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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

<u>A</u>	For the 2	011 calendar year, or tax year beginning and	ending	1					
В	Check if applicable	C Name of organization		D Employer identific	cation number				
	Address change	HASNA, INC.							
	Name change	Doing Business As		52-2	113826				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	Геlephone number				
	Termin- ated	2401 PENNSYLVANIA AVENUE N.W.		(202	(202)478-1034				
	Amended return	City or town, state or country, and ZIP + 4		G Gross receipts \$	460,405.				
	Applica- tion	WASHINGTON, DC 20037		H(a) Is this a group re					
	pending	F Name and address of principal officer NEVZER STACEY		for affiliates?	Yes X No				
		SAME AS C ABOVE		H(b) Are all affiliates inc					
		npt status $X$ 501(c)(3) $D$ 501(c) ( ) $A$ (insert no.) $D$ 4947(a)(1)	or 527		list (see instructions)				
		▶ WWW.HASNA.ORG		H(c) Group exemptio					
		ganization: X Corporation Trust Association Other Summary	L Year	of formation: 1998 N	State of legal domicile: DC				
	1 B	riefly describe the organization's mission or most significant activities. SEE	PART I	II, LINE 1.					
Governance	_								
r	2 C	neck this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets				
o ve	3 N	umber of voting members of the governing body (Part VI, line 1a)	10						
		umber of independent voting members of the governing body (Part VI, line 1b)		4	9				
Activities &	5 To	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	8				
ž.	6 To	otal number of volunteers (estimate if necessary)		6	21				
4ct	7 a To	otal unrelated business revenu <del>e from Part VIII, column (C),</del> line 12		7a	0.				
_	bΝ	et unrelated business taxable income நிற் டுள்ற அரசு நிற 34		7b	0.				
	·	, in the second		Prior Year	Current Year				
e	8 C	ontributions and grants (Part VIII) line 1h)		370,449.	340,382.				
Revenue	<b>9</b> P	rogram service revenue (Part vin line 2g) 3 0 2012		0.	0.				
ge.	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		20,500.	34,269.				
_	11 0	ther revenue (Part VIII, column (A), line (5) (6) (5) (9) (10c, and 11e)		87.	0.				
_	-	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		391,036.	374,651.				
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	1	enefits paid to or for members (Part IX, column (A), line 4)	-	165 527	171 557				
Expenses	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	165,537. 1,398.	171,557. 0.				
S E	10a P	rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25)	17	1,390.	<u></u>				
	170		<del>- ' ·</del>	236,249.	322,908.				
	1	ther expenses (Part IX, column (A), lines 11a·11d, 11f·24e) otal expenses Add lines 13·17 (must equal Part IX, column (A), line 25)		403,184.	494,465.				
l 1		evenue less expenses. Subtract line 18 from line 12		-12.148.	-119,814.				
<u></u>		evertue less expenses oubtract line to nont line 12	Re	ginning of Current Year	End of Year				
ets (	20 T	otal assets (Part X, line 16)	1 00	800,908.	628,796.				
Net Assets or	20 T	otal liabilities (Part X, line 16)		19,003.	15,703.				
Set 1	22 N	et assets or fund balances. Subtract line 21 from line 20		781,905.	613,093.				
_		Signature Block		, 0 = , 5 0 0 0	02070301				
Un	der penalt	es of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of m	y knowledge and belief, it is				
١	-	and complete. Declaration of preparer (other than officer) is based on all information of w							
_		Mun Stawn.		71251	12				
Sig	an 📙	Signature of officer		Date	· · · · · · · · · · · · · · · · · · ·				
He	· .	NEVŽER STACEY, PRESIDENT			•				
	ļ	Type or print name and title							
Pai	1/	Print/Type preparer's fame  Preparer's signature  Preparer's signature		Date Check Check	PT#01330558				
	· 1-	Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-1392008							
	· -	rim's address 4550 MONTGOMERY AVE SUITE 650N		TIM 3 LIV	<u> </u>				
	- 0,	BETHESDA, MD 20814-2930		Phone no. (	301) 951-9090				
Ms	av the IR	6 discuss this return with the preparer shown above? (see instructions)		11 110110 110.	X Yes No				
1410	., aic iii	S allocated this retain that the property shown above. (acc instructions)			Farry 000 (2014)				

	1990(2011) HASNA, INC. 52-2113826 Page 2
Pai	rt III Statement of Program Service Accomplishments
<u> </u>	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	HASNA WAS ESTABLISHED FOR THE PURPOSE OF FOSTERING PEACE THROUGH THE
	CREATION OF EQUAL ECONOMIC OPPORTUNITIES FOR YOUNG PEOPLE OF
	CONFLICTING CULTURES.
	COMPLETING CONTOURDS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O
	•
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$209,739 • including grants of \$) (Revenue \$
	PROGRAMS IN CYPRUS INCLUDE JOURNALISM, RADIO PROGRAMS AND COMMUNITY
	DEVELOPMENT.
	DEVELOPMENT.
	186 605
4b	(Code) (Expenses \$176,695. including grants of \$) (Revenue \$)
	PROGRAMS IN TURKEY INCLUDE PROFESSIONAL SKILLS TRAINING, SKILLS
	PROGRAMS FOR WOMEN AND AGRICULTURAL TECHNOLOGICAL IMPROVEMENTS.
4c	(Code) (Expenses \$
70	
	OTHER PROGRAMS
4d	Other program services (Describe in Schedule O )
-	
<u>4e</u>	Total program service expenses ► 387,040.
13200	Form <b>990</b> (2011)
02-09	
	2

