other	0.			
Other Reve	d 8a b	Net gain or (loss) Image: Comparison of the comparison o	0. 0.	0.			
	c 9a b	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 9a Less: direct expenses 9b Net income or (loss) from gaming activities	0.	0.			
	c 10a b c	Gross sales of inventory, less returns and allowances	0.	0.			
Miscellaneous Revenue	11a b c d	OTHER REVENUE	Business Code 541900	583.			583
2	е 12	Total. Add lines 11a-11d Total revenue. See instructions		583. 1,548,212.			42,095

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	onse or note to any lin	e in this Part IX		X
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
	Compensation of current officers, directors, trustees, and key employees	229,427.	197,307.	18,354.	13,766.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	424,215.	314,934.	46,410.	62,871.
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,458. 79,085.	14,543. 58,420.	2,209.	2,706.
9	Other employee benefits	45,544.	35,525.	4,554.	5,465.
10	Payroll taxes	45,544.	35,525.	4,554.	5,405.
11		11,971.	8,949.	2,171.	851.
	Management	1,401.	1,047.	2,171.	100.
		24,011.	17,948.	4,355.	1,708.
	Accounting	0.	1,1,5101	1,555.	1,,001
	Lobbying	12,250.			12,250.
	 Professional fundraising services. See Part IV, line 17 f Investment management fees 	285.		285.	
2	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	10,708.	8,005.	1,942.	761.
12	Advertising and promotion	16,240.	7,486.	1,528.	7,226.
13	Office expenses	31,571.	18,966.	2,431.	10,174.
14	Information technology	47,824.	47,824.		
15	Royalties	0.			
16	Occupancy	7,413.	5,189.	1,112.	1,112.
17	Travel	3,443.	3,324.	19.	100.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	347.	347.		
23	Insurance	43,410.	40,450.	1,480.	1,480.
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.)	F 2 0 0 7 2	F 2 0 0 7 2		
	AIRCRAFT EXPENSES	530,873.	530,873.	F00	1 414
	SUPPLIES	8,483.	6,560. 6,974.	509.	1,414.
-	EQUIPMENT	6,974.			
	AWARDS & RECOGNITION	1,592.	1,592.	1.	8.
	All other expenses	1,556,538.	1,326,267.	96,797.	133,474.
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)	0.	1,520,207.		
	3 1 1 1 1 1	٠.			000

Form 990 (2020)
Part X Balance Sheet

Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	Part X		<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	171,379.	1	133,691.
	2	Savings and temporary cash investments	549,663.	2	754,834.
	3	Pledges and grants receivable, net	1,027,416.	3	986,000.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
٩	9	Prepaid expenses and deferred charges	55,180.	9	51,093.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a2,902.Less: accumulated depreciation10b2,555.	604		347.
			694. 839,542.		1,127,487.
	11	Investments - publicly traded securities	0.59,542.	11	1,127,487.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13 14	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14 15	0.
	16	Other assets. See Part IV, line 11	2,643,874.	15	3,053,452.
	17	Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses	57,129.	17	41,000.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	160,115.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	57,129.	26	201,115.
seor		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions	535,983.	27	735,576.
â	28	Net assets with donor restrictions.	2,050,762.	28	2,116,761.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
5 0	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
let	32	Total net assets or fund balances	2,586,745.	32	2,852,337.
	33	Total liabilities and net assets/fund balances	2,643,874.	33	3,053,452.
					Form 990 (202

Form 990 (2020)

Form 99	90 (2020)			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	1,5	48,2	212.
2	Total expenses (must equal Part IX, column (A), line 25)	2		56,5	
3	Revenue less expenses. Subtract line 2 from line 1	3		-8,3	326.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		86,	
5	Net unrealized gains (losses) on investments	5	2	73,9	918.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,8	52,3	337.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled 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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	•		37	
	the audit, review, or compilation of its financial statements and selection of an independent accounta	int?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in the			
	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 a	udits	3b		
			Form	990	(2020)

SCHE	DU	LE	A
(Form	990	or	990-EZ)

