WEGNER CPAS, LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

> HAGAR USA, INC. 1609 E 5TH ST, STE 2 CHARLOTTE, NC 28204-2486

Indelladaaldllaadadadddalladadladadl



HAGAR USA, INC. 1609 E 5TH ST, STE 2 CHARLOTTE, NC 28204-2486 ATTENTION: CATHERINE KIRKENDALL

ENCLOSED IS THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

TAX-EXEMPT ORGANIZATIONS ARE REQUIRED TO MAKE AVAILABLE FOR PUBLIC INSPECTION A COPY OF THEIR ANNUAL RETURNS UPON REQUEST. RETURNS MUST BE AVAILABLE FOR A PERIOD OF THREE YEARS BEGINNING ON THE DATE THE RETURNS ARE REQUIRED TO BE FILED (INCLUDING EXTENSIONS) OR ARE ACTUALLY FILED, WHICHEVER IS LATER. WE HAVE ENCLOSED A PUBLIC DISCLOSURE COPY OF YOUR RETURN THAT MAY BE USED TO COMPLY WITH THE PUBLIC INSPECTION REQUIREMENTS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

BRUCE MAYER, CPA

Bruce Mayer

PARTNER

Form **990**(Rev. January 2020) Department of the Treasury

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.

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

2019
Open to Public Inspection

and ending A For the 2019 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change HAGAR USA, INC. Name change 20-1507669 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 980-272-0114 1609 E 5TH ST termin-ated 358,416. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return CHARLOTTE, NC 28204-2486 H(a) Is this a group return Applica-F Name and address of principal officer: CATHERINE KIRKENDALL Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.HAGARUSA.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2004 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: HAGAR USA IS A SUPPORT OFFICE Activities & Governance FOR THE WORK OF HAGAR INTERNATIONAL, WHICH IS AN INTERNATIONALLY Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 640,346. 358,416. Contributions and grants (Part VIII, line 1h) Revenue 0. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 178. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 640,524. 358.416. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 271,042. 262,356. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 155,192. $14\overline{3,932}$ Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 68,048. 55,566. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 494,282. 461,854. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 146,242. -103,438. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 233,128. 132,021. 20 Total assets (Part X, line 16) 3,789. 1,458. 21 Total liabilities (Part X, line 26) 231,670. 128,232. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ature of officer Date Sign CATHERINE KIRKENDALL, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature BRUCE MAYER, CPA 5/20/20 ₱00187180 Paid Firm's name WEGNER CPAS, LLP Firm's EIN **→** 39-0974031 Preparer Firm's address 2921 LANDMARK PL STE 300 Use Only MADISON, WI 53713-4236 Phone no. 608-274-4020 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form	1990 (2019) HAGAR USA, INC. 20-1507669	Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	HAGAR USA, INC.'S MISSION IS COMMUNITIES FREE AND HEALED FROM THE	
	TRAUMA OF HUMAN TRAFFICKING, SLAVERY, AND ABUSE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	d
	revenue, if any, for each program service reported.	
4a)
	HUMAN RIGHTS PROTECTION, RECOVERY, AND EDUCATION	
	IN 2019 HAGAR USA FUNDED "THE WHOLE JOURNEY" FOR CLIENTS IN CAMBODIA	,
	VIETNAM AND AFGHANISTAN. THIS PROGRAM PROVIDES SAFE ACCOMMODATION,	
	LEGAL SUPPORT, COUNSELING, CASE MANAGEMENT, EDUCATION SUPPORTS,	
	ECONOMIC EMPOWERMENT AND JOB TRAINING, AND HELPS TO BUILD SAFETY	
	NETWORKS TO PREVENT TRAUMATIC EVENTS FROM RE-OCCURING.	
	HAGAR USA FUNDS FROM A 3 YEAR GRANT ARE PROVIDING HAGAR INTERNATIONA	<u> </u>
	WITH THE CAPACITY TO EXPAND TRAUMA INFORMED CARE OPERATIONS IN THE	
	NORTHWEST PROVINCES OF CAMBODIA, EXPAND EMPOWERMENT PROGRAMS AND SAF	
	ACCOMMODATION FOR WOMEN AND CHILDREN IN AFGHANISTAN AND PROVIDE SAFE	
4b	(Code:) (Expenses \$)
_		
4c	(Code:) (Expenses \$)
	Other program conject (Describe on Schodule O.)	
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 305,515 •	
10	Form 99) (2019)
	1 om ee	(-3.3)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		 -
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	11h	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	21	
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		X
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV	Ch	ecklist	of Rea	uired	Schedules	S (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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			1 37
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	240		X
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
	"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		X
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			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a	1	
	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
00000	/g		aan	(2010