Form 990 (2011) HASNA, INC.
Part IV Checklist of Required Schedules

`			V	NI.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
,	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in 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			
Ĭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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? If "Yes," complete	<b>_</b>		
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, 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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	Ť		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			77
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	١		37
	located outside the United States? 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,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		v
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
	n res to me zoa, dio the organization attach a copy of its addition infancial statements to this return?	Eorm	990 (	2011\
		r OHH	J J J ()	(۱۱۷

Form 990 (2011) 52-2113826 **HASNA** INC Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. X 23 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 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I 25h Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 282 X Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Х Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b 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 Х 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 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

> X Form **990** (2011)

37

Х

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

, Pai	Check if Schedule O contains a response to any question in this Part V			
	Check is Schedule O Contains a response to any question in this Part V		<b>V</b>	
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 4  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ĭ	(gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		,	
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>—</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			l
-	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	'5		
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting $N/A$			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<del></del> -
9	Sponsoring organizations maintaining donor advised funds.	i _		
а	Did the organization make any taxable distributions under section 4966?  N/A	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12  N/A  10a	1		
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	i l		
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? $N/A$	13a		<b> </b>
	Note. See the instructions for additional information the organization must report on Schedule O			İ
b	Enter the amount of reserves the organization is required to maintain by the states in which the			İ
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?  If "You " how it filed a Form 720 to recent those payments? If "No." provide an explanation in School to Co.	14a		X
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990 (	2011
		FUHIL	33U (	,ZUII)

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.

	Observation and the Contract of the Contract o			77
<u> </u>	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management	-		
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10	4		
	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  9	4		
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_		<u>X</u>
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
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	- OD		
3	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)		-	
	tion B. Follows (This decidin b requests information about policies not required by the internal nevenue code)		Yes	N <sub>a</sub>
100	Did the organization have local chapters, branches, or affiliates?	10a	165	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
D		406		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	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	١		37
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶MD , VA			
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) and 990-T (Section 501(c)(3)s only) are considered as a section of the constant	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨		
-	KATE BELLING - (202)478-1034			
	2401 PENNSYLVANIA AVENUE N.W., WASHINGTON, DC 20037			
13200 01-23-	8	Form	990 (	2011)
			- 1	/

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than on box, unless person is both a officer and a director/truste				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	. =	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NEVZER STACEY	50.00			Ī.,					•	^
PRESIDENT	52.00	X		Х	_			50,000.	0.	0
(2) MARIANNE KAYAN	1.00	Ţ		х				0.	0.	0
CHAIR	1.00	X		^			-	0.	U •	0
(3) ACHILLES G. ADAMANTIADES	1.00	v						0.	0.	0
DIRECTOR (4) OSMAN BENGUR	1.00	1						- 0.		
DIRECTOR	1.00	$ _{\mathbf{x}}$		ĺ				0.	0.	0
(5) MEHMET BETIL										
DIRECTOR	1.00	X						0.	0.	0
(6) MADELYN SPIRNAK										
DIRECTOR	1.00	X	<u></u>					0.	0.	0
(7) LOUIS W. GOODMAN										
DIRECTOR	1.00	X						0.	0.	0 .
(8) WARREN R. MUIR								_		
DIRECTOR	1.00	X	<u> </u>	<u> </u>	<u> </u>			0.	0.	0
(9) OMER TASPINAR									_	_
DIRECTOR	1.00	X	<u> </u>				_	0.	0.	0
(10) OZGUR KARAOSMANOGLU	1 00								•	•
DIRECTOR	1.00	X		_				0.	0.	0
(11) MERT KAYAN	1 00								0	•
TREASURER	1.00	_		X		$\vdash$		0.	0.	0
(12) KALLIOPI RAPTI SECRETARY	1.00			x				0.	0.	0
ODERETTINA .										
										Form <b>990</b> (2011