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

OMB No. 1545-0047 2020

		nt of the Treasury evenue Service		Go to www.irs.go	v/Form990 for instruction			information.	Open to Public Inspection
Nam	e of t	he organization	I					Employer identifi	cation number
-	-	HAWK				<u> </u>		84-08521	
	rt I			•	<u>v</u>			art.) See instructions	S
	orga		-		t is: (For lines 1 through the standard standard standard standard standard standard standard standard standard	-	-		
1					tion of churches desc				
2					. (Attach Schedule E	-			
3 4			-		rganization described			n section 170(b)(1)(A)	(iii) Entor the
4		hospital's nam	•	•		spilai ue	Scribed ii		
5			-		a college or universit		d or one	arated by a governme	ntal unit described in
Ŭ		-		Complete Part II.)	a concept of anivoron	ly owno		fated by a governme	
6		•		. ,	rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7	Х		-	-					om the general public
		-)(1)(A)(vi). (Comp		••	5		5 1
8					b)(1)(A)(vi). (Complete	e Part II.)			
9		-				-		I in conjunction with a	land-grant college
		or university o	or a non-land-	grant college of ag	griculture (see instruc	tions). E	nter the	name, city, and state o	f the college or
		university:							
10 11		receipts from support from acquired by th	activities rela gross investr ne organizatio	ited to its exempt to ment income and u on after June 30, 1	functions. subiect to c	ertain ex able inco (a)(2). (0	xceptions ome (les Complete		n 331/3 % of its
12		•	•	•	•				arry out the purposes
		-	-	-		-			ee section 509(a)(3).
				· · · -					nes 12e, 12f, and 12g.
а		Type I. A su	upporting org	anization operated	l, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
				-		-		f the directors or truste	
	_	supporting c	organization.	You must complet	te Part IV, Sections A	and B.			
b		Type II. A s	upporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organization	on(s), by having
		control or m	nanagement o	of the supporting of	organization vested in	the sam	e persor	ns that control or man	age the supported
	_	_ organization	(s). You must	t complete Part IV	, Sections A and C.				
С			-					n with, and functional	ly integrated with,
	_		-		ns). You must comple				
d			-			-		ection with its suppor	
			•	•	• •	•		oution requirement and	d an attentiveness
		·	•	,	omplete Part IV, Sect				. – …
е			-					hat it is a Type I, Type I	I, Type III
f	En		-		tionally integrated sup		-	lion.	
' a				•	orted organization(s).				•••••
9		ame of supported of		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(1)				(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))	docu Yes	ment? No	instructions)	instructions)
(A)									
(B)									
(C)									
(D)									
(E)									
Tot								-	
For	Paper	rwork Reduction A	ct Notice, see th	e Instructions for Form	1 990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2020

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,348,078.	1,407,214.	1,789,364.	2,244,462.	1,506,117.	8,295,235.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,348,078.	1,407,214.	1,789,364.	2,244,462.	1,506,117.	8,295,235.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
•	shown on line 11, column (f) ATCH 1						1,278,494.
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						7,016,741.
	tion B. Total Support ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4.	1,348,078.	1,407,214.	1,789,364.	2,244,462.	1,506,117.	8,295,235.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,943.	25,728.	22,047.	36,771.	41,512.	137,001.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH.</u> 2					583.	583.
11	Total support. Add lines 7 through 10						8,432,819.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	42,611.
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2020 (li					14	83.21 %
15	Public support percentage from 2019						78.89%
16a	331/3% support test - 2020. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	
	box and stop here. The organization qu			-			
b	331/3% support test - 2019. 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			_	-		
-	organization						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organiz	zation meets th	e facts-and-circu	umstances test,	check this box	and stop here	. Explain
	in Part VI how the organization meets			-			
18	organization. Private foundation. If the organization	n did not chec	k a box on line	13, 16a, 16b	, 17a, or 17b,	check this box	and see
	instructions						· · · ► 📖

