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Form	-			

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



A	For th	e 2017 calendar year, or tax year beginning and	ending		
В	Check if applicab	le: C Name of organization		D Employer identifi	cation number
	Addre chang	HAGAR USA, INC.			
F	chang	Doing business as		20-1	507669
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite 2	E Telephone number	er 272-0114
	termi			G Gross receipts \$	393,717.
Г	Amer				
F	Appli			H(a) Is this a group r	
	pend	^{ng} SAME AS C ABOVE		for subordinates	
-	T			H(b) Are all subordinates i	
		empt status:	or 527		list. (see instructions)
			1 22	H(c) Group exemption	
		f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2004	VI State of legal domicile: DE
P	art I	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: HAGA HAGAR INTERNATIONAL, A GLOBAL ORGANIZATION			T OFFICE OF
ĩ	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net a	ssets.
ove	3			3	7
G	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
S	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	4
iti	6	Total number of volunteers (estimate if necessary)		6	7
cti	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
∢	h	Net unrelated business taxable income from Form 990-T, line 34			0.
	<u> </u>			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,016,015.	393,715.
nue	9			1,010,019.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	2.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,016,015.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		620,124.	192,615.
	14			020,124.	152,015.
ø		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		243,456.	147,619.
Expenses	169	Professional fundraising fees (Part IX, column (A), line 11a)	······	243,450.	0.
per	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	31	0.	<u> </u>
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	76,489.	69,629.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		940,069.	
	19	Revenue less expenses. Subtract line 18 from line 12		75,946.	
L		revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	
Assets or Balances	2 20	Total assata (Part X, line 16)		101,574.	End of Year
ASS	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)			93,117.
Net A	21			0. 101,574.	7,689.
	art II	Net assets or fund balances. Subtract line 21 from line 20		101,574.	85,428.
_		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	a and atatam	unto and to the heat of m	u knowladaa and haliaf it is
		st, and complete. Declaration of preparer (other than officer) is based on all information of wh			ly knowledge and bellet, it is
liut	,	N, and complete. Declaration of prepare (other than oncer) is based on an information of wi	non preparer		17-2-10
Cie		Signature of officer		Date	22-2018
Sig		MIKE A. NOWLIN, EXECUTIVE DIRECTOR		Butt	
He	re	Type or print name and title			
-				Date Check	
Pai	ы	Print/Type preparer's signature		Date Check L	
		BRUCE MAYER, CPA		self-employ	ed P00187180
	eparer	Firm's name WEGNER CPAS, LLP		Firm's EIN 🕨	39-0974031
056	e Only	Firm's address 2110 LUANN LN			0 074 4000
		MADISON, WI 53713-3074		Phone no. 6 0	8-274-4020
Ma	ly the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

 732001
 11-28-17
 LHA For Paperwork Reduction Act Notice, see the separate instructions.
 Form 990 (2017)

 SEE
 SCHEDULE
 O
 FOR
 ORGANIZATION
 MISSION
 STATEMENT
 CONTINUATION

Pert III Statement of Program Service Accomplishments Check # Schedule Countists aregones note to any line in this Part III Incheck # Schedule Countists aregones note to any line in this Part III Incheck # Schedule Countists aregones note to any line in this Part III Incheck # Schedule Countists aregones note to any line in this Part III OUR PUPOSE IS FOR THOSE AFPECTED BY TRAUMA, AND THOSE WHO SUPPORT THEM, HAGAR IS AN EXPERT IN CARE AND RECOVERY. OUR POCUTY IS ON WORKING WITH WOMEN AND CHILDREN WHO ARE SUPPORT TRAUMA RESULTING FROM SLAVERY, TRAFFICKING, AND ABUSE. 20 Ubt enganization cases conducting, or make significant changes in how it conducts, any program services accomplishments for each of its three largest program services, and revealed. If Ves. (describe these conducting, or make significant changes in the analysis of the organization organis service accomplishments for each of its three largest program services, and revealed. If organization cases conducting, and the significant changes in the analysis of the answer by exponses. Section 501(c)(3) and 501(c)(4) organizations are required to report the answer of grants and allocations to others, the total expenses, and revealed. If the organization brane science of the answer of grants and science of the answer of grants and science and the organization cases conducting, and the any State of the answer of grant and science and science and the angenesis of Science and science and the organization case complishments for each of its three largest program services, and revealed. If any to each organization case complishments for any to grant and science and scince and scince and science and scince and science and science an	Form	990 (2017) HAGAR USA, INC. 20-1507669 Page	2
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2 Ddthe organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-E27 □ Ves [X] NK 11 'Yes' (describe these new services on Schedule 0. >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>			
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Form 990 (201			17)

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 Form 990 (2017)
 HAGAR
 USA,
 INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	10-	х	
h	Schedule D, Parts XI and XII	12a	-77	
u	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)(iii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	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 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

Form **990** (2017)

732003 11-28-17

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HAGAR USA, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		X
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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	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			x
~~	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	06		x
07	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		- 23
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		┣──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	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?		х	
	Note. All Form 990 filers are required to complete Schedule O	38	17	1

Form **990** (2017)

732004 11-28-17

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to anyline in this Part V Image: Check if Schedule O contains a response or note to anyline in this Part V In Enter the number reported in Box 3 of Form 108. Enter -0- if not applicable 1mage: Check if Schedule O contains a response or note to anyline in this Part V In Enter the number of entropy-ses reported on line 1a. Enter -0- if not applicable 1mage: Check if Schedule O contains a response on the set on response and reportable gamma (gambing) winnings to prize winners? Image: Check if Schedule O contains a response on the set on response on rote tax reductions in the set on response tax reductions? Image: Check if Schedule O contains a response on rote tax reductions in the set on runs of a regord on the Schedule O	Form	990 (2017) HAGAR USA, INC. 20-1507	669	Р	age 5
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 8 Sponsoring organizations maintaining donor advised funds. 0id a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 8 9 10 dite sponsoring organization make any taxable distributions under section 4966? 9a 9a 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 11a 10b 11a 10a 10b 11b 12a 10a 10b 11b 12a 11a 11b 12a 11a 11b 12a 11a 11b 12a 12a 12a 12a 12a 12a 12a 12a 11		, , , , , , , , , , , , , , , , , , , ,			v
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	<u>u</u>	ה דכי, המאור חופט מדטוחו ובט נט דפוטרג הופש פמיוופוזגא אוויזיט, גיוטיוט מו פאטומומנטר ווו אוויז טרופטעופ ט		990	(2017)

