Form **990** 

## **Return of Organization Exempt From Income Tax**

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

2018

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

A	For the	2018 cale	ndar year, or tax year be	eginning	January 1	, 2018, a	ind ending	Decei	nber 31	, 20 18	
В	Check if a	applicable	C Name of organization Has	sna inc.					D Employ	er identification ni	ımber
	Address of		Doing business as							52-2113826	
$\equiv$	Name cha	•	Number and street (or P O	box if mail is	s not delivered to street	address)	Room/suite		E Telephoi	ne number	
$\exists$	Initial retu	·								610-235-1654	
$\exists$		n/terminated	City or town, state or prov		and ZIP or foreign post	al code	10	<u></u>	_	0.10 200 1001	
=	Amended		Washington, DC 20009						<b>G</b> Gross re	eceints \$	476,357
=			F Name and address of prince	cinal officer	Rukmini Banerjee			Ma) le this a c		subordinates? Yes	
	Application		1666 Connecticut Ave N		_	000	1	I		s included? Yes	_
	Tay ayam	npt status		501(c) (	) ◀ (insert no ) ☐		(f. 3), 7	- ' '		list (see instructio	
<u>'</u>	Website:		w.hasna.org	<u> </u>	) 4 (msert no)	1047 (0)(1) 01		H(c) Group	exemption	number ▶	
<u></u>			Corporation Trust	Association	Other ▶	I Yes	ar of formation			of legal domicile	DC
	art I	Summ			- Council	1 12.00	0. 10111101101	1330	111 01410	or regar dorment	
			escribe the organization	n's mission	or most significan	t activities:	Hasna w	orks to giv	e people i	the support they	need
a		•			i or most significar	it aptivities.	1103110 11	orks to give	c people	the support the	11000
Activities & Governance	-	to resoive	disputes across culture	<u> </u>							
Ĕ	2	Chook th	is box ▶☐ if the organ	uzation die	continued its oper	ations or di	enneed of	more than	25% of	ite not accote	
Š	1		of voting members of the				sposed of	more mai	3	its not assots	•
Ğ			of independent voting i				line 1h		4		
S			nber of individuals emp						5		2
ŧ			•	•		Tart V, III le	: Za)		6		4
Ę			nber of volunteers (esti						7a		2
⋖			elated business revenu						7b	_	0
	Ь	Net unrei	ated business taxable	income iro	OC.	* 30. (C)		Pnor Y		Current Ye	0
	١.,	Cantribut	tions and grants (Dort )	/III. kao 1h	/4/	·52				33.73.73	
ue	1		tions and grants (Part V		/ \	γ¢ > .		<del></del>	36,314		292,838
Revenue			service revenue (Part \			· +5	.: <del>\\</del>	$\rightarrow$			
Æ			nt income (Part VIII, co			))****	019 7	<del>. / _</del>	5,131		9,082
			enue (Part VIII, column			(0) (e)		—	350		
			enue-add lines 8 throu				1e 12/	<u>'</u>	41,795		301,920
	1		nd similar amounts paid	-		-3) . (0)	<b>、</b> 、《X		0		
			paid to or for members				<u>`</u>		0		
Expenses			other compensation, em			ın (A), iines :	O-NO)		135,309		104,068
ë	l .		onal fundraising fees (P			•			O		
×			draising expenses (Par				10,778				
	l .	-	penses (Part IX, column				·		67,265		50,821
	l .		enses. Add lines 13-11			i (A), iine 25	" ·		202,574		154,889
		Revenue	less expenses Subtra	ct line 18 f	rom line 12		· Po	ginning of Ci	-160,779	End of Ye	147,031
Net Assets or Fund Balances			. /5				Бе	ginning of Co		Eliu di Te.	
Sala	20		ets (Part X, line 16)				-		367,388		460,714
팔	21		ilities (Part X, line 26)		04 6 1 00		·		6,946		4,609
			ts or fund balances Su	ibtract line	21 from line 20	· · · ·			360,442		456 <u>,105</u>
	art II		ture Block								1-1-6-1
Un	ider penálf le correct	ties of perjui	ry, I declare that I have exam ete Declaration of preparer (	ined this retu other than offi	rn, including accompan icer) is based on all infol	ying schedules mation of which	s and stateme ch oreparer h	ents, and to t as any know	he best of n ledae	ny knowledge and	belief, it is
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_			this return with the pr			structions)			·		
For	Paperw	ork Redu	ction Act Notice, see the	e separate i	instructions.		Cat No	11282Y		Form 9	90 (2018)