Form 990 (2019) HAGAR USA, INC. Part 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 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				37
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 that it was or is a party to a prohibited tax shelter transaction.		5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		C-		Х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		6a		
ь			6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
_	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	11a			
a		i ia			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	.za		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	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	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2019)

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

	Olimbia da, as, ar resistante directinada de directinada, processos, ar cinarigos en concedero e, coe includencia.			Х
800	Check if Schedule O contains a response or note to any line in this Part VI			Δ
Sec	tion A. Governing Body and Management		V	N
4.	Enter the number of voting members of the governing body at the end of the tax year 5		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	_ · · · · · · · · · · · · · · · · · · ·			
b	Enter the number of voting members included on line 1a, above, who are independent			
2		2		Х
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		х
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	۰		
<i>1</i> a	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- ra		
b		7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
а	The governing body?	8a	х	
b		8b		Х
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Dir onoto (mis section b requests information about politics not required by the internal nevenue seeds.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	•	•	
17	List the states with which a copy of this Form 990 is required to be filed ▶AL , AR , CA , FL , GA , HI , IL , KS , KY	, MD	, MA	,MI
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3			
	for public inspection. Indicate how you made these available. Check all that apply.	. ,	-	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CATHERINE KIRKENDALL - 980-272-0114			
	1609 E 5TH ST STE 2, CHARLOTTE, NC 28204-2486			
	CDE CCUENTIE A BAD BITT TIOM AD CMAMDO	Гани	ΩΩΩ	(0010)

Form 990 (2019) HAGAR USA, INC. 20-1507669 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.

(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations
(1) JEFFREY BUTERBAUGH	1.00	X		Х				0.	0.	0
(2) DEBORAH MANZANARES	1.00	<u> </u>		^				0.	0.	
VICE CHAIRPERSON/SECRETARY	1.00	X		x				0.	0.	0
(3) BRUCE MESSENGER	1.00	122						0.	•	
TREASURER	1.00	x		x				0.	0.	0
(4) JAMES HALL, JR.	1.00									
DIRECTOR		Х						0.	0.	C
(5) ALEX BROWN, JR.	1.00									
DIRECTOR		Х						0.	0.	(
(6) MIKE NOWLIN	45.00									
EXECUTIVE DIRECTOR				Х				89,600.	0.	C
(7) ROBERT GLUCK	10.00									_
FINANCE DIRECTOR (THRU JUNE)				Х				9,888.	0.	
(8) GORDON PRY	8.00	1						0 522	0	,
FINANCE DIRECTOR (JUNE THRU NOV)				Х				9,533.	0.	
		-								
		-								
		-								
				\vdash						

Form **990** (2019)

(A) (B) (C) (D) (E) (F) Name and title Average Position (do not check more than one (do not check more than one than one (do not check more than one (do not check more than one than one (do not check more than one than one (do not check more than one than one than one than one than one (do not check more than one that one than one tha	Part VII Section A. Officers, Directors, Trus		plov	ees	, and	d Hid	ghes	st C	ompensated Emplove	20-15 es (continued)		·	Page 8
the organizations (W-2/1099-MISC) compensation from the organization from the organization or related organization shours for related organization should be a supplied organization or related organization should be a supplied organization or related organization or related organization org	(A)	(B) Average hours per	(do box	not c	(C Posi heck i	tion more t	than o	one n an	(D) Reportable compensation	(E) Reportable compensation	1	Estimated amount of	
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes		(list any hours for related organizations below			Officer	Key employee	Highest compensated employee	Former	the organization	organizations	C) (ompens from tl organiza and rela	ation ne ition ited
Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes													
Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes													
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)											+		
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Ction B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)													
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Ction B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)									100 001				
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Sction B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	I, Section A					 	•	0. 109,021.		0.		0 0 0
line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	ot limited to th	iose	liste	ed at	oove	e) wh	io re	eceived more than \$100	0,000 of reportable	e 	Yes	No
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 ction B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	<i>uch individual</i> ım of reportab	 le co	 ompe	ensa	ıtion	anc	oth	ner compensation from	the organization			Х
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	rom	any	unr	elate	ed organization or indivi	idual for services			X
(A) (B) (C)		mpensated in	depe	ende	nt c	ontra	acto	rs tl	hat received more than	\$100,000 of com	pensatio	n from	
		the calendar y	ear e	endi	ng w	ith c	or w	thin		year.		(0)	
		address	NC	ONE	3			+		ervices	Com		on
								+					
								_					