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			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	7		
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			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		_	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	x	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14 15	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	x	
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
40-	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	10		x
	taxable entity during the year?	16a		
D	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	40%		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AL, AR, CA, CT, FL, GA, HI, IL, K.	ק אי	М.	MA
17 19				, 117
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply	availai	ле	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►			

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 in Schedule O. See instructions.

HAGAR USA, INC.

Check if Schedule O contains a response or note to any line in this Part VI

Form 990 (2017)

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Page 6

X

	19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial									
		statements available to the public during the tax year.									
	20				ress, and telephone CK – 980–2'		rson who po	ossesses the or	rganizatio	n's books and records:	•
		-			ST STE 2,	-	E, NC	28204-2	2486		
	73200	6 11-28-1	7		SEE SCHEDU	JLE O FOR	. FULL	LIST OF	STAT	ES	Form 990 (2017
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(E)

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

(R)

(A)

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 (\mathbf{C})

(D)

(E)

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

(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average Position					than i	one	Reportable	Reportable	Estimated
	hours per week		, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
					icer and a director/trustee)			or/trus	tee)	from
	(list any	ector						the	organizations	compensation
	hours for	or di	e.			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		e	pensi		(W-2/1099-MISC)		organization
	organizations	lal tru	onal		ploye	com ee				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) DRUGE N. NEGGENGED	1.00	Ē	Ë	5	₹ 2	e H	Б			
(1) BRUCE N. MESSENGER	1.00	x		x				0.	0.	0.
TREASURER	1.00	^		^				0.	0.	0.
(2) DEBORAH K. MANZANARES	1.00							0	0	0
VICE CHAIRPERSON/SECRETARY	1 0 0	X		X				0.	0.	0.
(3) JEFFREY S. BUTERBAUGH	1.00								0	0
CHAIR		х		Х				0.	0.	0.
(4) BAHIYYAH A. WALKER	1.00									_
DIRECTOR		Х						0.	0.	0.
(5) JAMES R. HALL, JR.	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ALEX BROWN, JR.	1.00									
DIRECTOR		X						0.	0.	0.
(7) K. DANIEL STOLTZFUS	1.00									
DIRECTOR		X						0.	0.	0.
(8) MIKE A. NOWLIN	45.00									
EXECUTIVE DIRECTOR				X				36,875.	0.	4,720.
(9) ROBERT J. GLUCK	10.00									
FINANCE DIRECTOR				x				19,200.	0.	0.
		1								
		<u> </u>	-							
		-								
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition ^{more} rson i	than o is boti pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on d	am ((F) timate ount o other	of
		(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)	organization (W-2/1099-MI		fro orga and	oensa om the anizati relate nizatio	e ion ed
1b	Sub-total								56,075.		0.	4	1,7	20.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 56,075.		0.	4	1,7	0. 20.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportab	le		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for s</i>	-			-	·			highest compensated e			3	Tes	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150),000? If "Yes,	le co " <i>co</i>	omp mple	ensa ete S	ation Sche	n and edule	d otl ə <i>J f</i>	her compensation from for such individual	the organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>					-			-			5		Х
 1	tion B. Independent Contractors Complete this table for your five highest con	mpensated inc	depe	ende	ent c	ontr	acto	ors t	that received more than	\$100.000 of cor	npens	ation fr	om	
	the organization. Report compensation for t	-	-						n the organization's tax		·	(C		
	(A) Name and business	address	NC	ONI	3			_	(B) Description of s	ervices	C	ompen		1
								-						
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lii	nite	d to		se lis	stec	d above) who received m	nore than				
							-					Form S	990 (2	2017)

732008 11-28-17

			R USA, IN	IC .			20-1507	669 Page 9
Pa	rt VII	I Statement of Reve	nue					
_		Check if Schedule O cont	tains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a	2,512.				
Grants nounts		Membership dues						
Am (Fundraising events						
Gifl	d	Related organizations	1d					
ns, imi	е	Government grants (contribut	tions) 1e					
er S	f	All other contributions, gifts, gran						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo	ve 1f	391,203.				
	-	Noncash contributions included in lines						
a C	h	Total. Add lines 1a-1f			393,715.			
	_			Business Code				
vice	2 a							
Ser	b							
Program Service Revenue	C A							
gra Re	d							
Pro	e f	All other program service reve						
	f	Total. Add lines 2a-2f						
	3	Investment income (including						
	-	other similar amounts)			2.			2.
	4	Income from investment of ta						
	5							
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss) .		►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss) Gross income from fundraisin		····· •				
Other Revenue	0 4	including \$	•					
eve		contributions reported on line						
r R		Part IV, line 18						
Othe	b	Less: direct expenses						
0		Net income or (loss) from fund		►				
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gan	-	····· ►				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c							
	d							
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			393,717.	0.	0.	2.
73200	9 11-28	3-17						Form 990 (2017)