Form 9	90 (2018) Page 2
Part	- <del></del>
1	Briefly describe the organization's mission
	HasNa's mission is to facilitate cross-cultural understanding between communities divided along ethnic, religious, racial, gender, and
	national lines; and reduce barriers to integration and positive peace.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported
4a	
	Cultural Diplomacy (Turkey): HasNa and SIMS Dernegi based in Gaziantep, Turkey have collectively worked on a cultural project aimed at youth development in southeastern Turkey. This collaborative project seeks to set up the first Turkish-American
	cultural exchange center in the city of Gaziantep, that will give young people access to a library, study abroad resources, career guidance, and a platform to facilitate a rich exchange of ideas and information on the history, arts, and culture of Turkey and USA.
	We prepared for the project along with our local partner in Gaziantep, applied to the U.S. Embassy in Ankara during two funding cycles in 2018. We are currently awaiting a response from the Embassy before launching the next phase.
4b	(Code: ) (Expenses \$ 33,095 including grants of \$ ) (Revenue \$ )  Distance Learning: HasNa launched an online course on Peace Education in Classrooms, focused on training educators, activists,
	and NGO professionals on mainstreaming various aspects of peace education into their formal and non-formal education sectors.  HasNa partnered with TechChange and licensed their online teaching platform for uploading content and hosting live events. We
	conducted two live webinars: the first on "Introduction to Peace Education" and the second on "Gender Equality in the Classroom"
	where we had guest speakers share best practices with our online participants. We are continuing to grow this program and to host more webinars and add content to the online course for our beneficiaries.
4c	(Code ) (Expenses \$ 26,638 including grants of \$ ) (Revenue \$ )  Domestic Workshops: HasNa partnered with Meta-Culture, a Washington, DC-based conflict management nonprofit, to launch a
	series of community discussions or workshops on various aspects of democracy and civic responsibility. This series, titled
	"DemoSapiens" was the first of HasNa's domestic projects, intended to start local conversations on important issues that have a direct influence on people's lives. The aim of these workshops was to encourage dialogue among community members holding
	different opinions and perspectives, thereby promoting understanding and empathy between them. HasNa and Meta-Cutlure hosted three workshops on "The Rise of Authoritarianism," "Immigration," and "Freedom" respectively.
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses

BADO

Part	V 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,"	_		
2	complete Schedule A	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_	-	<u> </u>
	candidates for public office? If "Yes," complete Schedule C, Part I	3_	_	1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$ .	10		<b>✓</b>
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	<b>√</b>	
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		1
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		<b>√</b>
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		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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	✓	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<b>*</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>\</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>✓</b>
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		<b>✓</b>
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17_		1
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		<b>√</b>
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		<b>✓</b>
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<b>√</b>
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		✓

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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		✓
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	:	1
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		1
đ	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
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," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	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		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
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		1
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		1
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
_	Fatantha averbas are add in Day 2 of Form 1006 Faton 2 if and applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	
	-r-	-		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> </u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		<b>✓</b>
b	If "Yes," enter the name of the foreign country:		į	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	<u> </u>	—	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<b>-</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		_
b	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		<b>\</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		✓ .
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		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
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. Did a donor advised fund maintained by the	$\vdash$		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .	90		
10	Section 501(c)(7) organizations. Enter.  Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
ь 11	Section 501(c)(12) organizations. Enter	1 3		
''a	Gross income from members or shareholders	]		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
•	against amounts due or received from them )			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	'		l
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا ۔ ا		,
	excess parachute payment(s) during the year?	15		<b>✓</b>
40	If "Yes," see instructions and file Form 4720, Schedule N.	16		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		<del>-</del>
	If "Yes," complete Form 4720, Schedule O.	Forr	n <b>990</b>	(2018)
		. 0.1		\_U.U)

Form 99				Page <b>o</b>
Part \				
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	structi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI		:	<u>.                                    </u>
Section	on A. Governing Body and Management			Γ
	En al la company de la company		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 3			
	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 2	ļ. I		
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	<b>✓</b>	
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? .	4		<b>V</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		./
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets.	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			<u> </u>
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		,
_	stockholders, or persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
а	the year by the following:  The governing body?	8a	1	<b></b>
b	Each committee with authority to act on behalf of the governing body?	8b	<i>'</i>	
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		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue C</u>	ode.)	)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
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	<b>√</b>	
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	✓	
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	<b>✓</b>	
13	Did the organization have a written whistleblower policy?	13	<b>√</b>	
14	Did the organization have a written document retention and destruction policy?	14	<b>-</b>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		1
	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		<b>-</b>
	mara tadasa anni, asing maryana yang maryana ang maryana ang maryana ang maryana ang maryana ang maryana ang m	Toa		\ <u>\</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		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Maryland; Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7	(Sec	tion 5	5U1(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
40	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	proet	nolici	v and
19	financial statements available to the public during the tax year.	J. 531	,,,,,,	,, und
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>•</b>	
•	Robin Weiss c/o Hasna, 1666 Connecticut Ave NW, Ste 100, Washington DC 20009; 202-423-6932			

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Page	•

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

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

Check this box if neither the organization noi	r any relate	d orga	anız	atıc	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee
					C)					
(A)	(B)				ition			(O)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
righte and the	hours per					is both or/trust		compensation	compensation from	amount of
	week (list any				T		<u></u>	from	related	other
	hours for	a d	ıst	Officer	é,	曹島	Former	the	organizations	compensation
	related organizations	rec de	톭	èr	Key employee	l og es	₫	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	tor t	ona		흥	9 g		(** 2 1000 10100)		and related
	line)	ns.	뒫		ee /ee	mg				organizations
		Individual trustee or director	Institutional trustee			Highest compensated employee				
	[		"			e e	ĺ			
(1) Cyrus Stacey, Chair	4									
		✓		✓_						
(2) Rukmini Banerjee, President and Treasurer	40					İ				
		<b>\</b>		✓				\$55,800		
(3) Nevzer Stacey, Board member	2									
		✓								
(4) Robin Weiss, Secretary	16									
				✓				15,000		
(5)										
							L.			
(6)										
						ļ	L		***	
(7)							]			
(8)										
								_		
(9)										
(10)										
(11)										
	[									
(12)										
	[									
(13)										
	[						Ì			
(14)	<del></del>									
Y.::	<b>+</b>				1		1	1 3		l