Par	t VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s <u>, a</u>	nd l	-ligh	est	Compensated Employ	ees (continued)				
•	(A)	(B)	(B) (C)						(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable		Es	timate	ed
		hours per					tnan ( Is botl		compensation	compensation	,		nount	
		week	offic	cer an	dad	recto	r/trus	tee)	from	from related			other	
		(describe	eg Eg						the	organizations	. [	com	pensa	ation
		hours for	ğ				E E		organization	(W-2/1099-MIS	(2)	fr	om th	е
		related	stee	ruste			bens		(W-2/1099-MISC)		1	_	anızat	
		organizations in Schedule	Individual trustee or director	institutional trustee		Key employee	Highest compensated employee						d relat	
		O)	Jividi	strott	Officer	, em	phest	Former	İ			orga	ınızatı	ons
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	Sub-total								50,000.		0.			0.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)						<u> </u>		50,000.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	DOVE	e) wh	o re	eceived more than \$100	,000 of reportable	,			_
	compensation from the organization													0
											r		Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee,	or i	highest compensated er	nployee on	- 1	- 1		
	line 1a? If "Yes," complete Schedule J for s	uch individual									[	3		X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	mpe	ensa	ation	and	oth	her compensation from t	he organization		1		
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		l	4		X
5	Did any person listed on line 1a receive or a	accrue comper	nsati	on f	rom	any	unr	elat	ed organization or indivi	dual for services		-		
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	on					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of comp	ens:	ation fi	rom	
	the organization Report compensation for	the calendar y	ear e	endı	ng v	vith	or w	thir	the organization's tax y	ear .				
	(A)								(B)			(C	:)	
	Name and business	address	NO	ONE	2				Description of s	ervices	C	omper		n
								$\dashv$						
								+						
								+						
								+						
									<u> </u>					_
2	Total number of independent contractors (	-	ot lii	mite	d to		_	sted	l above) who received m	ore than				
	\$100,000 of compensation from the organi	zation >		_		(	<u>)                                    </u>							
												Form 9	<b>∂90</b> (	2011)

,	rt vii	Statement of never	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Fundraising events Related organizations Government grants (contribute All other contributions, gifts, grant similar amounts not included above	ts, and ve 1f	4,981. 335,401.	340,382.			
Program Service Revenue	2 a b c d e f	All other program service reve		Business Code				
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		est, and	20,023.			20,023.
	С	Less rental expenses	(ı) Real	(ii) Personal				,
	7 a	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(i) Securities 100000. 85,754. 14,246.					
Other Revenue	d	Net gain or (loss) Gross income from fundraising	g events (not	0.	14,246.			14,246.
Othe	с 9 а	Less direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19 Less: direct expenses	b Iraising events	0.	0.			
	10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale	ning activities returns a b		· · · · · · · · · · · · · · · · · · ·			
•	11 a b	Miscellaneous Revenu	e	Business Code				
1320 01-2:	12	Total Add lines 11a-11d Total revenue See instructions.		<b>&gt;</b>	374,651.	0.	0.	34,269. Form <b>990</b> (2011)

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a responsition of include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	50,000.	35,500.	13,000.	1,500
	trustees, and key employees  Compensation not included above, to disqualified	30,000.	33,300.	13,000.	1,500
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	102,587.	48,869.	48,584.	5,134
7 8	Pension plan accruals and contributions (include	102,301.	±0,009.	40,304.	3,134
J	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	6,269.	3,465.	2,531.	273
10	Payroll taxes	12,701.	7,021.	5,127.	553
11	Fees for services (non-employees)	22,7020	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,22,0	
 а	Management				
b	Legal				<del></del>
c	Accounting	9,639.	5,328.	3,891.	420
d	Lobbying	7.333.3			
e	Professional fundraising services. See Part IV, line 17		·		
f	Investment management fees				
g	Other	51,370.	46,525.	1,320.	3,525
12	Advertising and promotion	2,155.		411.	1,744
13	Office expenses	4,612.	2,096.	2,173.	343
14	Information technology	7,742.	4,280.	3,125.	337
15	Royalties				
16	Occupancy	20,760.	11,476.	8,380.	904
17	Travel	152,847.	152,551.	296.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	944.	759.	174.	11
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,703.	1,494.	1,091.	118
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 O.)				
а	CITIZENS JOURNAL PRO.	25,700.	25,700.		
b	PROJECT EXPENSES	22,065.	22,065.		
С	ECO TOURISM PROJECT	10,134.	10,134.		
d	ALUMNI COMMITTEE PRO.	6,140.	6,140.		
е	All other expenses	6,097.	3,637.	1,905.	555
25	Total functional expenses Add lines 1 through 24e	494,465.	387,040.	92,008.	15,417
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 I if following SOP 98-2 (ASC 958-720)				