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HAGAR USA, INC.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				·
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	192,615.	192,615.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	50 7 6	4 4 5 9		~ ~ ~ ~ ~ ~
	trustees, and key employees	60,796.	4,159.	27,520.	29,117
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	76,480.	15,296.	50,208.	10,976
7 0	Other salaries and wages Pension plan accruals and contributions (include	70,400.	±J,290•	50,200.	10,970
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes	10,343.	1,457.	5,835.	3,051
11	Fees for services (non-employees):	,	_,,		-,
	Management				
	Legal				
	Accounting	7,350.		7,350.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	10.040		0 504	4.0 - 4.0
	column (A) amount, list line 11g expenses on Sch 0.)	13,243.		2,701.	10,542 2,158
12	Advertising and promotion	2,158. 9,119.		9,119.	2,158
13	Office expenses	3,210.		1,416.	1,794
14	Information technology	5,210.		1,410.	1,/94
15 16	Royalties	4,958.	419.	3,411.	1,128
16 17	Occupancy Travel	10,510.	39.	9,024.	1,447
18	Payments of travel or entertainment expenses				_,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,160.		3,160.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,411.		8,593.	5,818
23	Insurance	1,510.	133.	1,377.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in 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	-				
	All other expenses	409,863.	214,118.	129,714.	66,031
25	Total functional expenses. Add lines 1 through 24e	409,003.	<u>414,110.</u>	147,/14.	00,031
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				

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10 2017.03040 HAGAR USA, INC.

Ia							
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			75,088.	1	78,360.
	2	Savings and temporary cash investments			2	2,111.	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			440.	4	1,012.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali	rsons (as defined under				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50 ⁻	I (c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
Ÿ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land buildings and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	65,115.			
	b	Less: accumulated depreciation	10b	53,481.	26,046.	10c	11,634.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			101,574.	16	93,117.
	17	Accounts payable and accrued expenses				17	7,689.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
iabi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines	s 1 7-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	7,689.
		Organizations that follow SFAS 117 (ASC 958), chec	k here ► X and			
ses		complete lines 27 through 29, and lines 33 an			00.065		
anc	27	Unrestricted net assets			99,265.	27	83,233.
Fund Balances	28	Temporarily restricted net assets		·····	2,309.	28	2,195.
lpu	29	Permanently restricted net assets				29	
Б		Organizations that do not follow SFAS 117 (A	SC 958	3), check here ▶ 📖			
л С		and complete lines 30 through 34.					
Net Assets or	30	Capital stock or trust principal, or current funds				30	
Ast	31	Paid-in or capital surplus, or land, building, or eq				31	
let	32	Retained earnings, endowment, accumulated in				32	
~	33	Total net assets or fund balances			101,574.	33	85,428.
	34	Total liabilities and net assets/fund balances			101,574.	34	93,117.
							Form 990 (2017)

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HAGAR USA, INC. Part X Balance Sheet

Form 990 (2017)

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 -16, 146 C. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 101, 574. 5 6 6 7 7 6 9 0 ther changes in net assets or fund balances (explain in Schedule O) 9 0.1 9 0.1 9 0.1 9 0.1 9 0.1 9 0.1 9 0.1 9 0.1 10 85, 428. 9 0.1 14 0.20 15 10 16 0.5 9 0.1 16 0.5 9 0.1 16 0.5 9 0.1 17 0.5		1990 (2017) HAGAR USA, INC.	20-150	7669	Pag	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 393,717. 2 Total expenses (must equal Part IX, column (A), line 25) 2 409,863. 3 -16,146. 3 -16,146. 4 101,574. 5 6 5 5 6 7 6 7 7 8 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 0. 10 85,428. 7 8 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 85,428. 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 85,428. Part XIII Financial Statements and Reporting 10 8 7 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the singled or r	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 409,863. 3 Revenue less expenses. Subtract line 2 from line 1 3 -16,146. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 101,574. 5 Net unrealized gains (losses) on investments 5 6 6 7 101,574. 7 8 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 8 9 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 8 8 9 9 Other 9 0 0. 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Net assets or fund balances at net combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 8 8 9 9 Other 1 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 1 Separate		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 409,863. 3 Revenue less expenses. Subtract line 2 from line 1 3 -16,146. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 101,574. 5 Net unrealized gains (losses) on investments 5 6 6 7 101,574. 7 8 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 8 9 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 8 8 9 9 Other 9 0 0. 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Net assets or fund balances at net combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 8 8 9 9 Other 1 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 1 Separate					_	
3 Revenue less expenses. Subtract line 2 from line 1 3 -16 , 146. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 101, 574. 5 Net unrealized gains (losses) on investments 5 6 6 7 7 7 8 9 0. 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 85 , 428. Part XII Financial Statements and Reporting 0 85 , 428. 7 10 85 , 428. 10 85 , 428. 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 85 , 428. Part XIII Financial Statements and Reporting 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 16 Yes No 1 Accounting method used to indicate whether the financial statements for the year were compil	1					
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 101,574. 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 8 6 8 9 0ther changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 85, 428. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 85, 428. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 6 7 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 1 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2a X 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Yees, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yees," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis D Both consolidated and separate basis C If "Yees," to line 2a or 2b, does the organization of an independent accountant? If Yweis" to line 2a or 2b, does the organization of an independent accountant? If the organization changed either its oversight process or selection process dur	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 7 Investment expenses 8 7 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X X Accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements and Repordent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis b Were the organization's financial statements and the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated ba	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101	.,5	74.
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 85, 428. Part XII Financial Statements and Reporting 10 85, 428. Check if Schedule O contains a response or note to any line in this Part XII 1 10 85, 428. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," the che apasization s financial statements and selection of an independent accountant? 2b X	5	Net unrealized gains (losses) on investments	5			
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 85,428. 10 85,428. 11 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? 2a X 16 Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis (Consolidated basis) Dether in ancial statements for the year were audited on a separate basis, consolidated basis (Consolidated basis) Dether in independent accountant? 16 Were the organization's financial statements audited by an independent accountant? 17 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 18 Were the organization is financial statements and the pendent accountant? 19 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis (Consolidated basis) Dether consolidated and separate basis 10 Were the organization is financial statements and selection of an independent accountant? 18 Yes," to line 2 or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 10 X 11 Yes," to line 2 or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit 	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 85 , 428 . Part XII Financial Statements and Reporting 10 85 , 428 . Part XII Financial Statements and Reporting 10 85 , 428 . 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X 17 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X <t< th=""><th>7</th><th>Investment expenses</th><th>7</th><th></th><th></th><th></th></t<>	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 85 , 428 . Part XII Financial Statements and Reporting	8	Prior period adjustments	8			
column (B)) 10 85,428. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 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 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X b Were the organization's financial statements audited by an independent accountant? Image: Consolidated basis Consolidated basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis Consolidated basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Schedule O contains a response or note to any line in this Part XII 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 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII 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 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis </th <th></th> <td></td> <td>10</td> <td>85</td> <td>5,4</td> <td>28.</td>			10	85	5,4	28.
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 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Cash image:		Check if Schedule O contains a response or note to any line in this Part XII				
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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Comparison changed and separate basis Image: Comparison changed a	1	· · · · · · · · · · · · · · · · · · ·				
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Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X X Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 2a X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Construction of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Construction of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Construction of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Construction of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			d on a			
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consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 						
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If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	С					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
Act and OMB Circular A-133?	3a		ngle Audit			
		Act and OMB Circular A-133?		. 3a		<u> </u>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b					
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2017)