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees	s, aı	nd F	lighe	st <u>C</u>	ompensated E	mployees (	continu	ued)	
					•	C)							
	(A)	(B)	(do n	ot ch		more	e than o	nna	(D)	(E)		(F)	
	Name and title	Average	٠,				ıs both		Reportable	Reportable		Estima	
		hours per	office	er and	dad	lirect	or/trust	tee)	compensation	compensation related	from	amoun othe	
		week (list any hours for	익方	Ins	皇	₩.	랿	Fo	from the	organizatio	ns	compens	
		related	dre	<b>1</b>	Officer	y eq	p des	Former	organization	(W-2/1099-M		from t	
		organizations		lon	<b>'</b>	Key employee	8 6	~	(W-2/1099-MISC)			organiza	
		below dotted line)	ੇ ਫ਼ੁੱ	al tr		yee	ğ					and rela organiza	
		1	te	Institutional trustee		"	Highest compensated employee					·	
				ď			l ted						
(15)	· · · · · · · · · · · · · · · · · · ·	l											-
1		<del> </del>				ļ	ļ	ļ	ļ				
(16)					_	$\vdash$	<u> </u>		<del>-</del>				<del></del>
1197		<del> </del>	{										
(4.7)			<u> </u>		_			$\vdash$			-+		
(17)		<del> </del>	ł										
(40)	<del></del>		<del> </del> -		-					<del></del>	$\rightarrow$		
(18)		<del> </del>											
44.01			<b></b>		<u> </u>			<u> </u>					
(19)		ļ											
					_								
(20)											İ		
(21)													
								<u> </u>			$\dashv$		
(22)								1	,				
(23)													
(24)													
(25)													
		<u> </u>											
1b	Sub-total								\$55,800				
C	Total from continuation sheets to Part											_	
d	Total (add lines 1b and 1c)	<u></u>					•	<u> </u>	\$55,800				
2	Total number of individuals (including but	t not limited	to th	ose	list	ed a	above	e) w	ho received m	ore than \$10	0,000	) of	
	reportable compensation from the organ	zation ►							0				
	<del></del> -											Y	es No
3	Did the organization list any former of	ficer, direc	tor, o	r tr	uste	ee,	key e	emp	loyee, or high	est compe	nsated		
	employee on line 1a? If "Yes," complete											3	<b>√</b>
4	For any individual listed on line 1a, is the	sum of rei	oortal	ole d	com	nper	rsatio	n a	nd other comp	ensation fro	m the		
•	organization and related organizations	areater that	an \$1	50.	000	? 11	f "Yes	s."	complete Sch	edule J foi	suct	,	-
	T	-										4	<b>✓</b>
5	Did any person listed on line 1a receive of	r accrue co	mper	nsat	ion	fror	n anv	un	related organiz	ation or ind	ıvıdua		
_	for services rendered to the organization											5	<b>✓</b>
Section	on B. Independent Contractors	· · · · ·							· -				
1	Complete this table for your five highest	compensati	ed inc	lene	-nd	ent	contr	acto	ors that receive	ed more that	n \$100	1 000 of	
•	compensation from the organization. Rep												s tax
	year.	on compo	- Ioutic	,,,,	,		aiciia	ui y	car chang wit	0. ***********	ne org	garnzation	o tux
	(A)								(B)			(C)	
	Name and business add	ress							Description of s	ervices		Compensation	n
		_							-		-		
									<del>-</del>				
									<del>-</del>				
								_	-				
				_									
2	Total number of independent contractor	rs (includin	na hii	t no	ot I	ımıt	ed to	th	ose listed abo	ove) who		· · · · · · · · · · · · · · · · · · ·	
_	received more than \$100,000 of compens								abt	,			

Par	t VIII	Statement of Reve		·				
		Check if Schedule C	) contains a res	ponse or note to	(A) Total revenue	Part VIII  (B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns						
S S	b	Membership dues	<u>1b</u>		ĺ			1
Gifts, ilar An	C	Fundraising events .						j
햹첉	d	Related organizations						
Contributions, and Other Sim	е	Government grants (cor				:		
er S	f	All other contributions, g					-	
혈		and similar amounts not inc	<u> </u>	\$292,838		'		
d g	g	Noncash contributions include						
	h	Total. Add lines 1a-1	l <u>f</u> .	Business Code	\$292,838			-
Program Service Revenue	20			Busiless Code				-
ě	2a			<u> </u>			_	
ė	b			<u> </u>				<del>-</del>
Ğ	C							<del>-</del>
တ္တ	d			<u> </u>				<del></del>
гащ	e	All all and an area				<del></del>		<del> </del>
<u>r</u> og	f f	All other program ser	_					· <del></del>
	<u>g</u>	Total. Add lines 2a-2 Investment income			O	•	<u> </u>	
	3	and other similar amo	,					
				L	\$9,082			\$9,082
	4	Income from investmen	it of tax-exempt be	` _ h				<del></del>
	5	Royalties	(i) Real	► (II) Personal				
	_		(i) Heal	(ii) Personal				
	6a	Gross rents .						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or		<b>.</b>				
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	123,069					
	b	Less: cost or other basis						
		and sales expenses	174,437					
	С	Gain or (loss) .	-51,368					ļ <del></del>
	d	Net gain or (loss) .		•				-
venue	8a	Gross income from fu events (not including \$						
Other Reven		of contributions reported See Part IV, line 18 .	ed on line 1c) · · a	0				
돌	ь	Less <sup>-</sup> direct expenses	s <b>b</b>	0				
•	С	Net income or (loss) f	rom fundraising	events . >	0			
	9a	Gross income from ga	aming activities					
		See Part IV, line 19 .	а	o				
	ь	Less: direct expenses	s. <b>b</b>	0	·			
	1	Net income or (loss) f		vities ►	0			
		Gross sales of in			"			
		returns and allowance	es a	o				
	ь	Less. cost of goods s	sold <b>b</b>	0				
	c	Net income or (loss) f			0			<u> </u>
	_	Miscellaneous R		Business Code				<del> </del>
	11a		<del></del>					
	ь	•						<del>                                     </del>
	c							<del>                                     </del>
	d	All other revenue .			0	_	<del></del>	<del>                                     </del>
		Total. Add lines 11a-		•				<del> </del>
	12	Total revenue. See in		, , ,	\$301 920			\$9.082