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organization	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here .	<u></u>					<u></u> ►
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2020 (line 8,	column (f), divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2019 Schee					16	%
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2020 (lin		•			17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the org	-					
	17 is not more than 331/3%, check this	-	-	•		••••••	
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than 331/3%, check		•				
20	Private foundation. If the organization d	id not check a	box on line 14	1, 19a, or 19b,			
JSA 0E122	^{11.000} 6742qp r59g 10/13/2021 8:	:14:06 DM	V 20-7 2F	Þ	ооз447.тооз	chedule A (Form 9	90 OF 990-EZ) 2020
			· · · · · · · · · · · · · · · · · · ·	D		-	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

JSA 0E1229 1.010 10b Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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

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.

Section 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

Section D. All Type III Supporting Organizations

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

Section 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 instruction	ns).	
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 instruction supported a governmental entity (see instruction support of a governm	ctions).
•	Activities Test Answer lines 23 and 26 below	Yes	No
-,	Activities Lest Answer lines 22 and 26 below		

~	Activities rest. Answer nines za and zb below.		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in</i> Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
a	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.	3b	

Schedule A (Form 990 or 990-EZ) 2020

Page 5

1

2

_	edule A (Form 990 or 990-EZ) 2020			Page 0
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organized supporting organized support of the set of the			
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

JSA

Schedu	le A (Form 990 or 990-EZ) 2020				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p		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 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		•	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount			_	
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			_	
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
a b	Excess from 2017				
 	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization LIGHTHAWK

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

84-0852104

Organization type (check on	e):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

SCHEE	DULE 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.

Open to Public

OMB No. 1545-0047

20

20

	nal Revenue Service	► Go to www.irs.gov	/Form990 for instructions and the latest inform	mation. Inspectio	n
Nam	e of the organization	-		Employer identification number	
LIC	GHTHAWK			84-0852104	
Pa	rt Organiza	tions Maintaining Donor Adv	ised Funds or Other Similar Funds of	r Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds and other accounts	3
1	Total number at e	nd of year			
2		of contributions to (during year)			
3	Aggregate value o	of grants from (during year)			
4	Aggregate value a	at end of year			
5			advisors in writing that the assets held	in donor advised	_
	funds are the orga	anization's property, subject to the	e organization's exclusive legal control?	Yes	No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in writing that grant f	unds can be used	
	only for charitable	e purposes and not for the bene	fit of the donor or donor advisor, or for a	any other purpose	_
	conferring imperm	nissible private benefit?		Yes	No
Pa	art II Conserva	tion Easements.			
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of con	servation easements held by the	e organization (check all that apply).		
	Preservatio	n of land for public use (for example	, recreation or education) Preservation	of a historically important land a	area
		of natural habitat	Preservation	of a certified historic structure	
		n of open space			
2			eld a qualified conservation contribution ir		
		last day of the tax year.		Held at the End of the Tax	x Year
а	Total number of co	onservation easements		2a	
b	-	-	8	2b	
С			historic structure included in (a)	2c	
d			e) acquired after 7/25/06, and not on a		
		-		2d	
3	Number of conse	rvation easements modified, tra	nsferred, released, extinguished, or term	inated by the organization dur	ing the
	tax year 🕨				
4			rvation easement is located ►		
5			garding the periodic monitoring, inspec	-	
_			sements it holds?		No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	conservation easements during th	ne year
_	►				
7		ses incurred in monitoring, inspec	ting, handling of violations, and enforcing c	conservation easements during the	he year
~	►\$				
8		-	2(d) above satisfy the requirements of sect		
~	and section 170(n))(4)(B)(II)?	conservation easements in its revenue an		No
9	•	e 1	of the footnote to the organization's finance	•	
		counting for conservation easeme		tial statements that describes the	
Pa			of Art, Historical Treasures, or Othe	r Similar Assets	
1 0			"Yes" on Form 990, Part IV, line 8.		
1.0				is statement and balance about	t worko
1a	of art, historical t	treasures, or other similar asse	ASB ASC 958, not to report in its revenu ts held for public exhibition, education,	or research in furtherance of	f public
	service, provide in	Part XIII the text of the footnote	to its financial statements that describes t	hese items.	
b			ASB ASC 958, to report in its revenue s		
		sures, or other similar assets he ing amounts relating to these iter	ld for public exhibition, education, or res	search in furtherance of public s	service,
			ns:	► ¢	
	.,				
•	.,		t biotoriaal traceurae or other similar		
2	•		rt, historical treasures, or other similar	assets for interictal gain, prov	ide the
			ASB ASC 958 relating to these items:	► ¢	
a b					
-		Act Notice, see the Instructions for		Schedule D (Form S	990) 2020