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	F7)
	330	UI.	330-	

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.

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

OMB No. 1545-0047							
2017							
Open to Public Inspection							
 , identification number							

Nan	ne of t	he organization	Go to www.ii3.got				mormation.	Employer	identification number		
		-	HAGAR USA, INC.						20-1507669		
Pa	rt I	Reason for Public (omplete th	is part.) Se	ee instruction				
The	organ	ization is not a private found		-							
1		A church, convention of ch									
2	\square	A school described in secti					·/··/·				
3	\square	A hospital or a cooperative		-			ii)				
4	\square	A medical research organiz					-)(iii). Enter	the hospital's name		
-		city, and state:		njunoton war a noopita					the hoopital o hame,		
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit describ	ned in		
Ŭ		section 170(b)(1)(A)(iv). (C				lou by u g	overninentar				
6			-	mental unit described in	section 17	70(h)(1)(A)	(v)				
7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
'		-	-	initial part of its support i	nom a gov	ennenta		ine general	public described in		
8		section 170(b)(1)(A)(vi). (Co		(1)(A)(vi) (Complete Der	+ 11 \						
9	H	A community trust describe				od in ooniu	notion with a	land grant	collogo		
9		An agricultural research org	-			-		-	-		
		or university or a non-land-g	grant college of agric		. Enter the	name, cit	y, and state o	in the colleg	eor		
10		university:	lly received (1) more	than 22 1/20/ of its our	nort from	oontributi	ono mombor	ahin faaa a	nd areas respired from		
10		An organization that norma									
		activities related to its exer		-					-		
		income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	atter June 30, 1975.		
44		See section 509(a)(2). (Cor	• •	ively to test for public or	faty Caa	agation Fl	O(a)(4)				
11	H	An organization organized a			•			orre out the	numpered of one or		
12		An organization organized a	-	-	-			•			
		more publicly supported or	-						FRECK THE DOX IN		
_		lines 12a through 12d that	• •			-		-	, all dia a		
а		Type I. A supporting orga	-	-	•	-					
		the supported organization			a majority	of the aire	ctors or truste	ees of the s	supporting		
		organization. You must c	-		11		!				
b		Type II. A supporting org	-				-		-		
		control or management o			same perso	ons that co	ontrol or mana	age the sup	ported		
		organization(s). You mus	-								
С		J Type III functionally inte	• • • •					ally integrate	ed with,		
	_	its supported organization									
d		☐ Type III non-functionally						-			
		that is not functionally int			•		-	d an attent	iveness		
		requirement (see instruct		-							
е		Check this box if the orga					а Туре I, Туре	e II, Type III			
		functionally integrated, or		onally integrated support	ing organi	zation.					
f		er the number of supported of									
<u> </u>		vide the following informatior i) Name of supported	i about the supporte	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other		
	,	organization		(described on lines 1-10	in your governi	ing document?	support (see in	-	support (see instructions)		
				above (see instructions))	Yes	No		,			
T . ·											
Tota							O!	aluda A (E	 		
LHA	- or F	Paperwork Reduction Act N	iolice, see the Instr	uctions for Form 990 0	л ээu-ez.	/32021 10-	06-1/ SCNE	uule A (FOI	m 990 or 990-EZ) 2017		

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Schedule A (Form 990 or 990-EZ) 2017 HAGAR USA, INC.

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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.)

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1406869.	1142486.	775,608.	1016015.	393,715.	4734693.	
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							
4	Total. Add lines 1 through 3	1406869.	1142486.	775,608.	1016015.	393,715.	4734693.	
5				-				
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						901,187.	
6	Public support. Subtract line 5 from line 4.						3833506.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 4	1406869.	1142486.	775,608.	1016015.	393,715.	4734693.	
	Gross income from interest,							
Ũ	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	171.	15.			2.	188.	
٩	Net income from unrelated business							
5	activities, whether or not the							
	business is regularly carried on			2,016.			2,016.	
10	Other income. Do not include gain			2,0201				
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						4736897.	
	Gross receipts from related activities,	etc. (see instructio	one)			12	1,000,10	
	First five years. If the Form 990 is for		,	d fourth or fifth to	 av vear as a sectio			
10	organization, check this box and stor	-				1001(0)(0)		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage		<u></u>			
	Public support percentage for 2017 (olumn (f))		14	80.93 %	
	Public support percentage from 2016					15	83.55 %	
	33 1/3% support test - 2017. If the c							
100	stop here. The organization qualifies							
h	33 1/3% support test - 2016. If the c							
N	and stop here. The organization qual							
17-	10% -facts-and-circumstances tes							
170								
	and if the organization meets the "fact			-	-	-	. —	
L.	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes	-	-	• • • •				
C C		•						
	more, and if the organization meets the						· _	
40	organization meets the "facts-and-circ							
18	B Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 HAGAR USA, INC.

