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

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** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

be made public.
Open to Public Inspection

Department of the Treasury

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.

and ending A For the 2020 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 339,615. 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 No 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) 3 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 10 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, Part I, line 11 7b **Prior Year Current Year** 358,416. 339,615.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 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 358.416. 339,615. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 262,356. 228,916. 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) 143,932. 85,926. 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) 55,566. 60,481. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 461,854. 375,323. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -35,708. -103,438. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 132,021. 92,724. 20 Total assets (Part X, line 16) 3,789. 200. 21 Total liabilities (Part X, line 26) 128,232. 524. 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. Signature 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 6/16/21 ₱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

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Form	1990 (2020) HAGAR USA, INC. 20-1507669 Pa	age 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?	∟ 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	∟ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
_	revenue, if any, for each program service reported. (Code:) (Expenses \$ 274 , 543 . including grants of \$ 228 , 916 .) (Revenue \$)	
4a	(Code:) (Expenses \$ 274,543. including grants of \$ 228,916.) (Revenue \$ HUMAN RIGHTS PROTECTION, RECOVERY, AND EDUCATION)
	TOTAL RIGHTS TROTLETION, RECOVERT, AND EDUCATION	
	HAGAR USA FUNDS "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 INTERNATIONAL	
	WITH THE CAPACITY TO EXPAND TRAUMA INFORMED CARE OPERATIONS IN THE	
	NORTHWEST PROVINCES OF CAMBODIA, EXPAND EMPOWERMENT PROGRAMS AND SAFE	
	ACCOMMODATION FOR WOMEN AND CHILDREN IN AFGHANISTAN AND PROVIDE SAFE	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (a.panase +	′
	Other presume and inco (December on Calcabula O.)	
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 274,543.	
70	Form 990	(2020)

14300616 788028 03415.5AU01

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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			,
04 -	Schedule J	23		X
24 a	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			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	00-		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more than \$25,000 in non-cash contributions: in ros, complete conclude in	23		
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		<u></u>
~	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?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
1 4	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Confedure Confeding a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1		. 55	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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	3							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
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 O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Х					
С	, , , , , , , , , , , , , , , , , , , ,								
6a									
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.							
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76							
C		7c		х					
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	70							
u _	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х					
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h									
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?									
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
р	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 The the ground of records on lead	-							
	Enter the amount of reserves on hand	14a		X					
 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 									
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?									
	If "Yes," see instructions and file Form 4720, Schedule N.	15		X					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.								

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	5							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	5							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_							
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X					
5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?			X					
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-							
<i>1</i> a		70	X						
	more members of the governing body?	7a	122						
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x					
_	persons other than the governing body?	7b							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		х						
	The governing body?	8a	<u> </u>	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	-						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37					
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1						
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		X						
12a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	X						
	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, K	Y, M2	A, MD	,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)								
	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,	and fina	ancial						
-	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								
	ROSEWOOD WEALTH MANAGEMENT - ABBI TENAGLIA - 919-391-3446								
	5107 SOUTHPARK DR, STE 201-B, DURHAM, NC 27713								
00000	SEE SCHEDIILE O FOR FILL LIST OF STATES	Enri	ກ ໑໑ຐ	(2020)					

Form 990 (2020) 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.

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

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

(A)	(B)	l	(C)			прс	noai	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one) than	one	Reportable	Reportable	Estimated
	hours per	box	x, unless persor ficer and a direc			is bot	h an	compensation	compensation	amount of
	week (list any	_			1 1 1		1	from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			en sa te		(W-2/1099-MISC)	(** = ** * * * * * * * * * * * * * * * *	organization
	organizations	Itrus	nal tru		oyee	omp(and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CATHERINE KIRKENDALL	line) 45.00	Ĕ	ű	₽	aş.	E E	호			
EXECUTIVE DIRECTOR (SINCE MARCH)	43.00			х				62,360.	0.	0.
(2) MIKE NOWLIN	45.00							02,500.	•	
EXECUTIVE DIRECTOR (THRU MARCH)	43.00			х				11,969.	0.	0.
(3) ABBI TENAGLIA	5.00							11/3030		
FINANCE DIRECTOR (SINCE JUNE)	3.00	1		x				0.	0.	0.
(4) JEFFREY BUTERBAUGH	1.00									
CHAIR		х		x				0.	0.	0.
(5) DEBORAH MANZANARES	1.00									
VICE CHAIR/SECRETARY		Х		х				0.	0.	0.
(6) BRUCE MESSENGER	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) JAMES HALL, JR.	1.00									
DIRECTOR		Х						0.	0.	0.
(8) ALEX BROWN, JR.	1.00									
DIRECTOR		Х						0.	0.	0.
	-									
		1								
		\vdash								
		1								
	1		_					1		- 000