Schee	dule D (Form 990) 2020							P	age 2
Ра	rt III Organizations Maintaining	g Collections of /	Art, Historical Tro	easures, or	Other Similar	Assets (c	continu	ed)	
3	Using the organization's acquisition,	, accession, and o	ther records, chec	k any of the	e following that	make sign	ificant	use c	f its
	collection items (check all that apply)	:							
а	Public exhibition		d 🗌 Loan	or exchange	e program				
b	Scholarly research		e 🗌 Other						
С	Preservation for future genera	tions							
4	Provide a description of the organiz	ation's collections	and explain how	they further	the organization	n's exempt	purpo	se in	Part
	XIII.								
5	During the year, did the organization	solicit or receive d	onations of art, hist	orical treasu	ures, or other sin	nilar			
	assets to be sold to raise funds rathe	r than to be mainta	ined as part of the	organizatior	's collection?	[Yes		No
Ра	rt IV Escrow and Custodial Arr	angements.							
	Complete if the organization	on answered "Yes	s" on Form 990, I	Part IV, line	9, or reported	an amour	nt on Fo	orm	
	990, Part X, line 21.								
1a	Is the organization an agent, truste	e, custodian or ot	her intermediary f	or contribut	ions or other a	ssets not			
	included on Form 990, Part X?					[Yes		No
b	If "Yes," explain the arrangement in					_			-
						Amount			
С	Beginning balance			1c					
d	Additions during the year			1d					
е	Distributions during the year			1e					
f	Ending balance			1f					
2a	Did the organization include an amou				stodial account	liability?	Yes		No
b	If "Yes," explain the arrangement in	Part XIII. Check he	re if the explanation	has been p	rovided on Part >	(III .]
Pa	rt V Endowment Funds.								
	Complete if the organization	on answered "Ye	s" on Form 990, I	Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Thre	e years back	(e) Fou	years	back
1a	Beginning of year balance	839,542.	934,058.	949	,775. 8	44,732.		794,	537.
b	Contributions								
	Net investment earnings, gains,								
·	and losses	287,945.	-68,261.	9	,345. 1	05,043.		83,	834.
d	Grants or scholarships		26,255.	25	,062.			24,	779.
e	Other expenditures for facilities								
Ŭ	and programs								
f	Administrative expenses							8,	860.
g	End of year balance	1,127,487.	839,542.	934	,058. 9	49,775.		844,	732.
2	Provide the estimated percentage of	the current year e	nd halance (line 1g	column (a))	held as:	I			
a	Board designated or quasi-endowme	nt ▶ 2.5500	%						
b	Permanent endowment 97.45	00 %	-						
с	Term endowment %								
	The percentages on lines 2a, 2b, and	d 2c should equal 1	00%.						
3a	Are there endowment funds not in th	-		are held an	d administered f	or the			
	organization by:						[Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related						3b		
4	Describe in Part XIII the intended us	•	•				<u> </u>		
Ра	rt VI Land, Buildings, and Equip Complete if the organizat								
	Complete if the organizat	ion answered "Ye	<u>s" on Form 990,</u>	Part IV, line	e 11a. See For	<u>m 990, Pa</u>	rt X, lin	ie 10	
	Description of property	(a) Cost or ((investi	other basis (b) Cost ment) (0	or other basis	(c) Accumulated depreciation	(d) Book va	alue	
1a	Land	``		- /					
b	Buildings								
C	Leasehold improvements								
d	Equipment			2,902.	2,555	5.		3	47.
	Other				<u> </u>				
Tota	I. Add lines 1a through 1e. (Column (d) must equal Form	990, Part X. colum	n (B), line 10)c.)	•			47.
	5 1 1	· ·				- I			