Part IX	Statement	of Functional	Expenses
---------	-----------	---------------	----------

Scctio	n 501(c)(3) and 501(c)(4) organizations must com			s must complete colu	mn (A)
	Check if Schedule O contains a respons	se or note to any lin			<u> </u>
Do no Bb, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21 .	<u>.</u>			
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				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	55,800	47,447	3,574	4,779
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	33,000			
7 8	Other salaries and wages	33,876	18,818	15,058	<u> </u>
9	Other employee benefits	7,405	7,405		
10	Payroll taxes	6,987	5,110	1,511	366
11	Fees for services (non-employees):				
a	Management				
b	Legal	3,138		3,138	
c d	Accounting	2,958	"	2,958	
e	Professional fundraising services See Part IV, line 17				
f g	Investment management fees . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,800		2,800	
12	Advertising and promotion	1,672		1,672	
13	Office expenses	7,621	262	5,141	2,218
14	Information technology	5,467	4,075	1,182	210
15	Royalties	5,155	.,	,,	
16	Occupancy	20,824	15,368	2,601	2,855
17	Travel	246	214	32	<u> </u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,175	1,175		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	1,122		1,122	
23	Insurance	3,798	1,950	1,498	350
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				-	
b					
C					
d	All disconnections				
e	All other expenses	474.000	404.004	40.007	40.77
25 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 following SOP 98-2 (ASC 958-720)	154,889	101,824	42,287	10,778

	τχ	Balance Sheet					
		Check if Schedule O contains a response o	r note	to any line in this Par	t X		
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			132,424	1	14,363
	2	Savings and temporary cash investments		[		2	
	3	Pledges and grants receivable, net		[		3	
, j	4	Accounts receivable, net		[	2,100	4	725
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co Complete Part II of Schedule L .	omper 	sated employees.	<del></del>	5	
		Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), as sponsoring organizations of section 501(c)(9) volur organizations (see instructions) Complete Part II of Sche	nd cont ntary e	ributing employers and mployees' beneficiary		6	
Assets	7	Notes and loans receivable, net				7	
۶   ک	8	Inventories for sale or use				8	
!	9	Prepaid expenses and deferred charges .			2,451	9	937
1		Land, buildings, and equipment, cost or					
		other basis. Complete Part VI of Schedule D	10a	1,304			
	b	Less: accumulated depreciation	10b	435		10c	
1		Investments—publicly traded securities .		[	226,734		443,820
1:		Investments—other securities See Part IV, line				12	
13		Investments-program-related See Part IV, line			<u> </u>	13	
11		Intangible assets			<del>-</del>	14	<del></del>
1:		•		<u> </u>	2,991		
10		Total assets. Add lines 1 through 15 (must equa			367,388		460,714
1		Accounts payable and accrued expenses			6,946	_	4,609
11		Grants payable	•	· · · · ·	<u> </u>	18	<del>-</del>
20			•		<u>-</u> -	20	·
2		Escrow or custodial account liability. Complete	 Da <del>rt</del> IV.	of Schedule D	<del></del>	21	
		Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen					
<u></u>		disqualified persons Complete Part II of Schedu				22	
<u>بح   تت</u>		Secured mortgages and notes payable to unrela		ird parties		23	
2		Unsecured notes and loans payable to unrelated		· -		24	
2		Other liabilities (including federal income tax,		· –			"
		parties, and other liabilities not included on lines	17-2	4). Complete Part X		- 1	
		of Schedule D				25	
2					6,946	26	4,609
ses		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and		ck here ► 🗌 and			
E 2	7	Unrestricted net assets			360,442	27	465,105
E 2		Temporarily restricted net assets		[		28	
물   2		Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 98 complete lines 30 through 34.	58), ch	eck here ▶ 🔲 and			
ध ।	0	Capital stock or trust principal, or current funds				30	
88 3		Paid-in or capital surplus, or land, building, or ed		<b></b>		31	
<b>≚</b>   3		Retained earnings, endowment, accumulated in		<u></u>		32	
<u></u> ₹   33	3	Total net assets or fund balances		[	360,442	33	456,105
_   3₄	4	Total liabilities and net assets/fund balances .		<u>, , , , , , , , , , , , , , , , , , , </u>	367.388	34_	460.714