Form **990** (2019)

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Pa	I L V	/ 111			aa ia thia Dart VIII			
			Check if Schedule O contains a respor	ise or note to any iii	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
<u>s</u> s	1	_	Federated campaigns 1a					
ran	•		Membership dues 1b		1			
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c		-			
ifts ar A			Related organizations 1d		-			
s, G			Government grants (contributions) 1e					
ion			All other contributions, gifts, grants, and					
but		-	similar amounts not included above 1f	358,416.				
n Offi		g	Noncash contributions included in lines 1a-1f					
au		_	Total. Add lines 1a-1f	>	358,416.			
				Business Code				
e,	2	а						
Program Service Revenue		b						
Se		С						
am eve		d						
igo.		е						
ď		f	All other program service revenue					
		g	Total. Add lines 2a-2f	>				
	3		Investment income (including dividends, in	terest, and				
			other similar amounts)					
	4		Income from investment of tax-exempt bor					
	5		Royalties					
			(i) Real	(ii) Personal	-			
	6		Gross rents 6a					
			Less: rental expenses 6b		_			
			Rental income or (loss) 6c					
	_		Net rental income or (loss) Gross amount from sales of (i) Securities					
	′	а		(ii) Other	-			
		L	assets other than inventory Less; cost or other basis		-			
<u>o</u>		D	and sales expenses 7b					
Revenue		_	Gain or (loss) 7c		-			
3eV		4	Net gain or (loss)	>				
er	Ω		Gross income from fundraising events (not					
듄	Ŭ	u	including \$ of					
_			contributions reported on line 1c). See					
			·	8a				
		b	Less: direct expenses	8b				
			Net income or (loss) from fundraising event	s				
	9		Gross income from gaming activities. See					
				9a				
		b		9b				
		С	Net income or (loss) from gaming activities	_				
	10	а	Gross sales of inventory, less returns					
			and allowances					
		b	Less: cost of goods sold	10b				
		С	Net income or (loss) from sales of inventory					
ရှ				Business Code				
ne je	11			_				
Miscellaneous Revenue		b		_				
Sce		C	All all and an arrange	_				
Ξ			All other revenue					
	12		Total. Add lines 11a-11d		358,416.	0.	0.	0.
	12		TOTAL LEVELING. OFF HISTINGHINES		1 220,410.			

20-1507669 Page 10 HAGAR USA, INC. Form 990 (2019) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 262,356. 262,356. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 31,360. 46,301. 31,360. 109,021 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 24,682. 4,936. 14,810. 4,936. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10,229. 2,777. 4,675. 2,777. Payroll taxes 10 Fees for services (nonemployees): a Management Legal 9,647. 9,647. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 10,196. 10,218. 22. Advertising and promotion 12 8,468. 14,467. 5,999. Office expenses 13 3,839. 2,855. 984. 14 Information technology Royalties 15 1,755. 600. 655. 500. 16 Occupancy 14,407. 3,486. 5,947. 4,974. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,233. 1,233. 23 Other expenses. Itemize expenses not covered 24 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.)

64,195.

25

All other expenses

Check here

305,515.

92,144.

