Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

9,3,6,1600208

2019

Open to Public Inspection

Ā	For the	2019 calend	dar year, or tax year beginning , 2019, and endi	ng		, 20					
В	Check if	applicable	C Name of organization HASER INC.		D Emplo	yer identification number					
	Address	change	Doing business as		66-08	61655					
	Name ch	ange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	one number					
\Box	Initial ret	urn	PO BOX 368035		(787)	985-0039					
\sqcap	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code								
	Amende	d return	SAN JUAN, PR 00936-8035		G Gross	receipts \$ 557,129.					
	Applicati	on pending	oup return for	subordinates? Yes No							
		, ,	COLIBRI SANFIORENZO BARNHARD, 123 CALLE LOAIZA CORDERO # 7 URB LOS MAESTROS, SAN JUAN, PR.	10918)H(b) Are all su							
$\overline{}$	Tax-exer	npt status	X 501(c)(3)			t (see instructions)					
J	Website	► www.h	asercambio.org	H(c) Group ex	emption i	number 🕨					
ĸ	Form of c	organization 🗶	Corporation ☐ Trust ☐ Association ☐ Other ►	nation 2016	M State	of legal domicile. PR					
Р	art I	Summa	ry \								
	1	Briefly des	cribe the organization's mission or most significant activities: யூப்றிக்	gality of left to heat. Him and the Caribbea :	soprotus inci atus	cid a shotic I, wal, a tral, encoura ad crists for					
9		(cont.	Schedule O)								
Governance											
er.	2	Check this	box ▶ ☐ If the organization discontinued its operations or disposed	d of more than a	25% of	its net assets.					
õ	3	Number of	voting members of the governing body (Part VI, line 1a)		3	3					
<u>ھ</u>	4	Number of	independent voting members of the governing body (Part VI, line 1b	o)	4	3					
ies	5	Total numb	per of individuals employed in calendar year 2019 (Part V, line 2a)		5	0					
Ĭ			per of volunteers (estimate if necessary)		6	3					
Activities &	•		ated business revenue from Part VIII, column (C), line 12		7a	0.					
			ted business taxable income from Form 990-T, line 39		7b	0.					
_				Prior Year		Current Year					
4	8	Contributio	ons and grants (Part VIII, line 1h) RECEIVED	717.	515,562.						
Revenue			ervice revenue (Part VIII, line 2g)								
			t income (Part VIII, column (A), lines 4, and 7 d 7 2020 .	1,	780.	1,460.					
ď	11	Other reve	r revenue (Part VIII, column (A), lines 5, (6) 8c, 9c, 10c, and 11e)								
	12		393.	557,129.							
		Grants and	ue—add lines 8 through 11 (must equal-Part VIII, column (A), line 12) I similar amounts paid (Part IX, column (A), lines 1-3)	635,		177,833.					
			aid to or for members (Part IX, column (A), line 4)								
un.	1 4 5		her compensation, employee benefits (Part IX, column (A), lines 5–10)			· ***					
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)								
per	b		raising expenses (Part IX, column (D), line 25)								
ă	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	116,	980.	335,354.					
	1	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	752,		513,187.					
	1	•	ess expenses. Subtract line 18 from line 12		870.	43,942.					
<u> </u>	10	11010114014	oo onponded dubitati into to home the contract of the contract	Beginning of Curre		End of Year					
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)	366,		453,828.					
Ass	21		ties (Part X, line 26)	319,		362,858.					
Z S	22		or fund balances. Subtract line 21 from line 20		028.	90,970.					
	art II		re Block	<u> </u>	<u> </u>						
			I declare that I have examined this return, including accompanying schedules and state	tements, and to the	best of m	v knowledge and belief, it is					
tru	e, correct	, and complete	e. Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowled	ge.	,					
		<u> </u>	6 dar Jon 12	17/	1/3/	20					
Sig	an	Signatu	ure of officer	Date	7.07						
	ere] []		FCTOP C							
110	,ı Ç		ARDO GONZALEZ GONZALEZ, PRESIDENT BOARD OF DIR	THE TOWS							
				Date / /	Chest F] _{If} PTIN					
Pa	id		KI SINA I I I I I I I I I I I I I I I I I I	11/12/20	Check _ self-empl	oyed 101080312					
Pr	epare	r		F							
	e Onl	Firm's nan				6-0614395					
		Firm's add	dress ➤ PO BOX 6412, SAN JUAN, Puerto Rico, 00914	Phone	по. (78	7) 640-9463					
ма	y the IR	o aiscuss t	this return with the preparer shown above? (see instructions)	<u></u>		. ⊠Yes □ No					