_	•	•
Page	1	-

COIII 9					a	96 IL
Part	XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI		•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			30	1,920
2	Total expenses (must equal Part IX, column (A), line 25)	2			15	4,889
3	Revenue less expenses. Subtract line 2 from line 1	3			14	7,031
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			36	0,442
5	Net unrealized gains (losses) on investments	5			(51	1,368 <u>)</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7			_	
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	i				
	33, column (B))	10			45	<u>6,105</u>
Part	XII Financial Statements and Reporting					_
_	Check if Schedule O contains a response or note to any line in this Part XII		· -:-	··· T.		<u></u>
			<del></del>		Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other	<del></del>	-			- 1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	piain i	n			
_	Schedule O		<u> </u>	-	/	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		,	a	<b>✓</b>	<del></del>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	pilea c	or			I
	reviewed on a separate basis, consolidated basis, or both:					- 1
	Separate basis Consolidated basis Both consolidated and separate basis		-	b		
D	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 audite separate basis, consolidated basis, or both.	eu on	a			
	Separate basis, Consolidated basis, or bottl.  Separate basis Consolidated basis Both consolidated and separate basis		1			i
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	, preinh	,,   <del>-</del>	_		
C	of the audit, review, or compilation of its financial statements and selection of an independent account			c	/	
	If the organization changed either its oversight process or selection process during the tax year, ex				<u> </u>	
	Schedule O.	, <b>, , , , , , , , , , , , , , , , , , </b>				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n			
ou	the Single Audit Act and OMB Circular A-133?			а		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	e 🗀		T	
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			b		
			F	Form '	990	(2018)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

Section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

One

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

	a Inc.							13826
Pa		Reason for Public Chair		_ <del></del>				ons.
The (	organ	nization is not a private founda	ition because it i	s: (For lines 1 through	12, che	ck only or	ne box )	
1		A church, convention of church	hes, or associati	on of churches descr	ibed in <b>s</b> e	ection 17	'0(b)(1)(A)(i).	) /
2		A school described in <b>section</b>	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	
3		A hospital or a cooperative hos						/
4		A medical research organization nospital's name, city, and state	•	onjunction with a hosp	oital desc	cribed in s	section 170(b)(1)(A)	(iii). Enter the
5		An organization operated for tection 170(b)(1)(A)(iv). (Comp		college or university	owned o	or operate	ed by a government	al unit described in
6 7	<b></b> ✓ A	A federal, state, or local govern An organization that normally described in <b>section 170(b)(1)</b>	receives a subs	tantial part of its sup				n the general public
8		community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II)			
9	C	An agricultural research organi or university or a non-land-gra iniversity:	nt college of agr	iculture (see instruction	ons) Ente	er the nan	ne, city, and state of	the college or
10	r	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt full income and uni	nctions—subject to c related business taxal	ertain exc ble incon	ceptions, ne (less si	and (2) no more that ection 511 tax) from	n 331/3% of its
11		An organization organized and	operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).	
12	_ c	An organization organized and of one or more publicly suppo Check the box in lines 12a thro	rted organizatio	ns described in <b>secti</b>	on 509(a	)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
a		Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t		
ь		Type II. A supporting organ control or management of to organization(s). You must of the support	the supporting o	rganization vested in	the same			
c		Type III functionally integrits supported organization(						ally integrated with,
d		Type III non-functionally i that is not functionally integ requirement (see instruction	grated The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
6		Check this box if the organ functionally integrated, or 1	ization received Type III non-func	a written determination	on from ti	he IRS the	at it is a Type I, Type ion	e II, Type III
f	En	ter the number of supported o	organizations .					
g	Pro	ovide the following information						
	(ı) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
A)	_							
B)								
C)								
D)								
E)								
							<del></del>	

Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	<del>)</del>
•	(Complete only if you checked the						alify under
Sacti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests is	ied below, pi	ease comple	te Fart III.)	<del></del> .
		(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	- In Total
1	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2014	(b) 2015	(6) 2016	<b>(d)</b> 2017	(e) 2016	(f) Total
•	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants.")	400 770	404.004	246 724	00.044	202 022	4 200 500
2		492,772	164,934	316,734	36,314	292,838	1,303,592
2	Tax revenues levied for the organization'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.	492,772	164,934	316,734	36,314	292,838	1,303,592
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)						1,060,833
6	Public support. Subtract line 5 from line 4						242,759
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	492,772	164,934	316,734	36,314	292,838	1,303,592
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,484	15,549	6,864	5,132	9,082	55,111
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 VI)	274		1,250	350		1,874
11	Total support. Add lines 7 through 10						1,360,577
12	Gross receipts from related activities, etc.	. (see instruction	ons) .			12	
13	First five years. If the Form 990 is for the	-	's first, second	d, third, fourth,	, or fifth tax ye	ear as a section	1 501(c)(3)
	organization, check this box and stop he				<u> </u>		<u>▶ □</u>
<u>Secti</u>	on C. Computation of Public Suppor			. <u>-</u>			
14	Public support percentage for 2018 (line 6					14	18% %
15 16a	Public support percentage from 2017 Sch 331/3% support test—2018. If the organi	zation did not	check the box	on line 13, an	d line 14 is 33		
	box and stop here. The organization qual						
ь	331/3% support test—2017. If the organiths box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts-	and-circumsta	nces" test, ch	eck this box a	ind stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fact	e "facts-and-c	ircumstances" stances" test	test, check t	his box and s	top here.
18	Private foundation. If the organization di	d not check a t	oox on line 13,	16a, 16b, 17a	, or 17b, check	k this box and s	see