Form 990 (2011)
Part X Balance Sheet

Pa	rt X	Balance Sheet				_	
,					(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing			112,934.	1	63,132.
	2	Savings and temporary cash investments			63,171.	2	63,362.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, di	rectors	, trustees, key			<del></del>
		employees, and highest compensated employee	es Coi	mplete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
		employees' beneficiary organizations (see instru				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges		Ì	3,179.	9	1,964.
	l .	Land, buildings, and equipment cost or other	1	ļ	<u> </u>		
		basis Complete Part VI of Schedule D	10a	6,095.			
	Ь.	Less accumulated depreciation	10b	6,095.	0.	10c	0.
	11	Investments - publicly traded securities		0,0551	620,124.	11	498,838.
	12	Investments - other securities See Part IV, line 1	Ī	020/1210	12	13070301	
	13	Investments - program-related See Part IV, line	·	13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	ļ	1,500.	15	1,500.	
	16	Total assets. Add lines 1 through 15 (must equal	34)	800,908.	16	628,796.	
	17	Accounts payable and accrued expenses	41 11110	<del></del>	19,003.	17	15,703.
	18	Grants payable	ļ	15,005.	18	13,703.	
	19	Deferred revenue		19	····		
	20	Tax-exempt bond liabilities				20	
m	21	Escrow or custodial account liability Complete I	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director		T T			
를		highest compensated employees, and disqualifi					
Ľ.		of Schedule L	ed per	sons complete rait ii		22	
	23	Secured mortgages and notes payable to unrela	itad th	ard partice		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	<del></del>
	25	Other liabilities (including federal income tax, pa		·		24	
	23	parties, and other liabilities not included on lines	•	i i			
		Schedule D	17-27	) Complete Fait X OI		25	
	26	Total liabilities. Add lines 17 through 25		Ì	19,003.	26	15,703.
	20	Organizations that follow SFAS 117, check he		Y and complete	15,005.	20	15,705.
ro.		lines 27 through 29, and lines 33 and 34.		and complete			
č	27	Unrestricted net assets			781,905.	27	613,093.
la	28	Temporarily restricted net assets			101,000.	28	013,033.
Ä	29	Permanently restricted net assets		ļ		29	- · · · - · · · · · · · · · · · · · · ·
Š	23	Organizations that do not follow SFAS 117, cl	hack h	ere  and		25	· · · · · · · · · · · · · · · · · · ·
Ē		complete lines 30 through 34.	IECK I	lere L and			
Net Assets or Fund Balances	20	Capital stock or trust principal, or current funds				20	
se	30			nt fund	· · · · · · · · · · · · · · · · · · ·	30	
t As	31	Paid-in or capital surplus, or land, building, or ed		7		31	
Se	32	Retained earnings, endowment, accumulated in	come,	or other lunds	781,905.	32	612 002
	33	Total liabilities and not assets fund belonges		}	800,908.	33	613,093.
	34	Total liabilities and net assets/fund balances			000,300.	34	Form <b>990</b> (2011)

Form **990** (2011)

Form	990 (2011) HASNA, INC.	<u>52-2113</u>	<u>826</u>	<u>Pa</u>	ge 12
Pa	rt XI Reconciliation of Net Assets				
·	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>51.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>65.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<u>-11</u>	<u>9,8</u>	14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78	1,9	05.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-4	8,9	98.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	61	3,0	93.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e 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 Scho	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2011)

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of t	the organizati	on						1	Employer i	dentification nu	ımber	
		HASNA,	INC.						52	2-2113826	;	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this par	t ) See inst	tructions				
The organ	zation is not a	private foundation	because it is (For lines	1 through	11, check	only one b	ox)					
1	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(ı)	١.				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)					•			
з 🔲			tal service organization		n section	170(b)(1)	(A)(in).					
4	A medical res	search organization	operated in conjunction	with a hos	pıtal desci	ıbed ın <b>se</b>	ction 170	(b)(1)(A)(	iii). Enter th	ne hospital's nan	ne,	
	city, and stat	e										
5 🔲	An organizati	on operated for the	benefit of a college or ui	niversity ov	wned or op	erated by	a governi	nental ur	nit describe	d ın		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🔲	A federal, sta	ite, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(	1)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from th	e general p	ublic described	ın	
	section 170(	b)(1)(A)(vi). (Comple	te Part II )									
8 🗔	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗔	An organizati	on that normally rec	eives (1) more than 33	1/3% of its	support fi	rom contri	butions, m	nemberst	nip fees, an	d gross receipts	from	
	activities rela	ted to its exempt fur	nctions - subject to certa	aın exceptı	ons, and (2	2) no more	than 33 1	/3% of it	ts support f	rom gross invest	tment	
	income and u	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the org	anization a	fter June 30, 197	75	
	See section	<b>509(a)(2).</b> (Complete	e Part III )									
10	An organizati	on organized and or	perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	<b>I</b> ).				
11	An organizati	on organized and or	perated exclusively for th	ne benefit (	of, to perfo	rm the fu	nctions of,	or to car	rry out the p	ourposes of one	or	
	more publicly	supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2) See <b>se</b> o	ction 509	<b>(a)(3).</b> Che	ck the box that		
	describes the		organization and compl									
	a Type			с 🔲 Тур		-	-			Type III · Other		
e			at the organization is not									
		_	han one or more publicl		•				09(a)(1) or s	ection 509(a)(2)		
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			_	
		rganization, check th							_			
g	•		organization accepted ar			•				<u></u>	Т	
		•	lirectly controls, either al	lone or tog	ether with	persons o	described	ın (ii) and	(III) below,	Yes	No	
	_	• .	upported organization?							11g(ı)	+	
		•	n described in (i) above?		•					11g(II)	+	
	` .	-		described in (i) or (ii) above?								
h	Provide the f	ollowing information	about the supported or	ganization	(S)							
//> No. 110.000		( ) [ ]	(iii) Type of	(iv) Is the (	organization	(v) Did vo	u notify the	(vi)	Is the	(-:::) A		
	of supported	(II) EIN	organization		sted in your			lorganiza	tion in col ized in the	(vii) Amount o support	Ν	
or g.	anization		(described on lines 1-9 above or IRC section		document?			U	S.?	заррогі		
			(see instructions))	Yes	No	Yes	No	Yes	No			
				1					<del>                                     </del>			
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<u>Total</u>					<u> </u>	<u> </u>	<u>L</u>	L				
I HA For I	Paperwork Re	eduction Act Notice	see the Instructions t	for				Schedi	ule A (Form	990 or 990-EZ	12011	

132021 01-24-12

Form 990 or 990-EZ.