For Paperwork Reduction Act Notice, see the separate instructions. BAA

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Form **990** (2019)

Form 99	90 (2019)	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: Stimulate equity and quality of life in Puerto Rico and the Caribbean by supporting local actions with an educational, social, cultural, environmental and artistic (cont. Schedule O)	focus
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	 ☑ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	⊴ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	red by others
4a	(Code.) (Expenses \$ 388,977. including grants of \$ 497,237.) (Revenue \$ 0.) SEE SCHEDULE O	
4b	(Code:) (Expenses \$	
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)	
	Other program services (Describe on Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	

4e Total program service expenses ▶



Part IV Checklist of Required Schedules

			1.03	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
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		×
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		×
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		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
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	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		×
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		×
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		×
e	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	×	
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .	13		<u>×</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		× _
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_		×
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		
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		×
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		×
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		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
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 19 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		×
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		
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), 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		
28	persons? If "Yes," complete Schedule L, Part III	27		×
а	IV instructions, for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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		×
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		 V	
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
С	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	1c	İ	

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			1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
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 <i>e-file</i> (see instructions)	_		
3а	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 on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		×
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_	_	×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
ď	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			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			-
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	.	ľ	
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
а	 			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	ľ	ľ	<u> </u>
100	against amounts due or received from them.)	12a		
l2a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	124		
_b ∣3	Section 501(c)(29) qualified nonprofit health insurance issuers.	.	_ , [., .
	Is the organization licensed to issue qualified health plans in more than one state?	13a		-1
, a	Note: See the instructions for additional information the organization must report on Schedule O.	134		
L		Í	İ	1
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			
_	Enter the amount of reserves on hand	r.		į
c 4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>-</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
5	excess parachute payment(s) during the year?	15	- 1	×
	If "Yes," see instructions and file Form 4720, Schedule N.		+	
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	! - X
-	If "Yes," complete Form 4720, Schedule O			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			
Sect	ion A. Governing Body and Management			,
			Yes	No
1a		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	``	- +"X+	
	committee, explain on Schedule O	- ;	٠ ا	·
b	Enter the number of voting members included on line 1a, above, who are independent 1b 3	,		ا . ا
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		!
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6		×
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		×
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			·
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b		×
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>×</u>
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 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990		تستث	
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	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	Ţ	-	
а	The organization's CEO, Executive Director, or top management official	15a	×	للت
b	Other officers or key employees of the organization	15b		×
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			• 1
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	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		~	7
	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		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ PR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	ınter	est po	olicy,
	and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and rec			

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

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

		$\Gamma^{-\frac{1}{2}}$		(C)			T		
(A) Name and title	(B) Average hours per week	box,	unle: er an	heck ss pe d a c	ersor	e than of the second se	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) EDGARDO GONZALEZ GONZALEZ	2.00									
PRESIDENT		×	<u> </u>		↓_			0.	0.	0.
(2) MELISSA ARMSTRONG TREASURER	2.00	×						0.	0.	0.
(3) JONATHAN FRYE SECRETARY	2.00	×				 		0.	0.	0.
(4)								-		
(5)										
(6)										
(7)		-								
(8)										
(9)										
(10)										
(11)										
(12)										
(13)	-									
(14)										

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	id F	lighest Compe	nsated	Emplo	yees ('conti	nued)
\ _	(A) Name and title		(C) Position (do not check more than box, unless person is bot officer and a director/trus						(D) Reportable compensation from the	(E) Reportable compensation from related		Estim	(F) ated an	nount
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiz. (W-2/1099	ations	f	rom the nization	e and
(15)														
(16)														
(17)						<u>.</u>								
(18)											-			
(19)														
(20)			_											
(21)														
(22)	\													
(23)											_			
(24)							-			-				
(25)														
1b c d	Subtotal Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					>	0.		0.			0.
2	Total number of individuals (including but		l to th	ose	list	ed a	above) wi		e than \$1		of		<u> </u>
	reportable compensation from the organi	zation >		_									Yes	No
3	Did the organization list any former of employee on line 1a? <i>If</i> "Yes," complete S							mplo	oyee, or highes 	t compe	nsated	3	-	
4	For any individual listed on line 1a, is the organization and related organizations individual											4		×
5	Did any person listed on line 1a receive of for services rendered to the organization?									ion or inc	lividual	5		×
Section	on B. Independent Contractors												_	
1	Complete this table for your five high compensation from the organization Repo					-								
	(A) Name and business addi	ess							(B) Description of servi	ces	С	(C) ompens	ation	
					_	_	-	_						
2	Total number of independent contractor received more than \$100,000 of compensations.							tho	ose listed above	e) who			^ ,	