Schedule D (Form 990) 2020

JSA 0E1269 1.000

Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4)(5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedule D (Form 990) 2020

Schedu	le D (Form 990) 2020		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,993,288.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	445,361.
3	Subtract line 2e from line 1	3	1,547,927.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 285.		
b	Other (Describe in Part XIII.)		
c c	Add lines 4a and 4b	4c	285.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	1,548,212.
Part		irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,727,696.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	171,443.
3	Subtract line 2e from line 1	3	1,556,253.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 285.		
b	Other (Describe in Part XIII.)		
с С	Add lines 4a and 4b	4c	285.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	1,556,538.
	XIII Supplemental Information.	-	
	the descriptions required for Datt II, lines 2, 5, and 0; Datt III, lines 1a and 4; Datt IV, lines 1b, and 2b; D	Oct 1/	line 4: Dort V line

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4 THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO PROMOTE ITS CHARITABLE PURPOSE.

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). HOWEVER, INCOME FROM ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME DURING THE YEARS ENDED MARCH 31, 2021 AND 2020.

THE ORGANIZATION BELIEVES THAT IT HAS CONDUCTED ITS OPERATIONS IN ACCORDANCE WITH, AND HAS PROPERLY MAINTAINED, ITS TAX-EXEMPT STATUS, AND THAT IT HAS TAKEN NO MATERIAL UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2018.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

Open to Public Inspection

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Employor identificati

LIGHTHAWK	
LIGUIUAWK	

	HTHAWK					852104	numbe	1	
					04-0	052104			
Par		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported c Form 990, Part VIII, lir	n n	Method of Incash cont			
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	-							
5	Clothing and household								
	goods	•							
6	Cars and other vehicles	•							
7	Boats and planes	•							
8	Intellectual property								
9	Securities - Publicly traded	X	3.	129,9	48. ME	AN MARK	ET V	/ALU	Е
10	Securities - Closely held stock								
11	Securities - Partnership, LLC,								
	or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation								
	contribution - Historic								
	structures								
14	Qualified conservation								
	contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy	•							
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ►(<u>ATCH 1</u>)		11.	572,2	08.				
26	Other ►()								
27	Other ►()								
28	Other ►()								
29	Number of Forms 8283 received	I by the org	anization during the tax y	ear for contributions	for				
	which the organization completed	Form 8283,	Part V, Donee Acknowledg	ement	29			Yes	No
30a	During the year, did the organiza	tion receive	by contribution any prope	erty reported in Part I	, lines 1	through			
	28, that it must hold for at least					-			
	to be used for exempt purposes for	-					30a		X
h	If "Yes," describe the arrangement					••••			
31	Does the organization have a		tance policy that require	es the review of a	anv non	standard			
•••	contributions?				-		31	Х	
32a	Does the organization hire or us								

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

contributions?.....

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

32a

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Part II

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
FLIGHT MATERIALS	Х	б.	530,873.	FAIR MARKET VALUE
EQUIPMENT	х	2.	3,395.	FAIR MARKET VALUE
SOFTWARE	Х	3.	37,940.	FAIR MARKET VALUE
TOTALS	_	11.	572,208.	

Schedule M (Form 990) (2020)

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.

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



Department of the Treasury Internal Revenue Service Name of the organization

LIGHTHAWK

Employer identification number

FORM 990, PART VI, SECTION B, LINE 11A THE BOARD OF DIRECTORS REVIEWS AND APPROVES AN ELECTRONIC VERSION OF THE 990 BEFORE THE RETURN IS FILED WITH THE IRS. AN OFFICER OF THE ORGANIZATION SIGNS THE 990.