# Schedule A (Form 990 or 990 EZ) 2011 HASNA, INC. 52-2113826 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support	· -					
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	292,163.	325,543.	379,400.	370,449.	340,382.	1,707,937.
2	Tax revenues levied for the organ-						
	zation'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	292,163.	325,543.	379,400.	370,449.	340,382.	1,707,937.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			:			
	column (f)	,					1,342,148.
6	Public support. Subtract line 5 from line 4		_				365,789.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	292,163.	325,543.	379,400.	370,449.	340,382.	1,707,937.
8	Gross income from interest,						•
	dividends, payments received on						
	securities loans, rents, royalties						•
	and income from similar sources	25,887.	19,795.	13,631.	20,500.	20,023.	99,836.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	11,986.	50.	1,400.	87.		13,523.
11	Total support. Add lines 7 through 10						1,821,296.
12	Gross receipts from related activities,	, etc (see instruction	ons)			12	25,549.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	o here					▶
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	20.08 %
15	Public support percentage from 2010	) Schedule A, Part	II, line 14			15	<u>19.47 %</u>
16a	16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
k	b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	iere. Explain in Pai	rt IV how the organ	
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	d organization		$\triangleright [X]$
b	10% -facts-and-circumstances tes	t - <b>2010.</b> If the org	anızatıon dıd not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explair	in Part IV how the	·
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17b</u>	o, check this box a	ind see instruction	s <b>▶</b> □
					Sche	dule A (Form 990	or 990-EZ) 2011

# Schedule A (Form 990 or 990 EZ) 2011 | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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	iow, piedeo com	pioto i dit ii j				<del></del>
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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					<del> </del>	· · · · · · · · · · · · · · · · · · ·
are not an unrelated trade or bus-				1	}	
iness under section 513					1	
<b>├</b>	<del></del>	<del>                                     </del>	<del> </del>		-	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to					}	
or expended on its behalf		-			1	ļ
5 The value of services or facilities					-	
furnished by a governmental unit to				1	1	
the organization without charge				-	<u> </u>	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					1	
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that			}		1	
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					1	
c Add lines 7a and 7b		-				
8 Public support (Subtract line 7c from line 6)					<del>                                     </del>	
Section B. Total Support		1	<del>                                     </del>	I	1	<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	(a) 2007	(5) 2000	(6) 2003	(4) 2010	(6) 2011	(i) Total
10a Gross income from interest,		<del>                                     </del>	<del> </del>	<del> </del>	†	<del> </del>
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources		ļ	<del>                                     </del>	<del> </del>	ļ	
<b>b</b> Unrelated business taxable income			1		1	
(less section 511 taxes) from businesses						
acquired after June 30, 1975					ļ	
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is			1			
regularly carried on						
12 Other income Do not include gain						
or loss from the sale of capital					1	
assets (Explain in Part IV)  13 Total support (Add lines 9, 10c, 11, and 12)		<del>                                     </del>		<u> </u>		_
14 First five years. If the Form 990 is for	the organization	l 'e firet epoond thi	rd fourth or fifth t	av vear as a sect	on 501(c)(3) organia	zation
•	ine organization	a mat, accord, triii	ia, iouitii, or iiitii t	an year as a secti	on our (c)(o) organiz	Lation,
check this box and stop here Section C. Computation of Public	c Support Pe	ercentage		<del></del>		
15 Public support percentage for 2011 (lin			column (fl)	<del></del>	15	
		•	COIUITHIT (1))		15	
16 Public support percentage from 2010			<del> </del>		16	
Section D. Computation of Inves					T.= 1	
17 Investment income percentage for 20	•	•	ne 13, column (f))		17	
18 Investment income percentage from 2	<b>010</b> Schedule A,	, Part III, line 17			18	
19a 33 1/3% support tests - 2011. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶□
b 33 1/3% support tests - 2010. If the	organization did	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%, chec	ck this box and s	stop here. The org	anızatıon qualıfıes	as a publicly supp	ported organization	▶□
20 Private foundation. If the organization		•			<del>-</del>	►□

Schedule A (Form 990 or 990-EZ) 2011 HASNA, INC. Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information (See instructions) PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

HASNA, INC. QUALIFIES AS A PUBLIC CHARITY UNDER THE "FACTS AND CIRCUMSTANCES" TEST OF 1.170A-9(E)(3) OF THE TREASURY REGULATIONS, BASED UPON THE FOLLOWING:

- 1. ITS SUPPORT, AS REPORTED FOR 2011, IS 20.08%, THEREBY MEETING THE REQUIREMENT OF SECTION 1.170A-9(E)(3)(I)
- 2. IT IS ORGANIZED AND OPERATED SO AS TO ATTRACT NEW AND ADDITIONAL PUBLIC AND GOVERNMENTAL FUNDING ON A CONTINUOUS BASIS, THEREBY MEETING THE REQUIREMENT OF SECTION 1.170A-9(E)(3)(II).
- 3. HASNA, INC. PUBLIC SUPPORT, AT 20.08%, IS WELL ABOVE THE 10% MINIMUM REQUIRED FOR THE "FACTS AND CIRCUMSTANCES" TEST, THEREBY MEETING THE REQUIREMENT OF SECTION 1.170A-9(E)(3)(II).
- 4. IN MEETING THE REQUIREMENT OF SECTION 1.170A-9(E)(3)(I), HASNA, INC. HAS RECEIVED SUPPORT FROM A REPRESENTATIVE NUMBER OF PERSONS, RATHER THAN RECEIVING ALL OR MOST OF ITS SUPPORT FROM THE MEMBERS OF A SINGLE FAMILY, OR FROM A SINGLE DONOR. IN THIS RESPECT, HASNA, INC. MEETS THE REQUIREMENT OF SECTION 1.170A-9(E)(3)(IV).
- 5. HASNA, INC. THROUGH ITS PROGRAMS, MAKES ITS MISSION AVAILABLE TO THE PUBLIC. ITS PROGRAMS FOSTER PEACE THROUGH THE CREATION OF EQUAL ECONOMIC OPPORTUNITIES FOR YOUNG PEOPLE THROUGH RADIO PROGRAMS, COMMUNITY DEVELOPMENT, PROFESSIONAL SKILLS TRAINING AND AGRICULTURAL TECHNOLOGICAL IMPROVMENTS. IN THIS MANNER, HASNA, INC. MEETS THE REQUIREMENT OF SECTION 1.170A-9(E)(3)(VI).

Schedule A (Form 990 or 990-EZ) 2011

18408 1

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

2011
Open to Public Inspection

Name of the organization

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Comporganization answered "Yes" to Form 990, Part IV, line 6  (a) Donor advised funds (b) Funds and other (b) Funds and other (b) Fu	es No
Total number at end of year   2 Aggregate contributions to (during year)   3 Aggregate grants from (during year)   4 Aggregate value at end of year   5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?   1 On the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?   1 Purpose(s) of conservation easements. Complete if the organization (sheck all that apply)   Preservation of land for public use (e.g., recreation or education)   Preservation of an historically important land an   Protection of natural habitat   Preservation of open space   2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements   2a	es No
1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7  1 Purpose(s) of conservation easements held by the organization (check all that apply)	es No
2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7  1 Purpose(s) of conservation easements held by the organization (check all that apply)  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land are Protection of natural habitat □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement aday of the tax year  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the total per lease of conservation have a written policy regarding the periodic monitoring, inspection, handling of	es No
Aggregate grants from (during year)  4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7  1 Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land an Protection of natural habitat Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the total year  4 Number of states where property subject to conservation easement is located   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	es No
Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7  Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or education)  Preservation of a certified historic structure  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year    Held at the Ease	es No
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7  1 Purpose(s) of conservation easements held by the organization (check all that apply)  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of an historically important land an □ Protection of natural habitat □ Preservation of a certified historic structure □ Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements at total number of conservation easements 2a b Total acreage restricted by conservation easements  C Number of conservation easements on a certified historic structure included in (a)  4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the total states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	es No
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Protection of natural habitat	nt on the last
Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year    Held at the E	
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year    Held at the E	
day of the tax year    A	
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tryear  Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	d of the Tax Year
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the transferred of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	d of the Tax Year
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d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  2d  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tyear ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the t year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
<ul> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tyear ▶</li></ul>	
year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	
violations, and officialism of the content at the case ments it helds	es No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	es L No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance	•
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's account	ing for
Conservation easements  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	<del></del>
Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet w	
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, pro-	· ·
the text of the footnote to its financial statements that describes these items	de, ili Fait Aiv,
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works	of art historical
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the fo	
relating to these items	loving amounts
(i) Revenues included in Form 990, Part VIII, line 1	
· · · · · · · · · · · · · · · · · · ·	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenues included in Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	