Par	t VIII	Check if Schedule O contains a response	se or note to an	nv line in this Pa	art VIII		🗵
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaigns 1a					
ra n	b	Membership dues 1b					-
0, E	С	Fundraising events 1c					İ
ifts	d	Related organizations 1d					
, E	е	Government grants (contributions) 1e					
itions er Sie	f	All other contributions, gifts, grants, and similar amounts not included above 1f	515,562.				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a–1f 1g					
S E	l h	Total. Add lines 1a–1f	. ▶	515,562.		-	
	 		Business Code	320,302.			
မွ	2a						
ه ڲٙ	ь						
gram Ser Revenue	С						
eve eve	d						
Program Service Revenue	е						
Ę.	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u></u> ▶	-			
	3	Investment income (including dividends,	, interest, and				
		other similar amounts)	. • •	1,460.	1,460.	0.	0.
	4	Income from investment of tax-exempt bor	·				
	5	Royalties	() Daniel				
	-	(i) Real	(II) Personal	-			
	6a	Gross rents . 6a]	j	
	b	Less rental expenses 6b Rental income or (loss) 6c					
	d	Net rental income or (loss)	•			-,-	
		() Convention	(II) Other	,			
	7a	Gross amount from sales of assets	(4)				
		other than inventory 7a					
ā	ь	Less, cost or other basis					
Revenue		and sales expenses . 7b					
ě	С	Gain or (loss) . 7c					
er B	d	Net gain or (loss)					
Othe	8a	Gross income from fundraising					
0	1	events (not including \$	ĺ			. 1	-
	1	of contributions reported on line				-	
	ĺ.	1c) See Part IV, line 18 8a					
	l	Less direct expenses . 8b					
	l	Net income or (loss) from fundraising even	nts ▶				 -
	9a	Gross income from gaming activities See Part IV, line 19 . 9a					
	h	Less direct expenses 9b					נ
	C	Net income or (loss) from gaming activities	<u> </u>				
		Gross sales of inventory, less	<u>,</u>				
	iva	returns and allowances 10a					
	b	Less cost of goods sold 10b			l		
		Net income or (loss) from sales of inventor	y . >				
S			Business Code				
on e	11a	Other	Other	40,107.	40,107.	0.	0.
scellaned Revenue	b						
eve	С						
Miscellaneous Revenue	d	All other revenue					
≥		Total. Add lines 11a-11d	▶	40,107.		•	* 1
	12	Total revenue. See instructions	▶	557,129.	41,567.	0.1	0.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response	or note to any line	in this Part IX .		X
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	177,833.	177,833.		ತ . 'ನ
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				
, 6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
а	Management	250,009.	161,838.	88,171.	0.
b	Legal	3,475.	0.	3,475.	0.
С	Accounting	5,252.	0.	5,252.	0.
d	Lobbying	,			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	- "			,
12	Advertising and promotion				
13	Office expenses	43,617.	35,055.	8,562.	0.
14	Information technology				
15	Royalties .				
16	Occupancy .	13,012.	7,012.	6,000.	0.
17	Travel	5,916.	525.	5,391.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,598.	5,020.	578.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If				· · · · · · ·
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Other taxes and licenses	2,726.	0.	2,726.	0.
b	Bank charges	1,318.	0.	1,318.	0.
C	Miscellaneous	165.	165.	0.	0.
d e	Utilities All other expenses	4,266.	1,529.	2,737.	0.
25	Total functional expenses. Add lines 1 through 24e	513,187.	388,977.	124,210.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 333,159. 1 447,570. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 28,020 4 702 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 Notes and loans receivable, net 7 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other 10a basis. Complete Part VI of Schedule D 10a Less, accumulated depreciation . . . 10c 10b 11 11 Investments -- publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 . 13 13 Investments—program-related. See Part IV, line 11. 14 14 Intangible assets . . . 5,556. 5,556. 15 15 Other assets See Part IV, line 11 . . . 16 Total assets. Add lines 1 through 15 (must equal line 33) 366,735. 16 453,828. 17 Accounts payable and accrued expenses 93,128. 17 23,300. 18 18 19 Deferred revenue . . 226,579 19 339,558. 20 Tax-exempt bond liabilities . . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 Total liabilities. Add lines 17 through 25 319,707. 26 362,858. Net Assets or Fund Balances Organizations that follow FASB ASC 958, check here ▶ 🗵 and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 47,028 27 60,479. Net assets with donor restrictions . . . 28 30,491. Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances . . . 47,028. 32 90,970. 33 Total liabilities and net assets/fund balances 366,735. 33 453,828.