Form **990** (2020)

20-1507669 Page **8**

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, and	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(do box	Position (do not check more than or box, unless person is both officer and a director/truste					(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount o 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)	c	ompensa from the organizati and relate rganizatio	e on ed
1b Subtotal							<u> </u>	74,329.		•		0.
c Total from continuation sheets to Part VI								74,329.		•		0.
d Total (add lines 1b and 1c)							no r			•1		0
											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual									. 3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual		. 4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-		elat	ted organization or indiv	idual for services	. 5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated inc	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of compe	nsatio	n from	
the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	ithir T	n the organization's tax (B)	year.		(C)	
Name and business	address	N	INC	3				Description of s	ervices	Com	pensation	<u>1</u>
2 Total number of independent contractors (i \$100,000 of compensation from the organic	-	ot li	mite	d to		se li:	stec	d above) who received m	nore than			
	-								•	For	m 990 (2	2020)

			Check if Schedule O c	ontains a	response	or note to any lir	ne in this Part VIII			
						,	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
S S	-1	_	Federated campaigns		1a					
au	٠				1b					
اع ق			Membership dues		1c					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events		\vdash					
			Related organizations		1d	22,250.				
Sin			Government grants (contri		1e	22,230.				
Ĕ		t	All other contributions, gifts, g			217 265				
흔히			similar amounts not included		1f	317,365.				
d a		_	Noncash contributions included in		1g \$		220 615			
<u>a</u> 0		h	Total. Add lines 1a-1f			<u></u>	339,615.			
					Business Code					
9	2	а								
e Ž		b								
S Z		С								
Program Service Revenue		d								
Pg R		е								
<u>r</u>		f	All other program service r	evenue						
			Total. Add lines 2a-2f							
	3		Investment income (includ							
	Ŭ		other similar amounts)							
	1		Income from investment of							
	4				-					
	5		Royalties) Real	(ii) Personal				
	_			 `) neai	(II) Fersonal				
	6			6a						
			' '''	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)			i e				
	7	а	Gross amount from sales of	(i) S	ecurities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
Jue			and sales expenses	7b						
Š		С	Gain or (loss)	7c						
ther Revenue		d	Net gain or (loss)		<u></u>	<u>,</u>				
her	8	а	Gross income from fundraisin	g events (r	not					
ŏ∣			including \$		of					
			contributions reported on	line 1c). S	ee					
			Part IV, line 18		8a					
		b	Less: direct expenses							
			Net income or (loss) from f							
	9		Gross income from gaming		_					
			Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from g							
	10		Gross sales of inventory, le							
		u	and allowances		ı					
		h	Less: cost of goods sold							
\dashv		U	Net income or (loss) from s	oalto UI III	veniory	Business Code				
snc	44	_				Dusiness Code				
Miscellaneous Revenue	11									
yen Ven		b								
Sce		C	All alla autori							
Ξ			All other revenue							
			Total. Add lines 11a-11d				220 615	^	_	^
	12		Total revenue. See instruction	ns			339,615.	0.	0.	0.

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 respon		this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	220 016	220 016		
	individuals. See Part IV, lines 15 and 16	228,916.	228,916.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	74,329.	26,015.	22,299.	26,015
_	trustees, and key employees	74,523.	20,013.	22,299.	20,013
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		5,491.	1,494.	2,471.	1,526
7 8	Other salaries and wages Pension plan accruals and contributions (include	J, 4J1 •	1,3730	2,11.	1,520
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes	6,106.	1,679.	2,781.	1,646
11	Fees for services (nonemployees):	-, -000	_, _, , ,		_, 0 _ 0
 а	Management				
b	Legal				
c	Accounting	10,550.		10,550.	
d					
е	D (' 1(1 ' ' ' O D ' N' ' ' 47				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	24,757.	7,668.	7,239.	9,850
13	Office expenses	12,570.	91.	991.	11,488
14	Information technology	2,914.	568.	795.	1,551
15	Royalties				
16	Occupancy				
17	Travel	912.	310.	292.	310
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7 200	7 200		
21	Payments to affiliates	7,300.	7,300.	70	0.3
22	Depreciation, depletion, and amortization	245.	83.	79.	83 419
23	Insurance	1,233.	419.	395.	419
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е			00.	45 000	
25	Total functional expenses. Add lines 1 through 24e	375,323.	274,543.	47,892.	52,888
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (202)