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.

if following SOP 98-2 (ASC 958-720)

461,854

Part	· X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			85,494.	1	50,716
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			147,634.	3	81,151
	4	Accounts receivable, net			0.	4	154
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	tion 4958(c)(3)(B)		6		
ış l	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
₹	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	58,177.			
	b	Less: accumulated depreciation		58,177.	0.	10c	0
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir			12		
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	3)	233,128.	16	132,021	
	17	Accounts payable and accrued expenses		1,458.	17	3,789	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	ormer offic	er, director,			
		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t	hese pers	ons		22	
-	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X			
		of Schedule D			1 450	25	2 700
- 1	26	Total liabilities. Add lines 17 through 25			1,458.	26	3,789
ဖွ		Organizations that follow FASB ASC 958, o	heck her	e P 🔼			
ğ		and complete lines 27, 28, 32, and 33.			69,574.		32,934
gala	27	Net assets without donor restrictions			162,096.	27	95,298
<u> </u>	28	Net assets with donor restrictions			102,090.	28	93,290
ᆵ		Organizations that do not follow FASB ASC	958, cne	eck nere			
<u> </u>	00	and complete lines 29 through 33.	-1-			00	
ets	29	Capital stock or trust principal, or current fun				29	
SS	30	Paid-in or capital surplus, or land, building, or				30	
*	31	Retained earnings, endowment, accumulated			231,670.	31	128,232
_	32	Total liabilities and not assets (fined beloaces			233,128.	32	132,021
	33	Total liabilities and net assets/fund balances			433,140.	33	Form 990 (2019

Pa	rt 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		8,4					
2	Total expenses (must equal Part IX, column (A), line 25)	2			54.				
3	Revenue less expenses. Subtract line 2 from line 1	3	-10	3,4 1,6					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4								
5	Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))								
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a			2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis			v					
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 audited on a separa	e basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis	111							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			х					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Λ					
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sc								
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-	_		x				
L-	Act and OMB Circular A-133?		3a						
а	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		26						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	990	(2019)				
			Form	330 ((∠U I 9)				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number HAGAR USA, INC. 20-1507669 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support		•	•			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and		` ,	` ,		, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	775,608.	1016015.	393,715.	640,346.	358,416.	3184100.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		1016015	202 545	640 246	250 416	2104100
4	Total. Add lines 1 through 3	775,608.	1016015.	393,715.	640,346.	358,416.	3184100.
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,						1012338.
_	column (f)						2171762.
	Public support. Subtract line 5 from line 4.						21/1/02.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(4) 2018	(a) 2010	(f) Total
	Amounts from line 4	775,608.	1016015.	(c) 2017 393, 715.	(d) 2018 640,346.	(e) 2019 358, 416.	3184100.
8	Gross income from interest.	7737333		000,1200	010,0100	330,1201	32312331
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			2.			2.
9	Net income from unrelated business						
Ĭ	activities, whether or not the						
	business is regularly carried on	2,016.					2,016.
10	Other income. Do not include gain	-					-
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3186118.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	178.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Publ						
	Public support percentage for 2019 (I					14	68.16 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	74.99 %
16a	33 1/3% support test - 2019. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						·
40	organization meets the "facts-and-circ						\
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 100, 1/a, 0r 1/k	o, check this box a	ina see instruction	s 🟲 🗀 🗌

Schedule A (Form 990 or 990-EZ) 2019

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.)

Se	ction A. Public Support						_
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organi:	zation,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2019 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2019. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che						
20							

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

1 2 3a 3b 3c 4a	
2 3a 3b	
2 3a 3b	
3a 3b	
3b 3c	
3b 3c	
Зс	
4a	
4b	
4c	
5a	
5b	
5c 5c	
6	
7	
8	_
9a	
9b	
9c	
10a	
10b	

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below,	the governing body of a supported organization?	11a		
b	A famil	y member of a person described in (a) above?	11b		
		controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B	. Type I Supporting Organizations			
		,		Yes	No
1		e directors, trustees, or membership of one or more supported organizations have the power to			
	-	ly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		lled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_		rations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800		ised, or controlled the supporting organization.	2		
Sec	lion C	. Type II Supporting Organizations		V	Na
4	Mara	majority of the expanization's divestors by twistons during the toy year also a majority of the divestors		Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control agement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sec		. All Type III Supporting Organizations			
		· / · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			110
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organiz	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	iny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiz	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described in (2), did the organization's supported organizations have a			
	signific	ant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		ted organizations played in this regard.	3		
-		. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	•		
a		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.		-1	
с 2		Γhe organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see inst</i> es Test. Answer (a) and (b) below.	ructions	Yes	No
a		ostantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а		opported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		e organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		s for the organization's position that its supported organization(s) would have engaged in these			
		es but for the organization's involvement.	2b		
3		of Supported Organizations. Answer (a) and (b) below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	s of each of the supported organizations? Provide details in Part VI.	За		
b	Did the	organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its s	upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction					
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	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):					
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 1-1/2% 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 .035.	6				
_7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 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-functional	ly integrat	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2019