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Pana	1
uge	_

rorm 9	90 (2019)	_	_		age LZ
Par	t 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		557,	129.
2	Total expenses (must equal Part IX, column (A), line 25)	2		513,	 187
3	Revenue less expenses. Subtract line 2 from line 1	3		43,	942.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			028.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7_			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		90,	<u>970.</u>
Pari	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	<u> </u>	<u>. D</u>
				Yes	No
1	Accounting method used to prepare the Form 990 🗌 Cash 🗵 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	explair	ın	ļ	Į į
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <u>2a</u>		×
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or -	1	[.]
	reviewed on a separate basis, consolidated basis, or both:				i
	Separate basis Consolidated basis Both consolidated and separate basis			-	
b	Were the organization's financial statements audited by an independent accountant?	•	. 2b	×	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	n a		
	separate basis, consolidated basis, or both:			, '1	
	Separate basis Consolidated basis Both consolidated and separate basis		-	4 -	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov			1	
	the audit, review, or compilation of its financial statements and selection of an independent account			<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on	1	
_	Schedule O.				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in			
	Single Audit Act and OMB Circular A-133?	. •	3a	+	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	luaits			
	REV 06/02/20 PRO		Fo	rm 990	(2019)

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

HAS	ER	INC.					66-0861655			
Pa	art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The o	The organization is not a private foundation because it is. (For lines 1 through 12, check only one box)									
1] A church, convention of churcl						α'		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	=									
4										
		hospital's name, city, and state								
5		An organization operated for test section 170(b)(1)(A)(iv). (Comp		college or university	owned o	or operate	ed by a governmen	tal unit described in		
6		A federal, state, or local govern	nment or govern	mental unit described	d ın secti	on 170(b)(1)(A)(v).			
7	X	An organization that normally			port fron	n a gover	nmental unit or fror	m the general public		
		described in section 170(b)(1)	(A)(vi). (Complet	te Part II)						
8		A community trust described in	section 170(b))(1)(A)(vi). (Complete	Part II)					
9		An agricultural research organi or university or a non-land-grai university.								
10		An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fu income and un	nctions—subject to c related business taxa	ertain exi ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 33¹/₃% of its		
11		An organization organized and	operated exclus	sively to test for publi	c safety.	See sect	ion 509(a)(4).			
12		An organization organized and	operated exclus	sively for the benefit o	f, to perfe	orm the f	unctions of, or to ca	rry out the purposes		
		of one or more publicly suppo								
		Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	oporting o	organizati	on and complete line	es 12e, 12f, and 12g.		
а		☐ Type I. A supporting organi	zation operated	l, supervised, or conti	rolled by	its suppo	rted organization(s),	typically by giving		
		the supported organization supporting organization					he directors or trust	ees of the		
b		☐ Type II. A supporting organ	ization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having		
		control or management of to organization(s). You must o	he supporting o	rganization vested in	the same					
С		☐ Type III functionally integrated inte	-			onnectio	n with, and function	ally integrated with,		
_		its supported organization(s								
d		☐ Type III non-functionally in	ntegrated . A su	pporting organization	operated	d in conn	ection with its suppo	orted organization(s)		
		that is not functionally integ								
		requirement (see instruction								
е		☐ Check this box if the organi	zation received	a written determination	on from th	ne IRS th	at it is a Type I. Type	e II. Type III		
		functionally integrated, or T						, . ,		
f	E	nter the number of supported o	rganizations							
g	Р	rovide the following information	about the supp	orted organization(s)		_				
	4 (1)	Name of supported organization	(II) EIN	(III) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of		
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)		
			[abore (500 members),	Ĺ			mondono)		
					Yes	No				
A)			ĺ		[
				<u> </u>						
B)										
C)										
D)										
			-							
Ξ)										