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	/ under the te	ests listed beli	ow, piease co	omplete Part	II.)	
	on A. Public Support	<del></del> _			· · · · · · · · · · · · · · · · · · ·		
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees		ļ	ļ	ļ	]	
•	received (Do not include any "unusual grants.")		_				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		]				
	furnished in any activity that is related to the					/	
	organization's tax-exempt purpose					/	j
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		ļ				
4	Tax revenues levied for the		-		-		
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						<del>                                     </del>
•	furnished by a governmental unit to the						
	organization without charge		1			1	ļ
6	<b>Total.</b> Add lines 1 through 5						<del> </del>
	Amounts included on lines 1, 2, and 3						<del> </del>
'a	received from disqualified persons .					:	
	·	<del></del>		//			<del> </del>
b	Amounts included on lines 2 and 3						
	received from other than disqualified	1				}	1
	persons that exceed the greater of \$5,000 or 1% of the amount on line 12 for the year						
	or 1% of the amount on line 13 for the year			/			<u></u>
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 20 <u>15</u>	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,	/	1				
	payments received on securities loans, rents,						
	royalties, and income from similar sources.		_				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	<i>Y</i>					
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	İ					
12	Other income. Do not include gain or				-		
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ve	ear as a section	on 501(c)(3)
	organization, check this box and stop he						. `▶ □
Secti	on C. Computation of Public Support		e				=
15	Public support percentage for 2018 (line			13 column (fl)		15	%
16	Public support percentage from 2017 Sci					16	
	on D. Computation of Investment In			<u>· · · · · · · · · · · · · · · · · · · </u>	<del></del>	1 10	
17	Investment income percentage for 2018 (			v line 13 ochu	mn (fl)	17	%
18	Investment income percentage for 2013 (			-	(1//)	18	
	33//3% support tests—2018. If the organ				 nd line 15 is m		
19a	17 is not more than 331/3%, check this box						
	33 <sup>1</sup> / <sub>3</sub> % support tests—2017. If the organiz		_				
9	line 18 is not more than 331/3%, check this						
	mile to is not more than 50 7370, Check tills	SON GIRL SICH II	ioro. The organi	zanon quannes	as a publicly Si	apportou organ	u.ioii 🚩 🔲

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### 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.)

Secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by		103	140
	class or purpose, describe the designation. If historic and continuing relationship, explain.	_1_		
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 <b>Part VI</b> how the organization determined that the supported			
0-	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	<del></del>	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Sa		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5а	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 <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI.</b>			
_		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	<u> </u>		
•	· · · · · · · · · · · · · · · · · · ·	8		
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 <b>Part VI</b> .	9a		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	3a		
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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 <b>Part VI.</b>	9c		
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.	10a		
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.)	10b		

Р	aa	A	į

00.1000				-3
Part	Supporting Organizations (continued)			r
			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)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
<u>C</u>	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		
Secti	on B. Type I Supporting Organizations		<u> </u>	N
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
<b>¿</b>	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 <b>Part VI</b> 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.	<b>-</b>		
_		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		
Cooti				
Secu	on C. Type II Supporting Organizations		Yes	No
	Many a majority of the average time to dispeters or trustees during the tay year also a majority of the dispeters		163	140
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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)			
Socti	on D. All Type III Supporting Organizations			L
Secu	on 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			-110
•	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			
	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in:	struct	ions).
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	<b></b>		
	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	<b></b>		
	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 "Ves." describe in Part VI the role played by the organization in this regard	3b	1	I

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations						
.1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov 20, 1970 (explai	n ın Part VI) See					
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Section 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							
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1 Aggregate fair market value of all non-exempt-use assets (see								
instructions for short tax year or assets held for part of year).								
a Average monthly value of securities	1a							
b Average monthly cash balances	1b							
c Fair market value of other non-exempt-use assets	1c							
d Total (add lines 1a, 1b, and 1c)	1d							
e 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,	Ť							
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							
Section 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-functionall	y in	tegrated Type III supporting	g organization (see					

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	Section D—Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets	<u> </u>					
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.	<u> </u>					
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions	h the organization is res	ponsive				
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	<del> </del>					
			(ii)	(iii)			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018			
_1_	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.						
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014						
С	Fro <u>m</u> 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years	,					
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
j	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2018 from						
	Section D, line 7.						
а	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions						
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part Vi.</b> See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2014						
b	Excess from 2015						
С	Excess from 2016						
d	Excess from 2017		· ·	<u></u>			
е	Excess from 2018						

Schedule A (	Page <b>C</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II, Sec	tion C Line 17A, Facts and Circumstances Test: Hasna Inc qualifies as a public charity under the "Facts and Circumstances"
test of 1.17	0A-9 (E) of the Treasury Regulations, based on the following:
1. Its suppo	ort, as reported for 2018 is 18%, thereby meeting the requirement of Section 1.170A-9 (E) (3) (I).
2. It is orga	nized and operated so as to attract new and additional public and government funding on a continual basis, and its staff
have under	taken significant efforts to identify new funds for the organization, thereby meeting the requirement of Section 1.170A (E) (3) (II).
3. Hasna pı	ublic support at 18% is above the 10% minimum required for the "Facts and Circumstance" test, thereby meeting the
requiremen	nt of Section 1.170A (E) (3) (II).
4. Hasna, tl	prough its programs, makes its mission available to the public, Its programs serve the purpose of fostering and promoting
peace thro	ugh the creation of equal opportunities for people of conflicting cultures. In this manner, Hasna meets the requirement of
Section 1.1	70A (E) (3) (VI).
	······································
••	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name o	of the organization		Employer identification number
Hasna	Inc.		52-2113826
Par			
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	fit of the donor or donor advisor, or fo	
Par	t II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	ition or education) 🔲 Preservation of	a historically important land area
	Protection of natural habitat	☐ Preservation of	a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements .		<mark>2a  </mark>
b	Total acreage restricted by conservation easemen		. <u>2b</u>
C	Number of conservation easements on a certified I	• •	2c
d	Number of conservation easements included in historic structure listed in the National Register		2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or tern	ninated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin	ng, handling of violations, and enforcing of	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easements	of the footnote to the organization's fin-	
Dard	Ul Organizations Maintaining Collection		Other Similar Assets
rait	Complete if the organization answered		Other Shillian Assets.
	If the organization elected, as permitted under SF		royanya statement and balance sheet
IG	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the f	r assets held for public exhibition, ed	ucation, or research in furtherance of
ь	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar public service, provide the following amounts relat	r assets held for public exhibition, ed	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art following amounts required to be reported under S	, historical treasures, or other similar	assets for financial gain, provide the
	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
b	Assets included in Form 990. Part X		<b>▶</b> ¢