Par	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ				
3	Admir	istrative expenses paid to accomplish exempt purpose	is		
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h		ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	·			
а	Applie	d to underdistributions of prior years			
		d to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
	,	Subtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		s distributions carryover to 2020. Add lines 3j			
	and 4				
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,				
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)				

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2019

Employer identification number

HAGAR USA, INC. 20-1507669 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 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, 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.,

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).

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number 20-1507669 HAGAR USA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
1		\$ 50,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
3	- Nume, address, and En T T	\$ 36,667. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c) (d)			
No. 4	Name, address, and ZIP + 4	\$ 30,625. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

20-1507669

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

Name of organization Employer identification number

HAGAR USA, INC.

20-1507669

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-06		\$	990 990-F7 or 990-PF) (20

Employer identification number

Name of organization

AGAR	USA, INC.		20-1507669
art III	Exclusively religious, charitable, etc., contributor any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line encharitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the try. For organizations less for the year. (Enter this info. once.)
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HAGAR USA, INC.

Employer identification number 20-1507669

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only				
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.				
1	Purpose(s) of conservation easements held by the organizat						
	Preservation of land for public use (for example, recrea		storically important land area				
	Protection of natural habitat	Preservation of a ce	ertified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a					
	day of the tax year.		Held at the End of the Tax Year				
	Total number of conservation easements						
	Total acreage restricted by conservation easements		· 				
	Number of conservation easements on a certified historic str		. 2c				
a	Number of conservation easements included in (c) acquired						
•	listed in the National Register						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	lanization during the tax				
4	year	agment is legated					
4 5	Number of states where property subject to conservation ea						
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
Ū	b	Thanding of Violations, and emorning conserve	ation casements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year				
-	> \$		cacemente aaning inc year				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?	•					
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footi	•					
	organization's accounting for conservation easements.						
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	palance sheet works				
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public				
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		•				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide				
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:					
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·				
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019				

932051 10-02-19

 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of collection items (check all that apply): a Public exhibition d Loan or exchange program 	of its						
a Public exhibition d Loan or exchange program							
b Scholarly research e Other							
c Preservation for future generations							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in	Part XIII.						
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets							
to be sold to raise funds rather than to be maintained as part of the organization's collection?	Yes No						
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Par	t IV, line 9, or						
reported an amount on Form 990, Part X, line 21.							
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included							
on Form 990, Part X?	. └── Yes						
b If "Yes," explain the arrangement in Part XIII and complete the following table:							
	Amount						
c Beginning balance							
d Additions during the year 1d							
e Distributions during the year 1e							
f Ending balance 1f							
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Yes Mo						
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII							
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.							
(a) Current year (b) Prior year (c) Two years back (d) Three years back	oack (e) Four years back						
1a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities							
and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:							
a Board designated or quasi-endowment ▶ %							
b Permanent endowment ▶ %							
c Term endowment ▶ %							
The percentages on lines 2a, 2b, and 2c should equal 100%.							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization							
by:	Yes No						
(i) Unrelated organizations	- + + -						
(ii) Related organizationsb If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b						
Describe in Part XIII the intended uses of the organization's endowment funds.							
Part VI Land, Buildings, and Equipment.							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.							
Description of property (a) Cost or other (b) Cost or other (c) Accumulated	(d) Book value						
basis (investment) basis (other) depreciation	(.,						
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment							
e Other 58,177. 58,177.	0.						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	0.						

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	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.	10.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	2 11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	5111 01111 000, 1 411 17, 11110	1 10 01 111. 000 1 0111 000, 1 411 7, 1110 20.	(b) Book value
(1) Federal income taxes		-	(-,
(2)			
<u>(3)</u> (4)		<u> </u>	
(5)		+	
(6)		+	
(7)			
(8)			
(9)	05.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide	tne text of the footnote	to tne organization's financial statements that	reports the

Schedule D (Form 990) 2019

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) 2019

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

HAGAR USA, INC. 20-1507669 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _____X Yes _____No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (f) Total (a) Region (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EAST ASIA AND THE GRANTS TO RECIPIENTS PACIFIC -LOCATED IN THE REGION 219,612. SOUTH ASIA -AFGHANISTAN, GRANTS TO RECIPIENTS BANGLADESH 0 LOCATED IN THE REGION 42,744. 3 a Subtotal 0 0 262,356. **b** Total from continuation sheets to Part I 0 c Totals (add lines 3a 0 262,356.