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

Schedule D (Form 990) 2011

		INC.								Page 2
Pa	rt III Organizations Maintaining C	ollections of Ar	rt, Histo	orical Tre	easures, d	or Othe	r Simila	ar Asse	ts (contil	nued)
` 3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following tha	at are a si	gnificant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	d	L	oan or excl	hange progra	ams				
b	Scholarly research	е		ther					140-0-	
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	he organizati	ion's exen	npt purpo	se in Par	t XIV	
5	During the year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of the	he organi	ization's co	llection?				Yes	No_
Pai	rt IV Escrow and Custodial Arran	<b>gements.</b> Comple	ete if the o	organizatio	n answered	"Yes" to I	orm 990	, Part IV,	lıne 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontribution	s or other as	sets not	ncluded		_	
	on Form 990, Part X?							[	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	llowing ta	able						
									Amount	
С	Beginning balance						1c			
d	Additions during the year	•					1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	No
	If "Yes," explain the arrangement in Part XIV		<del></del>							
Pa	rt V Endowment Funds. Complete	the organization an	swered "	Yes" to For					γ-	
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two yea	rs back (	<b>d)</b> Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships								ļ	
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	, column (a	i)) held as					
а	Board designated or quasi-endowment	· · · · · · · · · · · · · · · · · · ·	_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should									
3а	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administe	ered for th	e organız	ation	-	
	by								ļ,	Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(iı)	
þ	If "Yes" to 3a(II), are the related organizations	•							3b	
4 Do	Describe in Part XIV the intended uses of the				<del>.</del>					
Ра	rt VI Land, Buildings, and Equipm		<del></del>							
	Description of property	(a) Cost or of		(b) Cost			cumulate	d	(d) Book	value
		basis (investri	nentj	pasis (	(other)	dep	reciation			
	Land								<del></del>	
	Buildings	<u> </u>					_			
	Leasehold improvements				C 00F		C 0	<del>_</del>		
	Equipment				6,095.		6,0	15.		<u> </u>
	Other  Add lines 1a through 1e (Column (d) must e			- (0) 1 1	20/-) )	<u> </u>		_		

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 HASNA, INC.	52	-2113826 Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to	o Audited Financial Stateme	ents
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	·
7 Prior period adjustments	7	
8 Other (Describe in Part XIV )	8	
9 Total adjustments (net) Add lines 4 through 8	9	<u> </u>
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 a		
Part XII Reconciliation of Revenue per Audited Financial Statem		
1 Total revenue, gains, and other support per audited financial statements	<u> </u>	<del></del>
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2€	•
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	40	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XIII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per Re	turn
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	26	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	40	;
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part XIV Supplemental Information	·	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III, lines 1a and 4, Part IV, lines 1b an	id 2b, Part V, line 4, Part
X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete this part to provide any additio	nal information
PART X, LINE 2: IN JUNE 2006, THE FINANCIAL	ACCOUNTING STANDAR	DS BOARD
(FASB) RELEASED FASB ASC 740-10, INCOME TAXE	ES, THAT PROVIDES G	UIDANCE FOR
REPORTING UNCERTAINTY IN INCOME TAXES. FOR T	THE YEAR ENDED DECE	MBER 31,
2011 HAGNA THE HAG DOCKMENMED THE CONCERN	TO THE TAKE A CO	740 10 3370
2011, HASNA, INC. HAS DOCUMENTED ITS CONSIDE	ERATION OF FASE ASC	740-10 AND
DETERMINED THAT NO MATERIAL UNCERTAIN TAX PO	SITIONS QUALIFY FO	R EITHER
RECOGNITION OR DISCLOSURE IN THE FINANCIAL S	STATEMENTS. THE FED	ERAL FORM
990, RETURN OF ORGANIZATION EXEMPT FROM INCO	OME TAX, IS SUBJECT	' TO
EXAMINATION BY THE INTERNAL REVENUE SERVICE	, GENERALLY FOR THR	EE YEARS
	•	nedule D (Form 990) 2011

Schedule D (Form 990) 2011	HASNA, INC.	52-2113826 Page 5
Schedule D (Form 990) 2011 Part XIV Supplemental In	formation (continued)	
•		
AFTER IT IS FILED		
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### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047
2011
Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Employer identification number