-	
Page	4

Par	III Organizations Maintaining	Colle	ections of	Art, His	torical 1	reasures	, or O	ther Similar	Assets	(cont	inued)
, 3	Using the organization's acquisition, collection items (check all that apply)	acces									
а	☐ Public exhibition			d	☐ Loan	or exchan	ge prog	rams .			
b	☐ Scholarly research				☐ Other	r		= ·			
С	☐ Preservation for future generation	s									
4	Provide a description of the organiza XIII.		collections	and expl	aın how t	hey further	the or	ganızatıon's ex	empt p	ırpose	ın Part
5	During the year, did the organization	solici	t or receive	donation	ns of art,	historical t	reasure	s, or other sin	nılar		
	assets to be sold to raise funds rathe	r than	to be maint	ained as	part of the	e organizat	ion's c	ollection? .	. 🗆	Yes	☐ No
Par	Complete if the organization			s" on Fo	rm 990, F	Part IV, lin	e 9, or	reported an	amount	on F	orm
	990, Part X, line 21.  Is the organization an agent, trustee		odian or ot	her intern	nediary fo	or contribu	tions o	r other assets	not		
b	included on Form 990, Part X? If "Yes," explain the arrangement in P		 I and comp				•	•	. 🗆	Yes	☐ No
	, ,		•		•				Amoun	t	
С	Beginning balance					•	10	:		_	
d	Additions during the year						10	1			
е	Distributions during the year						16	•			
f	Ending balance						11	F			
2a	Did the organization include an amou	nt on I	Form 990, F	art X, line	e 21, for e	scrow or c	ustodia	I account liabil	ıty? 🔲	Yes	☐ No
b	If "Yes," explain the arrangement in P										
	t V Endowment Funds.						•				
	Complete if the organization	n ansv	vered "Yes	on For	m 990, F	art IV, lin	e 10.				
		(a) (	Current year	(b) Pr	or year	(c) Two yea	rs back	(d) Three years b	ack (e)	our yea	rs back
1a	Beginning of year balance										-
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships		<del></del>								
e	Other expenditures for facilities and			<u> </u>	-						
_	programs										
f	Administrative expenses								$\dashv$		
g	End of year balance			<del>                                     </del>					_		
2	Provide the estimated percentage of	the cu	rrent vear e	nd baland	ce (line 1a	. column (a	a)) held	as.			
a	Board designated or quasi-endowme	nt <b>&gt;</b>		%	,e	,, •••••	.,,				
b	Permanent endowment ►	··· // %		′							
c	Temporarily restricted endowment ▶		%								
·	The percentages on lines 2a, 2b, and			100%							
3a	Are there endowment funds not in th	e poss	session of t	he organi	zation tha	at are held	and ad	Iministered for	the		
	organization by:	о росс	30001011 01 1	0.94	241.517 1116		u u.			Ye	s No
	(i) unrelated organizations								3a		<del>5 1.0</del>
	(ii) related organizations							• •	_	(ii)	
b	If "Yes" on line 3a(ii), are the related of			 Las regui	red on Sc	 Shedule R2		• •	3		-
4	Describe in Part XIII the intended use	s of th	e Organizati	on's ende	nwment fi	inds					
Par				011 0 01100							
LI CII	Complete if the organization			" on For	m 990 F	Part IV Juni	e 11a	See Form 99	0 Part	X line	10
	Description of property	1 21134	(a) Cost or o			or other basis		Accumulated		Book va	
	Description of property	ļ	(investr			ther)		epreciation	(u)	DOOK VA	iiue
1a	Land	. [									
b	Buildings	. [									
С	Leasehold improvements										
d	Equipment					1,304		435			869
e	Other	<u>.                                    </u>									
Total.	Add lines 1a through 1e. (Column (d) r	nust e	qual Form 9	90, Part .	X, column	(B), line 10	Oc.) .	. ▶			869