932071 10-12-19

and 3b)

Schedule F (Form 990) 2019

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			RECOVERY SERVICES FOR ABUSED WOMEN AND CHILDREN	88,412.	WIRE TRANSFER	0.		
		AFGHANISTAN,	RECOVERY SERVICES FOR ABUSED WOMEN AND CHILDREN	42,744.	WIRE TRANSFER	0.		
			RECOVERY SERVICES FOR ABUSED WOMEN AND CHILDREN	15,885.	WIRE TRANSFER	0.		
		EAST ASIA AND THE	TRAUMA INFORMED CARE CAPACITY BUILDING FOR NGOS	43,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE	RECOVERY SERVICES FOR ABUSED WOMEN AND CHILDREN	71,815.	WIRE TRANSFER	0.		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
 Enter total number of other organizations or entities

<u>5</u>

HAGAR USA, INC.

(a) Type of grant or assistance (b) Hegion recipients cash grant cash disbursement assistance noncash assistance Comparison of the comparison of the cash disbursement assistance Comparison of the cash disbursement C	(h) Method of	(g) Description of	(f) Amount of	(e) Manner of	(d) Amount of	(c) Number of	(b) Region	(a) Type of grant or assistance
	(h) Method of valuation (book, FMV, appraisal, othe	noncash assistance	noncash assistance	cash disbursement	cash grant	recipients	(b) 110gion	(a) Type of grant of decistance

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Part V | Supplemental Information

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

PART I, LINE 2:
HAGAR USA REQUIRES SEMI-ANNUAL AND ANNUAL FINANCIAL STATEMENTS AND
PROGRESS REPORTS FROM ALL ORGANIZATIONS RECEIVING GRANT FUNDS. A HAGAR
USA REPRESENTATIVE ANNUALLY VISITS A SAMPLE OF ORGANIZATIONS
REPRESENTATIVE OF THE PROJECTS SUPPORTED BY HAGAR USA FUNDS. TRIP
REPORTS ARE COMPLETED AND KEPT WITH HAGAR USA'S PROJECT FILES. IN MOST
INSTANCES, PROJECT LEVEL EVALUATIONS ARE COMPLETED EVERY TWO YEARS BY THE
RESPECTIVE IMPLEMENTING OFFICE.
PART I, LINE 3:
THE ORGANIZATION USES THE ACCRUAL METHOD TO ACCOUNT FOR EXPENDITURES OF
ACTIVITIES CONDUCTED IN THE LISTED REGIONS.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

OMB No. 1545-0047

Inspection

Employer identification number 20-1507669

Name of the organization

HAGAR USA, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RECOGNIZED CHRISTIAN HUMAN RIGHTS ORGANIZATION WITH OVER 25 YEARS OF

EXPERTISE PROVIDING PROTECTION AND RECOVERY TO WOMEN AND CHILDREN WHO

HAVE BEEN VICTIMS OF SEVERE ABUSE.

HAGAR INTERNATIONAL IS COMMITTED TO THE RECOVERY AND EMPOWERMENT OF WOMEN AND CHILDREN WHO ARE VICTIMS OF HUMAN RIGHTS ABUSES, PARTICULARLY HUMAN TRAFFICKING, SEXUAL EXPLOITATION, AND DOMESTIC VIOLENCE. ITS MISSION IS TO PROVIDE WHATEVER IT TAKES, FOR AS LONG AS IT TAKES, TO RESTORE BROKEN LIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: AND NURTURING HOMES FOR SURVIVORS IN RECOVERY. ACROSS THESE COUNTRIES THIS GRANT WILL ALSO INCREASE PREVENTION EFFORTS TO EMPOWER COMMUNITIES THROUGH AWARENESS-RAISING MATERIALS AND CAMPAIGNS ON TRAFFICKING, EXPLOITATION & ABUSE AND ASSIST IN ESTABLISHING A "CENTER FOR EXCELLENCE" PROMOTING THE CARE OF THOSE IMPACTED BY TRAUMA.