FORM 990, PART VI, SECTION B, LINE 12

EMPLOYEES ARE EXPECTED TO AVOID SITUATIONS THAT COULD RESULT IN A CONFLICT OF INTEREST BETWEEN LIGHTHAWK AND THEIR PERSONAL OR OTHER BUSINESS ACTIVITIES. THE CEO SHOULD BE APPROACHED WITH A POTENTIAL CONFLICT AND SHE WILL REVIEW THE SITUATION AND DETERMINE WHETHER THE EMPLOYEE SHOULD PARTICIPATE IN THE ACTIVITY.

BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANNUALLY TO THE BOARD SECRETARY ANY POTENTIAL CONFLICTS WITH PERSONS OR GROUPS DOING BUSINESS WITH LIGHTHAWK. BOARD MEMBERS WHO HAVE A POTENTIAL CONFLICT OF INTEREST MAY NOT PARTICIPATE IN DISCUSSIONS OR VOTE ON MATTERS INVOLVING RELATIONS BETWEEN LIGHTHAWK AND OTHER AFFECTED PERSONS OR GROUPS.

FORM 990, PART VI, SECTION B, LINE 15

THE CFO COMPILES COMPENSATION INFORMATION FROM SEVERAL NATIONAL SALARY AND BENEFIT SURVEYS INCLUDING NONPROFIT TIMES. THIS INFORMATION IS REVIEWED BY THE CEO. SALARY RANGES AND RECOMMENDATIONS FOR INDIVIDUAL SALARIES ARE SET BASED ON THIS COMPARABLE INFORMATION AND LIGHTHAWK'S INTERNAL SALARY STRUCTURE. THIS INFORMATION IS PERIODICALLY REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF LIGHTHAWK. THE CFO

Employer identification number 84-0852104

AND CEO COMPENSATION PACKAGES WERE LAST REVIEWED AND APPROVED IN JULY 2019.

FORM 990 PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO MEMBERS OF THE PUBLIC UPON REQUEST. IT IS ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION DID NOT CHANGE ITS AUDIT OVERSIGHT PROCESS DURING THE YEAR.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

LIGHTHAWK FLIES TO SAVE THE EARTH. LIGHTHAWK EXISTS BECAUSE WE KNOW EXCELLENT CONSERVATION WORK CAN BE DONE WITH AIRCRAFT. MOST CONSERVATION GROUPS ARE UNAWARE OF THE EFFICIENCY SAVINGS AND IMPACT TO PERCEPTIONS AERIAL VIEWS CAN PROVIDE. EVEN WHEN THEY DO, FLIGHTS MAY SEEM UNAFFORDABLE TO THEM. LIGHTHAWK'S CONSERVATION PROFESSIONALS IDENTIFY SIGNIFICANT CONSERVATION ISSUES AND WORK WITH LEADING CONSERVATION PARTNER ORGANIZATIONS TO CO-DESIGN EFFECTIVE FLIGHT CAMPAIGNS WHERE AVIATION CAN QUICKLY ACCELERATE THE WORK TO MORE QUICKLY ACHIEVE SIGNIFICANT OUTCOMES. ONCE CAMPAIGNS ARE DESIGNED, WE LEVERAGE A NATIONWIDE NETWORK OF MORE THAN 350 HIGHLY-EXPERIENCED VOLUNTEER PILOTS WHO MAKE FLIGHTS AFFORDABLE BY DONATING THEIR TIME, AIRCRAFT, EXPERTISE AND FUEL. WE ARE ABLE PROVIDE FLIGHTS TO OUR PARTNERS WITHOUT CHARGE BECAUSE OF THE CHARITABLE SUPPORT OF OUR PILOTS.

Schedule O (Form 990 or 990-EZ) 2020	Page 2	
Name of the organization	Employer identification number	
LIGHTHAWK	84-0852104	
	ATTACHMENT 2	

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
INVESTMENTS HELD FOR ENDOWMENT	1,127,487.	FMV
TOTALS	1,127,487.	

Schedule O (Form 990 or 990-EZ) 2020