3 a Sub-total 0 0 0 PROGRAM SERVICES LEARNING ENGLISH 54,164.	Name of the organization					Employer identi	fication number
Part	HASNA, INC.					52-21138	26
the grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance.  The grantmakers of the grants or assistance, and the selection criteria used to award the grants or assistance outside the United States  2. For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States  3. Activities per Region (The following Part I, Ine 3 table can be duplicated if additional space is needed.)  (a) Region (b) Number of contices in the region offices in the region offices in the region of contractors in region.  BURGOPS (INCLIDING CELAND) 0 0 PROGRAM SERVICES DEANNING ELERAND SEATHS LEARNING, CITIZEN JOURNALISM AND DEANNING ENGLISH DEANNING ENGLISH SEATHS CALEARING, CITIZEN JOURNALISM AND DEANNI		rmation on A	Activities Ou	tside the United States. Comp	lete if the organ	ization answered	'Yes"
The grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States  3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)  (a) Region (D) Number of Goldings in the region of interesting in the region of interesting in the region of interesting in the region of services in the region of services in the region of services in the region of services in region of services and services, investments, grants to recognize the region of services in region of services							
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States  3. Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region (b) Number of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices of offices in the region of offices of	1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
United States 3. Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)  (a) Region (b) Number of offices in the region of offices in the region of offices in the region of contractors in region	the grantees' eligibility f	or the grants or	assistance, and	the selection criteria used to award the	e grants or assı	stance?	Yes No
United States 3. Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)  (a) Region (b) Number of offices in the region of offices in the region of offices in the region of contractors in region							
A Ctivities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)  (a) Region (b) Number of (c) Romber of (d) Activities conducted in region (size a program service, discribed in the region in the region (region)	=	cribe in Part V the	e organization's i	procedures for monitoring the use of it	s grants and ot	ther assistance out	tside the
(a) Region (b) Number of offices offices offices of offices on the region offices of offices on the region of the region of services of service) in region of services of service) in region of services of service) in region of services of service) in region of services of service) in region of services of service) in region of services of service) in region of services of service) in region of services of service) in region of services of service) in region of services of service) in region of services of service) in region of services of service) in region of services of service) in region of services of servic		ha fallawaa Dad	t I line O teble es	an be disabled if additional arrays as			
semployees and the region in the region in the region in the region in the region in r						uty listed in (d)	(6) Total
a Sub-total  To Totals (add lines 3a)  In the region ondependent contractors in region of services) in region of services) in region of services) in region of services) in region of services) in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services of service	(a) Hegion		l employees.		1 ''		
BUROPE (INCLUDING ICELAND & GREENLAND)  3 a Sub-total b Total from continuation shests to Part I contails (add lines 3a)		ın the region	Independent		describe	specific type	
BUROPE (INCLUDING EUROPE (INCLUDING ICELAND & GREENLAND)  0  0  0  PROGRAM SERVICES  LEARNING ENGLISH  54,164,  Sa Sub-total  5 Total from continuation sheets to Part 1  5 Totals (add lines 3a)				recipients located in the region)	of service	e(s) in region	
EUROPE (INCLUDING ICELAND & GREENLAND) 0 PROGRAM SERVICES LEARNING ENGLISH 54,164.  3 a Subtotal					PROVIDED EC	OTOURISM.	
3 a Sub-total 0 0 0 PROGRAM SERVICES LEARNING ENGLISH 54,164.						•	
3 a Sub-total 0 0 0 54,164, b Total from continuation sheets to Part 1 0 0 0 0, c Totals (add lines 3a	EUROPE (INCLUDING				CITIZEN JOU	RNALISM AND	
b Total from continuation sheets to Part I 0 0 0 0 0.  c Totals (add lines 3a	ICELAND & GREENLAND)	0	0_	PROGRAM SERVICES	LEARNING EN	GLISH	54,164.
b Total from continuation sheets to Part I 0 0 0 0 0.  c Totals (add lines 3a							
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sheets to Part I 0 0 0  c Totals (add lines 3a			,		<del> </del>		54,164.
c Totals (add lines 3a							
			<u> </u>				<u> </u>
		c	0				54.164.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2011

Schedule Part II	Schedule F (Form 990) 2011 HASNA, INC	HASNA,	INC.	C. 52-2113826 somplete if the organization answered "Yes" to Form 990, Part IV, line 15, for any	5, for any
	recipient who received more than \$5,000 Chec	re than \$5,000	Check this box if no on	eck this box if no one recipient received more than \$5,000	

Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	٠							
	recipient organization the grantee or counse	is listed above that are ri I has provided a section	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	foreign country,	recognized as tax-ex	empt by		
3 Enter total number of other organizations or entities	other organizations or	r entities						

Schedule F (Form 990) 2011

132072 01-23-12

Page 3

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

HASNA, INC.

Schedule F (Form 990) 2011

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

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Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 HASNA, INC.	52-2113826 Page 5
Part V Supplemental Information	
Complete this part to 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), Part II	unting method), and Part III, column
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional inf	formation.
PART I, LINE 3, COLUMN (E):	
REGION: EUROPE (INCLUDING ICELAND & GREENLAND)	
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDED ECOTOUR	OTEM DIEMANCE
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDED ECOTOUR	RISM, DISTANCE
LEARNING, CITIZEN JOURNALISM AND LEARNING ENGLISH LANGUAGE	F SERVICES
DELICITIO, CITIBLE COOLINGIDE INC. DELICITIO ENGLISE DANGORGE	J BERVICED:
	<del></del>

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

HASNA, INC.

Employer identification number 52-2113826

HASNA, INC.   52-2113826
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE
ORGANIZATIONS OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. A COPY
OF THE 990 WAS PROVIDED TO EACH BOARD MEMBER BEFORE IT WAS FILED WITH THE
IRS.
FORM 990, PART VI, SECTION B, LINE 15A: THE PRESIDENT'S COMPENSATION IS
APPROVED BY THE BOARD AND IT IS DETERMINED BY THE ORGANIZATION'S BUDGET.
COMPARABLE DATA IS USED AND THE COMPENSATION PROCESS IS DOCUMENTED IN THE
BOARD'S MINUTES. THE LAST COMPENSATION REVIEW TOOK PLACE ON NOVEMBER 9,
2011.
EODM 000 DADW VI CECUTON C I INF 10. WUE ODCANIZAMION'S COVEDNING
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -48,998.