HAGAR INTERNATIONAL IS CONTINUING THEIR TRAUMA INFORMED CARE CAPACITY BUILDING PROJECT IN MYANMAR SINCE 2017. THE PURPOSE OF THE PROJECT IS TO SHARE HAGAR'S EXPERTISE IN TRAUMA RECOVERY SERVICES IN A COUNTRY WITH VERY LIMITED SOCIAL SERVICES SUPPORT FOR THOSE WHO HAVE SUFFERED THE FUNDING HELPED TO SUPPORT HAGAR TO DEVELOP CURRICULUM, AND PROVIDE ONGOING COACHING FOR 4 LARGE NGO'S (SERVING TENS OF THOUSANDS OF CLIENTS) ON EFFECTIVE TRAUMA CARE. THE PROJECT CONTINUED IN 2018 WHEN THE TRAINING OF TRAINERS MODEL WAS IMPLEMENTED TO EXPAND

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization $\mbox{\bf HAGAR\ USA,\ INC.}$

Employer identification number 20-1507669

THE NUMBER OF ORGANIZATIONS WHO ARE TRAUMA INFORMED AS WELL AS

SUPPLEMENTAL TRAINING TO ADDRESS FAITH AND RESILIENCY NEEDS OF TRAUMA

SUVIVORS AND DOMESTIC VIOLENCE AWARENESS TRAINING AND TOOLS FOR

CHRISTIAN NGO TRAINERS.

HAGAR INTERNATIONAL IS CONTINUING TO SERVE BOY SURVIVORS OF HUMAN

TRAFFICKING IN AFGHANISTAN. AS PART OF THE PROJECT THEY ARE ALSO

WORKING WITH COMMUNITY LEADERS FOR PREVENTION EFFORTS AND TO RAISE

GREATER AWARENESS OF THE ISSUE.

FORM 990, PART VI, SECTION A, LINE 7A:

ONE DIRECTOR, WHO SERVES AS HAGAR INTERNATIONAL'S REPRESENTATIVE ON THE
BOARD OF DIRECTORS, WILL BE APPOINTED BY HAGAR INTERNATIONAL AND NOT
SUBJECT TO ELECTION OR REMOVAL BY THE BOARD OF DIRECTORS. ALL OTHER
DIRECTORS SHALL BE ELECTED BY A MAJORITY OF THE DIRECTORS PRESENT AT THE
MEETING OF THE BOARD OF DIRECTORS AT WHICH SUCH ELECTION IS CONDUCTED.

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

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY COVERS ALL EMPLOYEES AND DIRECTORS. IF A DIRECTOR HAS A POTENTIAL CONFLICT, THE REMAINING DIRECTORS MAKE THE

932212 09-06-19

03415_51

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** HAGAR USA, INC. 20-1507669 DETERMINATION OF WHETHER A CONFLICT EXISTS. ANY DIRECTOR WITH AN ACTUAL CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS ON THE TRANSACTION. FORM 990, PART VI, SECTION B, LINE 15: PRIOR TO THE HIRING OF THE CURRENT EXECUTIVE DIRECTOR, THE ORGANIZATION REVIEWED THE COMPENSATION PAID FOR COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS TO ESTABLISH THE EXECUTIVE DIRECTOR'S INITIAL COMPENSATION. THIS COMPENSATION DATA IS TAKEN INTO CONSIDERATION BY THE GOVERNING BODY WHEN DETERMINING ANY ADJUSTMENTS TO THE EXECUTIVE DIRECTOR'S COMPENSATION. PRIOR TO THE HIRING OF THE FINANCE DIRECTOR THE ORGANIZATION REVIEWED THE COMPENSATION PAID FOR COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS TO ESTABLISH THE FINANCE DIRECTOR'S INITIAL COMPENSATION. THIS COMPENSATION DATA IS TAKEN INTO CONSIDERATION BY THE GOVERNING BODY WHEN DETERMINING ANY ADJUSTMENTS TO THE FINANCE DIRECTOR'S COMPENSATION. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OK,OR,PA,RI,SC,TN UT, VA, WV, WI FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.