Part VII	Investments – Other Securiti Complete if the organization a		rm 990. Part IV. line	11b. See Form	990. Part X. line 12.
	(a) Description of security or cate (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financia	I derivatives				
(2) Closely-	held equity interests				
(3) Other					
(A)					***************************************
(B)				·	<u> </u>
(C)					
(D)					
(E)					
(F)					
(G)					
(H)			-		<u> </u>
	(b) must equal Form 990, Part X, col. (B) line 12)				
Part VIII	Investments – Program Rela		rm 000 Dort IV line	11a Cas Form	000 Port V line 12
	Complete if the organization a  (a) Description of investment				
	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(4)					
(1)			<del></del>		***************************************
(2) 		***********		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************
(4)	·····		<del>                                     </del>		
(5)			<del> </del>		
(6)				***************************************	
(7)					
(8)					
(9)		****		***************************************	***************************************
	(b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>			<u> </u>
Part IX	Other Assets.				
	Complete if the organization a	nswered "Yes" on Fo	rm 990, Part IV, line	11d. See Form	990, Part X, line 15.
		(a) Description	***************************************		(b) Book value
<u>(1)</u>					
(2)		····			***************************************
_(3)					
(4)		***********************			····
(5)					
<u>(6)</u>					
<u>(7)</u>			<del></del>		
(8)				<del>-</del>	
(9)	mn (b) must equal Form 990, Part X	col /R) line 15 )	<del></del>		<del>-</del>
Part X	Other Liabilities.	COI (B) IIIIe 13.)			
raitA	Complete if the organization a	newered "Ves" on Fo	rm 990 Part IV line	11e or 11f See	Form 990 Part X
	line 25.	iswered res on o	1111 330, 1 art 14, mic	110 01 111. 000	71 Omi 550, 1 art 7,
1.	(a) Description of liability	(b) Book value			
(1) Federal II		<del>-   ` ` ` ·</del>			
(2)	<u> </u>	-			
(3)					
(3)		-			
(4)					
(4)					
(4)					
(4) (5) (6)					
(4) (5) (6) (7)					
(4) (5) (6) (7) (8) (9)	b) must equal Form 990, Part X, col (B) line 25.)	<b>•</b>			
(4) (5) (6) (7) (8) (9) Total. (Column (	b) must equal Form 990, Part X, col (B) line 25.) r uncertain tax positions In Part XIII, pr		note to the organization's	s financial stateme	nts that reports the

	LE D (1 0111 330) 2010				
Part	• • • • • • • • • • • • • • • • • • •			er Return.	
<u>-</u> _	Complete if the organization answered "Yes" on Form 990,		line 12a.	1 . r	
1	Total revenue, gains, and other support per audited financial statements	<b>3</b> .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	اما			
a	Net unrealized gains (losses) on investments	2a		<b>[]</b> []	
þ	Donated services and use of facilities	2b		(1888)	
C.	Recoveries of prior year grants	2c	<u> </u>		
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d	•		2e	
3	Subtract line 2e from line 1	iп		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	4-		i i i i i i i i i i i i i i i i i i i	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<b> </b>	
b	Other (Describe in Part XIII )	4b		40	
С 5	Add lines <b>4a</b> and <b>4b</b>			4c	
Part			lith Expanses		
Fart	Complete if the organization answered "Yes" on Form 990,			per neturn.	
<del>_</del>	Total expenses and losses per audited financial statements		1116 12a.	<u> </u>	
1		•			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	1 20 1			
a		2a 2b			
b	Prior year adjustments				
C	Other losses	2c	· ·		
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	i . ı		3	<del></del>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del></del>		
b	Other (Describe in Part XIII )	4b	<del></del>		
C	Add lines <b>4a</b> and <b>4b</b>	 no 10 i		4c 5	
5 Post	XIII Supplemental Information.	10.) .	<u> </u>	5	
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar	nd 1: Dart	IV lines 1b and	2h: Part V June	1: Part Y line
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this par				4, Fart A, IIIIe
_, · a	t XI, IIIIOS 24 and 40, and 1 art XII, IIIIOS 24 and 45. XIIO Complete this par	t to provid	io arry additional	inionnation.	
Dow V	Lina 3.				
Рап х	Line 2:		•••••	•••••	
			<b></b>		
For the	e year ended December 31, 2018, Hasna Inc. has documented its consideration	n of FASR	ASC 740-10 Inco	me Tayes that	provides
roi tri	e year ended December 31, 2016, nasna mc. nas documented its consideration	II OI FASD	A3C 740-10, IIICO	ille Taxes, tilat	provides
nuidar	ice for reporting uncertainty in income taxes and has determined that no mate	erial uncer	tain tay nositions	qualify for eithe	or .
Adinai	the for reporting direct dainty in mediate takes and has determined that he make		uni un posicions	quality for citals	<b></b>
recoar	ition or disclosure in the Financial Statements.				
iccodi	miori di disciostre in die i manetal statements.				
		******			

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Hasna Inc	52-2113826
Form 990, Part VI, Section A, Line 2:	
Hasna's founder, Nevzer Stacey is a director on the Board of the organization. Cyrus Stacey, her son,	is Board Chair.
Form 990, Part VI, Section B, Line 11:	
The Form 990 was prepared by the organization's Finance Director and reviewed by senior management	ent, as well as by an outside
professional acccounting firm. A copy of the Form 990 was provided to all board members before it w	vas filed with the IRS.
Form 990, Part VI, Section B, Line 12C:	
The organization has a Conflict of Interest Policy that is signed by all members of the Board of Director	ors and employees of the
organization on an annual basis. If a conflict of interest were to arise, the Board will vote on whether t	to exclude the individual
organization on an annual basis. If a conflict of interest were to arise, the Board will vote on whether t	to exclude the individual
from the decision-making process.	
Form 990, Part VI, Section B, Line 15A:	
The president's compensation is approved by the Board and is determined by the organization's budg	get. The last compensation
review took place in January 2018.	
Form 990, Part VI, Section B, Line 19:	
The organization's governing documents, conflict of interest policy, and financial statements are avail	lable to the public upon request.
······································	
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