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

20-1507669 Page 3

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	7 (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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		_				
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	7 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	L					
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) o	rganization,
check this box and stop here						
Section C. Computation of Publ		-				
15 Public support percentage for 2017 (column (f))		15	%
16 Public support percentage from 2016 Section D. Computation of Invest			•		16	%
17 Investment income percentage for 20)17 (line 10c, colur	mn (f) divided by li	ine 13, column (f))		17	%
18 Investment income percentage from a	2016 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	l line 17 is not
more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	▶□
b 33 1/3% support tests - 2016. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1	/3% , and
line 18 is not more than 33 1/3% , che	eck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organiz	ation ►
20 Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in	structions	>
732023 10-06-17			15	Sch	edule A (For	m 990 or 990-EZ) 2017

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

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16

			Vee	Nia
			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 (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
U	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		
<u>Soc</u>	tion E. Type III Functionally Integrated Supporting Organizations	3		
-				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		-)	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	ruction	ŕ – – –	
2	Activities Test. Answer (a) and (b) 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 (a) 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 (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form 9	90 or 9	90-EZ	2017
	17			

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Schedule A (Form 990 or 990-EZ) 2017	HAGAR	USA,	INC.
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting or	apization (acc

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c. Breakdown of line 7:			
8				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

	(See instructions.)	V, Section E, illies 2, 5	, and 6. Also corr	ipiete triis part io	r any additional information.
32028 10-06-1	7			20		Schedule A (Form 990 or 990-EZ)

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Bevenue Service

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

2017

Employer identification number

20-1507669

ame	0I	me	or	gar	iiza	lioi	1

Organization type (check one):

HAGAR USA,	INC.
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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

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

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

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) (2017)

	USA, INC.		20-1507669
Part I (a)	Contributors (see instructions). Use duplicate copies of Part I (b)	If additional space is needed.	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
<u> 1 </u>		\$10,445.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$38,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
<u>4</u> .		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
5		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contribution

Page **2**

	B (Form 990, 990-EZ, or 990-PF) (2017)			Page 2
Name of or	ganization		Employ	er identification number
HAGAR	USA, INC.		20	-1507669
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
7		\$14,4	55.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-0	1-17 23	Schedule	B (Form	990, 990-EZ, or 990-PF) (2017)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
Name of organization

Page 3

HAGAR USA, INC.

Employer identification number

20 - 1507669

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
23453 11-01-17	24		990, 990-EZ, or 990-PF

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rt III	Exclusively religious, charitable, etc., con	tributions to organizations described in s	20-1507669 ection 501(c)(7), (8), or (10) that total more than \$1,000
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religion	COIUMNS (a) INFOUGN (e) and INE TOIIOWING us, charitable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.)
	Use duplicate copies of Part III if addition	nal space is needed.	
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rtl	(~)	(0) 000 00 500	(,
-			-
- -			_
		(e) Transfer of gift	
	Transferee's name, address, a	nd 7 ID + 1	Relationship of transferor to transferee
No.			
m tl	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			_ [
_ -			_
-			_
		(e) Transfer of gift	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
-			
No.			
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		(e) Transfer of gift	
<u></u>			
	Transferee's name, address, a		Relationship of transferor to transferee
	Transferee's name, address, a		Relationship of transferor to transferee
	Transferee's name, address, a		Relationship of transferor to transferee
rtl - - - - - - -	Transferee's name, address, a		Relationship of transferor to transferee
rt I 	Transferee's name, address, a		
rt I 		Ind ZIP + 4	
rt I 		Ind ZIP + 4	
rt I		Ind ZIP + 4	
		(c) Use of gift	
rt I		Ind ZIP + 4	
rt I		(c) Use of gift	
rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt I 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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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.



Nam	of the organization $HAGAR \ USA \ , \ INC$.				Employer identification number $20 - 1507669$					
Par		end Funde o	or Other Similar Fund	s or Ac						
Fai				3 UI AU	counts.complete il the					
	organization answered "Yes" on Form 990, Part IV,		onor advised funds	(b)	Funds and other accounts					
	Total number at and of year			(6)						
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	-								
6	are the organization's property, subject to the organization									
6	Did the organization inform all grantees, donors, and donor for charitable purposes and not for the benefit of the donor									
Par										
	Purpose(s) of conservation easements held by the organiza	-		Tarry, i	no 7.					
•	Preservation of land for public use (e.g., recreation of		Preservation of a his	torically in	montant land area					
	Protection of natural habitat	education	Preservation of a cer							
	Preservation of open space			tineu fiist						
2		lified concerve	tion contribution in the form		convetion accoment on the last					
2	Complete lines 2a through 2d if the organization held a qua				Held at the End of the Tax Year					
2	day of the tax year. Held at th a Total number of conservation easements 2a									
a b	a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b									
с С	c Number of conservation easements on a certified historic structure included in (a) 2c									
о Р	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure									
u	listed in the National Register 2d									
3	Number of conservation easements modified, transferred,			····· ∟						
Ū	vear			io organiz						
4	Number of states where property subject to conservation e	asement is loc	ated							
5	Does the organization have a written policy regarding the p									
-	violations, and enforcement of the conservation easements				Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting									
		3, 3	, 3		5 ,					
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violati	ons, and enforcing conserv	ation eas	ements during the year					
	► \$	C								
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the	requirements of section 17	0(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?	-			Yes No					
9	In Part XIII, describe how the organization reports conserva									
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for									
	conservation easements.									
Par	t III Organizations Maintaining Collections	of Art, Hist	orical Treasures, or C	Other S	imilar Assets.					
	Complete if the organization answered "Yes" on For	m 990, Part IV,	line 8.							
1a	If the organization elected, as permitted under SFAS 116 (/	ASC 958), not t	o report in its revenue state	ment and	I balance sheet works of art,					
	historical treasures, or other similar assets held for public e	xhibition, educ	ation, or research in further	ance of p	ublic service, provide, in Part XIII,					
	the text of the footnote to its financial statements that des	cribes these ite	ms.							
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to re	port in its revenue statemer	nt and bal	ance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition,	education, or r	esearch in furtherance of p	ublic serv	ice, 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 t	reasures, or oth	ner similar assets for financi	al gain, pi	rovide					
	the following amounts required to be reported under SFAS									
	Revenue included on Form 990, Part VIII, line 1				► \$					
	Assets included in Form 990, Part X				► \$					
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 9	90.		Schedule D (Form 990) 2017					
73205	10-09-17									