	Balance Sheet					
	Check if Schedule O contains a response or r	ote to an	line in this Part X			
				Beginning of year		(B) End of year
1	Cash - non-interest-bearing			50,716.	1	92,071
2					2	
3	Pledges and grants receivable, net				3	
4			154.	4	162	
5						
	trustee, key employee, creator or founder, sul	ontributor, or 35%				
	controlled entity or family member of any of the	nese pers	ns		5	
6	Loans and other receivables from other disqu	ons (as defined				
	under section 4958(f)(1)), and persons describ	oed in sec	ion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a						
	basis. Complete Part VI of Schedule D	10a	58,913.			
b			-	0.	10c	491
11					11	
12				12		
13	Investments - program-related. See Part IV, lin			13		
14				14		
15	Other assets. See Part IV, line 11		400 004	15	00 504	
16					_	92,724
17				3,789.		200
18						
19						
20						
					21	
22						
			Г			
					24	
25						
	•	ies 17-24)	Complete Part X			
				3 790		200
26				3,103.	26	200
		neck ner				
27	• • • • • • • • • • • • • • • • • • • •			32 934	27	51,102
						41,422
20				33,230.	20	11,100
	_	, 900, CH	K liefe			
20		1e			20	
					-	
					-	
32	Total net assets or fund balances		***************************************	128,232.	32	92,524
1 2.7				,	0Z	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current trustee, key employee, creator or founder, substanced controlled entity or family member of any of the Loans and other receivables from other disquired under section 4958(f)(1)), and persons described not save and loans receivable, net linventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation linvestments - publicly traded securities linvestments - other securities. See Part IV, lin Intangible assets 15 Other assets. See Part IV, line 11 lovestments - program-related. See Part IV, line 11 rotal assets. Add lines 1 through 15 (must ed Accounts payable and accrued expenses Grants payable and accrued expenses Serustrustee, key employee, creator or founder, substanced entity or family member of any of the Secured mortgages and notes payable to unrelated to the liabilities (including federal income tax, parties, and other liabilities not included on line of Schedule D 1 Total liabilities. Add lines 17 through 25 1 Organizations that follow FASB ASC 958, cand complete lines 27, 28, 32, and 33. 2 Net assets without donor restrictions 2 Organizations that do not follow FASB ASC 958, cand complete lines 29 through 33. 2 Capital stock or trust principal, or current functions or capital surplus, or land, building, or Paid-in or capital surplus, or land, building, or	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial concontrolled entity or family member of any of these persons described entity or family member of any of these persons and other receivables from other disqualified persunder section 4958(f)(1)), and persons described in sect Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10a 10b 11 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 11 Intangible assets 15 Other assets. See Part IV, line 11 11 11 11 11 11 11 11 11 11 11 11 11	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a S8, 913 b Less: accumulated depreciation 10b 58, 422 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 27 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 28 And complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here and compl	1 Cash · non-interest-bearing 50, 716. 2 Savings and temporary cash investments 750, 716. 2 Savings and temporary cash investments 81, 151. 3 Pledges and grants receivable, net 81, 151. 4 Accounts receivable, net 154. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 61. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(h(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 58, 913. b Less: accumulated depreciation 10b 58, 422. 0 threatments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 Investments - other securities. See Part IV, line 11 Intrangible assets 15 Other assets. See Part IV, line 11 Intrangible assets 15 Other assets. See Part IV, line 11 Intrangible assets 15 Other assets. See Part IV, line 11 Intrangible assets 15 Other assets See Part IV, line 11 Intrangible assets 15 Other assets and display and accrued expenses 3,789. 18 Grants payable and accrued expenses 3,789. 19 Deferred revenue 2 Tax-exempt bond liabilities 2 Escrow or custodial account liability. Complete Part IV of Schedule D 2 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 2 Secured mortgages and notes payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 2 Secured mortgages and notes payable to unrelated third parties 2 Trustee 10 Trustee 10 Trustee 10 Trustee 10 Trustee 10 Tr	Seginning of year

Pai	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				$\frac{15.}{23.}$			
2	2 Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
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))	10		92	2,5	24.			
Par	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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2	b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat								
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,						
	review, or compilation of its financial statements and selection of an independent accountant?		2	c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule (O						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si								
	Act and OMB Circular A-133?			а		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			ь					