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Sche	dule D (Form 990) 2017 HAGAR U	SA, INC.					2	0-15	0766	9 Pa	age 2
Par	t III Organizations Maintaining C	Collections of	Art, His	torical Tr	reasures, c	or Othe	r Simila	r Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other reco	ords, chec	k any of the	e following that	t are a sig	nificant u	se of its	collectio	n item	IS
	(check all that apply):		. —								
а	Public exhibition				change progra						
b	Scholarly research		e 📖	Other							
c	Preservation for future generations										
4	Provide a description of the organization's c							se in Par	t XIII.		
5	During the year, did the organization solicit of		,		,				1 X		.
Da	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran								Yes		No
Fai	reported an amount on Form 990, Pa	-	piete ir the	e organizatio	on answered	res on r	-orm 990,	Part IV,	line 9, or		
10	Is the organization an agent, trustee, custod		odion (for	oontributio	no or other on	ooto not ii	noludod				
Id									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							·····	165		
D	Amount										
c	c Beginning balance										
	d Additions during the year 1d										
	e Distributions during the year										
	f Ending balance 1f										
	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?										No
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII										
	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.										
	•	(a) Current year	(b) F	Prior year	(c) Two year	s back 🛛 🕻	d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance										
	c Net investment earnings, gains, and losses										
d											
	e 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 bala	nce (line 1	1g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	c Temporarily restricted endowment ▶%										
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the orgar	nization th	at are held a	and administe	red for th	e organiza	ation	г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
(ii) related organizations									3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza				?				3b		
4	Describe in Part XIII the intended uses of the		dowment	funds.							
Par	t VI Land, Buildings, and Equipm				0						
	Complete if the organization answere			1					(1) D		
	Description of property	(a) Cost o basis (inve			t or other	• •	cumulated reciation		(d) Boo	k valu	е
	Land	· · ·	sineny	Dasis	(other)	uepi	Clation				
	Land										
	Buildings										
	Leasehold improvements										
	EquipmentOther			F	55,115.		53,48	1.	1	1,6	34.
	Add lines 1a through 1e. (Column (d) must e		art X colu				55740			$\frac{1}{1,6}$	
1010				, iii ie	,		<u> </u>	chedule		-	
							0		- (1 011		/

732052 10-09-17

(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
	(1) 20011 10100		
(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"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(7)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		Image: Second
(7) (8) (9)	9 15.)		►
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line		e 11e or 11f. See Form 990, Part X, line	25.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		e 11e or 11f. See Form 990, Part X, line (b) Book value	25.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of Complete if the organization and the organ			25.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1. (a) Description of liability			25.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes			25.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3)			25.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (a) Description of liability (1) Federal income taxes (2) (3) (4)			25.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			25.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			25.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			25.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			25.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, lin		25.

732053 10-09-17

Schedule D (Form 990) 2017

Sche	HAGAR USA, INC.		20-15	07669 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Return.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			393,717.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		393,717.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)			393,717.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	enses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	409,863.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			409,863.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.,)	5	409,863.
Pa	rt XIII Supplemental Information.			
-				

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

HA	GAR	USA,	INC.					20-15076	69
Pa	rt I				ctivities Ou	tside the United States. Comple	ete if the orgar	ization answered '	'Yes" on
			,	/, line 14b.					
1						ds to substantiate the amount of its gra			1 I
	the g	grantees' e	eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes
2	For	arontmok	ore Dooo	riba in Dart V tha	organization's	procedures for monitoring the use of it	a aranta and a	thar application of	taida tha
2		ed States.	ers. Desc	nbe in Fait V the	e organization s	procedures for mornitoring the use of it	s grants and o	aner assistance ou	
3			Region (TI	he following Part	L line 3 table ca	an be duplicated if additional space is I	needed)		
		(a) Region		(b) Number of	, ´	(d) Activities conducted in the region	r	vity listed in (d)	(f)
				offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	exper
				in the region	independent contractors	gram services, investments, grants to	describe	e specific type	for inves
					in the region	recipients located in the region)	of service	(s) in the region	in the
							RECOVERY SE	ERVICES FOR	
EAS	T ASI	A AND TH	ΗE			GRANTS TO RECIPIENTS	ABUSED WOME	EN AND	
PAC	IFIC	-		0	0	LOCATED IN THE REGION	CHILDREN		1
	TH AS							ERVICES FOR	
	HANIS	,		0		GRANTS TO RECIPIENTS	ABUSED WOME	SN AND	
BAN	GLADE	isн,		0	0	LOCATED IN THE REGION	CHILDREN		_

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.

Open to Public Inspection Employer identification number

2

X Yes No

(f) Total expenditures

for and

investments

in the region

185,653.

6,962.

OMB No. 1545-0047

732071	10-06-17	

3 a Sub-total

and 3b)

b Total from continuation

sheets to Part I c Totals (add lines 3a

0

0

0

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

0

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SCHEDULE F

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

30 2017.03040 HAGAR USA, INC. 192,615.

192,615.

Ο.