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

Employer identification number Name of the organization 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. 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1016015.	393,715.	640,346.	358,416.	339,615.	2748107.
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	202 845	640 246	250 416	222 615	0040400
4	Total. Add lines 1 through 3	1016015.	393,715.	640,346.	358,416.	339,615.	2748107.
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,						0.45 0.05
	column (f)						945,287.
6	Public support. Subtract line 5 from line 4.						1802820.
	etion B. Total Support	() 2040	#12047	() 0040	(1) 0040	() 0000	(0 T)
	ndar year (or fiscal year beginning in)	(a) 2016 1016015.	(b) 2017 393,715.	(c) 2018 640, 346.	(d) 2019 358,416.	(e) 2020 339,615.	(f) Total 2748107.
	Amounts from line 4	1010013.	393,713.	040,340.	330,410.	339,013.	2/4010/.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		2.				2.
•	and income from similar sources		۷.				
9	Net income from unrelated business						
	activities, whether or not the			178.			178.
10	Other income. Do not include gain			170•			170•
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						2748287.
11 12	Gross receipts from related activities,	etc (see instruction	one)			12	27102071
13	First 5 years. If the Form 990 is for the		,	fourth or fifth tax			
.0	organization, check this box and stor	- 1			_		
Sec	etion C. Computation of Publ						
	Public support percentage for 2020 (column (f))		14	65.60 %
15	Public support percentage from 2019					15	68.16 %
16a	33 1/3% support test - 2020. If the						x and
	stop here. The organization qualifies	as a publicly supp	orted organization	· 			▶ X
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets tl	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	he organization qu	alifies as a publicly	y supported organ	ization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s 🕨 🔲

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
		· ·		•			
Se	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inve					1	,,
	-					17	%
	7 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 % 8 Investment income percentage from 2019 Schedule A, Part III, line 17 8 %						
	a 33 1/3% support tests - 2020. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
·	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sac	stion C. Type II Supporting Organizations			
566	ation 6. Type it supporting organizations		Vaa	N _a
	Management of the committee of the committee of the discount o		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s). etion D. All Type III Supporting Organizations	1		
360	Clott D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	eart V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections 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):					
а	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 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempted	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018d Excess from 2019e Excess from 2020

Part VI	Cumplemental Information Decide the evaluations required by Datil Box 10, Datil Box 17, and 75, Datil Box 10.
T dire vi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule 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

Employer identification number

2020

HAGAR USA, INC.

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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) (2020)

Name of organization

Employer identification number

20-1507669

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional 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	Name, address, and Zir + +	\$ 20,000. 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
3	rume, address, and Zn ++	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	\$ 25,000. 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	Tamo, addi 500, and £ii T T	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	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
8		\$\$	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.)

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

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) Description of noncash property given from Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Employer identification number

Name of organization

	USA, INC.			20-1507669
Part III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line en, charitable, etc., contributions of \$1,000 or	try For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ription of how gift is held
_	Transferee's name, address, a	(e) Transfer of gif		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
-		(e) Transfer of gif		
-	Transferee's name, address, a	and ZIP + 4	Relationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, a	and ZIP + 4	Relationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	t	
-	Transferee's name, address, a	and ZIP + 4	Relationship of trai	nsferor 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	t 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 advise	ed funds	(b) Funds ar	nd 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	-			
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$				L Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose o	conferring	
Day	impermissible private benefit?				Yes No
Pai		-		art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	` ' <u></u>	7		
	Preservation of land for public use (for example, recrea	ation or education)	☐ Preservation of a	• •	
	Protection of natural habitat		☐ Preservation of a	a certified historic	structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contri	oution in the form o		
	day of the tax year.				at the End of the Tax Year
a	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired				
_	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization dur	ng the tax
	year >				
4	Number of states where property subject to conservation ea	_			
5	Does the organization have a written policy regarding the per				□ Vaa □ Na
	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	and enforcing cons	ervation easemei	its during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcing concentrat	ion occomente d	ring the year
7	S	uling of violations, and e	inorcing conservat	ion easements u	uring trie year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h)(//)(R)(i)	
Ü	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservati				165 140
5	balance sheet, and include, if applicable, the text of the footi		· ·		es the
	organization's accounting for conservation easements.	note to the organization	3 ililariolai staterrie	ins that describe	3 110
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tr	easures, or Ot	her Similar A	ssets.
	Complete if the organization answered "Yes" on Form	-	,		
	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sheet	works
	of art, historical treasures, or other similar assets held for pul	•			
	service, provide in Part XIII the text of the footnote to its final	•	•	•	
b	If the organization elected, as permitted under FASB ASC 95				rks of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	, ,		•	,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$	
					_
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A			J /1	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	
	Assets included in Form 990, Part X				