12400521 788028 03415.5AU01

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017	Schec	V				or entities	Enter total number of other organizations or entities	3 Enter total number o
6		xempt	recognized as tax-e	foreign country, *	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ns listed above that are insel has provided a sec	[,] recipient organizatio ch the grantee or cou	2 Enter total number or by the IRS, or for whi
		0.	WIRE TRANSFER	25,500.	RECOVERY SERVICES FOR ABUSED WOMEN AND CHILDREN	EAST ASIA AND THE PACIFIC -		
		0.	WIRE TRANSFER	88,564.	RECOVERY SERVICES FOR ABUSED WOMEN AND CHILDREN	EAST ASIA AND THE PACIFIC -		
		0.	WIRE TRANSFER	6,962.	RECOVERY SERVICES FOR ABUSED WOMEN AND CHILDREN	SOUTH ASIA - Afghanistan, BANGLADESH,		
		°.	WIRE TRANSFER	53,016.	RECOVERY SERVICES FOR ABUSED WOMEN AND CHILDREN	EAST ASIA AND THE PACIFIC -		
		0.	WIRE TRANSFER	12,765.	RECOVERY SERVICES FOR ABUSED WOMEN AND CHILDREN	EAST ASIA AND THE PACIFIC -		
(i) Method of valuation (book, FMV, appraisal, other)	(h) Description of noncash assistance	(g) Amount of noncash assistance	(f) Manner of cash disbursement	(e) Amount of cash grant	(d) Purpose of grant	(c) Region	(b) IRS code section and EIN (if applicable)	1 (a) Name of organization
or any	990, Part IV, line 15, fc	1 "Yes" on Form 9	ganization answered	omplete if the or 9ded.	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.	ganizations or Entities ,000. Part II can be dupl	er Assistance to Or ceived more than \$5	Part II Grants and Otr recipient who re
Page 2		07669	20-1507669			USA, INC.	7 HAGAR	- e F

732072 10-06-17

 3

					(a) Type of grant or assistance	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.	Schedule F (Form 990) 2017 HAGAR
					(b) Region	l space is needec	HAGAR USA, INC.
					c) Number of recipients	e the United Stat	•
					(d) Amount of cash grant	tes. Complete if t	
					(e) Manner of cash disbursement	he organization answered "Yes" o	20
					(f) Amount of noncash assistance	n Form 990, Part	20-1507669
Schedu					(g) Description of noncash assistance	IV, line 16.	
Schedule F (Form 990) 2017					(h) Method of valuation (book, FMV, appraisal, other)		Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form</i> 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? <i>If</i> "Yes," <i>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)</i>	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) 2017

Schedule F (Form 990) 2017 HAGAR USA, INC.

Part V Supplemental Information

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

PART I, LINE 2:

HAGAR USA REQUIRES SEMI-ANNUAL AND ANNUAL FINANCIAL STATEMENTS AND

PROGRESS REPORTS FROM ALL ORGANIZATIONS RECEIVING GRANT FUNDS. A HAGAR

USA REPRESENTATIVE ANNUALLY VISITS A SAMPLE OF ORGANIZATIONS

REPRESENTATIVE OF THE PROJECTS SUPPORTED BY HAGAR USA FUNDS. TRIP

REPORTS ARE COMPLETED AND KEPT WITH HAGAR USA'S PROJECT FILES. IN MOST

INSTANCES, PROJECT LEVEL EVALUATIONS ARE COMPLETED EVERY TWO YEARS BY THE

RESPECTIVE IMPLEMENTING OFFICE.

PART I, LINE 3:

THE ORGANIZATION USES THE ACCRUAL METHOD TO ACCOUNT FOR EXPENDITURES OF

ACTIVITIES CONDUCTED IN THE LISTED REGIONS.

732075 10-06-17

12400521 788028 03415.5AU01

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

HAGAR USA, INC.

Employer identification number 20 - 1507669

OMB No 1545-0047

Open to Public

Inspection

20

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

SWITZERLAND, THAT OPERATES COMMERCIAL AND NON-PROFIT ENTITIES AND

ENGAGES IN PRIVATE AND PUBLIC SECTOR PARTNERSHIPS IN PURSUIT OF ITS

MISSION TO RESTORE WOMEN AND CHILDREN WHO SUFFER EXTREME HUMAN RIGHTS

ABUSE TO LIFE IN ALL ITS FULLNESS. IT HAS BEEN BUILT ON CHRISTIAN

PRINCIPLES AND OPERATES LIKE MANY INTERNATIONAL DEVELOPMENT AGENCIES

THROUGH A FEDERATED GOVERNANCE MODEL. IT HAS PROGRAMS IN CAMBODIA,

AFGHANISTAN, AND VIETNAM AND SUPPORT OFFICES IN THE UNITED STATES,

UNITED KINGDOM, AUSTRALIA, NEW ZEALAND, SINGAPORE, AND HONG KONG.

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

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,	PARI	· VI,	SECTION	в,	LINE	15A:				
	LHA For	Paperw	ork Redu	uction Act	t Notice, see th	e Inst	ructions for	r Form 9	90 or 990)-EZ.		Schedule O (Form 990 or 990-EZ) (2017)
	732211 09-	07-17										
									35			
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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization HAGAR USA, INC.	Employer identification number 20-1507669
PRIOR TO THE HIRING OF THE CURRENT CHIEF EXECUTIVE OFFICE	R, THE
ORGANIZATION REVIEWED THE COMPENSATION PAID FOR COMPARABL	E POSITIONS AT
SIMILAR ORGANIZATIONS TO ESTABLISH THE CHIEF EXECUTIVE OF	FICER'S INITIAL
COMPENSATION. THIS COMPENSATION DATA IS TAKEN INTO CONSI	DERATION BY THE
GOVERNING BODY WHEN DETERMINING ANY ADJUSTMENTS TO THE CH	IEF EXECUTIVE
OFFICER'S COMPENSATION.	

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,CT,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OK,OR,PA,RI,SC TN,UT,VA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

vrm 990) 2017	Schedule R (Form 990) 2017				ıs for Form 990.	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	For Pap
×		N/A	501(C)(3)	SWITZERLAND 5	COORDINATES VARIOUS HAGAR INSTITUTIONS IN PROVIDING TRAUMA INFORMED CARE.	HAGAR INTERNATIONAL FOUNDATION HOFSTRASSE 1A 6300 ZUG, SWITZERLAND	HAGAR HOFSTR <i>i</i> 6300 ZU
Section 512(b)(13) controlled entity? Yes No	(f) Direct controlling entity	(e) Public charity Dire status (if section 501(c)(3))	(d) Exempt Code Pul section statt	(c) Legal domicile (state or foreign country)	(b) Primary activity		
	re related tax-exem	ise it had one or mo	Part IV, line 34, becau	answered "Yes" on Form 990,	itions. Complete if the organization a	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	Part II
trolling v	(f) Direct controlling entity	(e) End-of-year assets	(d) Total income	(c) Legal domicile (state or foreign country)	(b) Primary activity	(a) Name, address, and EIN (if applicable) of disregarded entity	
				on Form 990, Part IV, line 33.	e if the organization answered "Yes"	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	Part I
tion number 9	Employer identification number $20 - 1507669$				•	Name of the organization HAGAR USA, INC	Name of
Open to Public Inspection	Opei Ins		information.	<u>x instructions and the latest</u>	► Go to www.irs.gov/Form990 for instructions and the latest information.	Department of the Treasury Internal Revenue Service	Department Internal Rev
2017	N	37.	tnerships 1e 33, 34, 35b, 36, or :	ions and Unrelated Parl ered "Yes" on Form 990, Part IV, lir ▶ Attach to Form 990.	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.		SCHEDULE R (Form 990)

732161 09-11-17 LHA

37

MB No 15/5-00

990) 2017	Schedule R (Form 990) 2017	Schedule					38 8				732162 09-11-17
X					CORP	/A c	CAMBODIA N/A		LAND HOLDING		PHNOM PENH, CAMBODIA
											1748 NATIONAL ROAD 5
_											TONLE BASSAC LIMITED
(i) Section 512(b)(13) controlled entity? Yes No	(h) Percentage ownership	(g) Share of Perc end-of-year owr assets		(f) Share of total income	(e) Type of entity (C corp, S corp, or trust)	(d) Direct controlling entity	(C) Legal domicile (state or foreign country)	(b) Primary activity	Prim	~ Z	(a) Name, address, and EIN of related organization
e related	one or more	on Form 990, Part IV, line 34, because it had one or more related	t IV, line 34	orm 990, Par	red "Yes"	Trust. Complete if the organization answe	omplete if the	vration or Trust. C vear.	as a Corpo ing the tax	ganizations Taxable rporation or trust duri	Part IV Identification of Related Organizations Taxable as a Corporation or or ganizations treated as a corporation or trust during the tax year.
			ł								
ownership	General or managing partner?	Code V-UBI amount in box 20 of Schedule	Disproportionate allocations?	Share of end-of-year assets		nt income Share of total nrelated, income n tax under 12-514)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Direct controlling entity	Legal domicile (state or foreign country)	Primary activity	Name, address, and EIN of related organization
(K)	(i)		(h)	(g)			(e)	(b)	(c)	(q)	(a)
	re related	on Form 990, Part IV, line 34, because it had one or more related	34, because	Part IV, line 3		tion answered "Yes	f the organizat	ership. Complete i	as a Partn ax year.	ganizations Taxable	Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" organizations treated as a partnership during the tax year.
Page 2	7669	20-1507669							•	R USA, INC.	Schedule R (Form 990) 2017 HAGAR

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Schedule R (Form 990) 2017
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HAGAR USA, INC
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INC.
C.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

90) 2017	۶ (Form 9	Schedule R (Form 990) 2017		65	732163 09-11-17	73
					(6)	6
					(5)	6
					(4)	4
					(3)	<u>ن</u>
					(2)	(2)
					(1)	
	olved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization	1
		relationships and transaction thresholds.	his line, including covered	who must complete t	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	
Х	1s		:		s Other transfer of cash or property from related organization(s)	I
×	t				r Other transfer of cash or property to related organization(s)	
×	1q				q Reimbursement paid by related organization(s) for expenses	
* ×	1p				p Reimbursement paid to related organization(s) for expenses	
	ā				o snanng or paid employees with related organization(s)	
×	;					
×	1n II			ion(s)	n Sharing of facilities equipment mailing lists or other assets with related organizations of the second se	
×	1 :				 Construction of services or membership or fundraising solicitations by related organization(s) 	
×	=			-		
×	¥				k Lease of facilities, equipment, or other assets from related organization(s)	
×	<u>-1</u>				j Lease of facilities, equipment, or other assets to related organization(s)	
×	÷				i Exchange of assets with related organization(s)	
×	1h					
×	1g				g Sale of assets to related organization(s)	
X	1f				f Dividends from related organization(s)	
X	1e					
X	1d				Loans or loan guarantees to or for related organization(s)	
×	1 c				Gift, grant, or capital contribution from related organization(s)	
Х	dh				b Gift, grant, or capital contribution to related organization(s)	
X	1 a		(Y	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	
		i in Parts II-IV?	elated organizations listed	ns with one or more r	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
Yes No	¥				Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.	-

Schedule R (Form 990) 2017
HAGAR
USA,
INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

																		of entity	(a) Name address and FIN
																			(b) Primary activity
																	country)	(state or foreign	(c) I enal domicile
																	sections 512-514)	(related, unrelated, excluded from tax under	(d) Predominant income
																	Yes No	501(c)(3) 0rgs.?	Are all
																	income	total	(t) Share of
																	assets	end-of-year	(g) Share of
			 					 		 							Yes No	tionate allocations?	(h) Dispropor-
Schedule																	(Form 1065)	tionate amount in box 20 managing over mage allocations? of Schedule K-1 partner? ownership	Code V-UBI
, R (Fori																	Yes NO	partner?	(J) General or
Schedule R (Form 990) 2017																		ownership	(K)

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.