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

Schedule D (Form 990) 2020

Pai	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures,	or Other	Similar A	ssets(contir	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	at make sig	nificant use	of its	
	collection items (check all that apply):								
а	Public exhibition	d	ı 🔲 ı	oan or exc	hange progra	am			
b	Scholarly research	е	. 🗌	Other					
С	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.								
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of t	the orgar	nization's c	ollection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on F	orm 990, Pa	rt IV, line 9, or	
	reported an amount on Form 990, Pa	t X, line 21.							
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for o	contribution	ns or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:					
								Amount	<u>t</u>
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or c	ustodial acco	ount liability	?	Yes	└─ No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 10			
		(a) Current year	(b) Pi	rior year	(c) Two yea	rs back (d	Three years	back (e) Four	years back
	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:				
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho	•							
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	and administe	ered for the	organizatio	n r	
	by:								Yes No
	(i) Unrelated organizations								
	(ii) Related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza							3b	
4 Do:	Describe in Part XIII the intended uses of the		wment f	unds.					
Pai	t VI Land, Buildings, and Equipm) D+ IV	/ line 44 = (3 F 000	Doub V III	- 10		
	Complete if the organization answere							1 (85	
	Description of property	(a) Cost or o basis (investr			t or other (other)		umulated eciation	(d) Bool	k value
4-	Land	`	nent)	Dasis	(011101)	depre	,ciatiUI I	-	
	Land		1						
	Buildings							+	
	Leasehold improvements			5	8,913.		8,422	+	491.
	Equipment Other				, , ,		,	+	
	Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line i	10c.)			+	491.
. - . u	icc ia illicagii ic. (colailii (a) mast c	-,	,	··· (<i>-),</i> 10	· /			1	

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 TAGAR USA,	INC.	40	-1307009 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	Lof-year market value
- 1 1	(b) book value	(c) Wethod of Valuation. Cost of end	1-01-year market value
(1) Financial derivatives(2) Closely held equity interests			
(3) Other			
·			
(A)			
(B)			
(C)			
(D) (E)			
(E)			
(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"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.	F 000 D-+ IV II	44 446 Octo Forms 000 Book V. Biolo 05	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25	. (b) Book value
			(b) Dook value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	<u> </u>	
	/		

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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...

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2020

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.

2020
Open to Public Inspection

Name of the organization

Employer identification number

UNCAR HEA THE					20-15076	5.0
HAGAR USA, INC. Part I General Infor	rmation on A	ctivities Ou	tside the United States. Comple	ata if the organ		
Form 990, Part IV		ictivities ou	tside the Officed States. Comple	ete ii trie organ	ization answered	res on
1 For grantmakers. Does	the organization		ds to substantiate the amount of its grather the selection criteria used to award the			Yes No
United States.		-	procedures for monitoring the use of its		ther assistance ou	tside the
3 Activities per Region. (The second	he following Part (b) Number of offices in the region	(c) Number of employees,	an be duplicated if additional space is r (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activities a properties of the contraction (e)	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC-CAMBODIA,	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION			217 706
VIETNAM, MYANMAR			DOCATED IN THE REGION			217,706.
SOUTH ASIA - AFGHANISTAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION			18,510.
3 a Subtotal	0	C				236,216.
sheets to Part I c Totals (add lines 3a	0	C				0.

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

Schedule F (Form 990) 2020

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)
		EAST ASIA AND THE	RECOVERY SERVICES FOR ABUSED WOMEN AND CHILDREN	109,763.	WIRE TRANSFER	0.		
			RECOVERY SERVICES FOR ABUSED WOMEN AND CHILDREN	18,510.	WIRE TRANSFER	0.		
		EAST ASIA AND THE	RECOVERY SERVICES FOR ABUSED WOMEN AND CHILDREN	6,707.	WIRE TRANSFER	0.		
		EAST ASIA AND THE	RECOVERY SERVICES FOR ABUSED WOMEN AND CHILDREN	101 236	WIRE TRANSFER	0.		
2 Enter total number of			recognized as charities by the	fauriana a sundur.				

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2020 Part IV Foreign Forms

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) 2020

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

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HAGAR USA, INC.

Employer identification number 20-1507669

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) 2020

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

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Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 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,MA,MD,MI,MN,MS,NC,NH,NJ,NM,NY,OK,OR,PA,RI,SC,TN UT, VA, WV, WI FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

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POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.