instructions

Part	II Support Schedule for Organiza	ations Desc	ribed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	ri)
•	(Complete only if you checked the						alify under
<u>C4</u>	Part III. If the organization fails to	quality und	er the tests is	sted below, p	iease compie	ete Part III.)	
	ion A. Public Support	(-) 004 <i>E</i>	(h) 0040	(-) 0047	(4) 0040	(-) 0010	(0 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			138,815.	772,717.	515.562.	1,427,094.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						2,22.,932.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3.			138,815.	772,717.	515,562.	1,427,094.
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).			, -	•		
6	Public support. Subtract line 5 from line 4	•					1,427,094.
Secti	on B. Total Support		<u> </u>				
Caler	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4			138,815.	772,717.	515,562.	1,427,094.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		,	308.	1,780.	1,460.	3,548.
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.)				4,896.	40,107.	45,003.
11	Total support. Add lines 7 through 10						1,475,645.
12	Gross receipts from related activities, etc.					12	_
13	First five years. If the Form 990 is for th				, or fifth tax ye	ear as a sectio	
	organization, check this box and stop her			· · · · _	· · · ·	• •	. > 🗵
	on C. Computation of Public Suppor			4 (0)		44	
14 15 16a	Public support percentage for 2019 (line 6 Public support percentage from 2018 Sch 331/3% support test—2019. If the organization	iedule A, Part zation did not	II, line 14 check the box	on line 13, an		14 15 11/3% or more,	% check this
	box and stop here. The organization qual	-		-			▶ 🗆
b	331/3% support test—2018. If the organization this box and stop here. The organization	qualifies as a	publicly suppo	rted organization	on		▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts facts-and-circ	-and-circumsta umstances" te	ances" test, ch st The organiz	eck this box a ation qualifies	and stop here. as a publicly	Explain in supported .
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part VI how the organization or supported organization	tion meets th	e "facts-and-c	ircumstances"	test, check t	his box and	stop here.
18	Private foundation. If the organization did	not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and	see

	If the organization fails to qualify	under the te	sts listed bei	ow, please co	ompiete Part	··· <i>)</i>	<i></i>
	ion A. Public Support				r		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f)/Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		1	1	1		
2	Gross receipts from admissions, merchandise		-	 			/
-	sold or services performed, or facilities		1	}	1	/	1
	furnished in any activity that is related to the						
2	organization's fax-exempt purpose		 	 	 		<u> </u>
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the		ļ 	 		/	
4	organization's benefit and either paid to						1
	or expended on its behalf		ĺ	[
5	The value of services or facilities			-			 -
J	furnished by a governmental unit to the						
	organization without charge]	ļ			ļ
6	Total. Add lines 1 through 5			 	//		
	Amounts included on lines 1, 2, and 3			 	/		
-	received from disqualified persons			` /	[
b	· . · . · . · . · . · . · . · . · . · .						
~	received from other than disqualified					,	1
	persons that exceed the greater of \$5,000		ĺ]		1
	or 1% of the amount on line 13 for the year						
¢	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)				د		
ecti	on B. Total Support						
alen	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) ,2016	(c) 2017	(d) 2018	(e) 2019	(f) Tota
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				}		
_	royalties, and income from similar sources						ļ <u> </u>
b	Unrelated business taxable income (less				1		
	section 511 taxes) from businesses						
	acquired after June 30, 1975 .						
	Add lines 10a and 10b	/					ļ
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried/on						
40			<u> </u>				
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,						<u> </u>
	and 12)						
14	First five years. If the Form 990 is for the	organization	's first secon	third fourth	Or fifth tax ve	ar as a sectio	n 501/c)/3)
	organization, check this box and stop here		, o mai, accord	., ama, iouitii	, or martax ye		55 ((5)(5) ►
ecti	on C. Computation of Public Support			<u>_</u>	<u> </u>		
15	Public support percentage for 2019 (line 8,			13 column (ft)		15	
16	Public support percentage from 2018 Sche			. 0, 0010.1111 (1/)		16	
	on D. Computation of Investment Inc				_ · ·	1.41	
17	Investment income percentage for 2019 (III			y line 13. colui	mn (f)) .	17	
18	Invéstment income percentage from 2018					18	
19a	33/3% support tests—2019. If the organiz			on line 14, an	id line 15 is mo		%, and line
. • •	A7 is not more than 331/3%, check this box a						
	331/3% support tests 2018. If the organiza	-	-			_	
//	line 18 is not more than 331/3%, check this be						
	Private foundation. If the organization did	-	-	•			

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.)

Saat	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F ion A. All Supporting Organizations	art v	·)	
Seci	OIT 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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	ï	-	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	- 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 Part Vi 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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	-	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	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	_	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	5c		
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)	8		ــــــــــــــــــــــــــــــــــــــ
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	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 Part VI.	9c		ا ـ ـ .
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			

10b

determine whether the organization had excess business holdings)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			~
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
	ion B. Type I Supporting Organizations			
		_	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	İ		ĺ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		ĺ	1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	-	~
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		q	-
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. ~	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1.		1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		Name of
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		'
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	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	1 1	ł	i
	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 i	nstruc	tions	5).
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 ins	tructi	ons).
2	Activities Test Answer (a) and (b) below.	ſ	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		ĺ	Í
	those supported organizations and explain how these activities directly furthered their exempt purposes,]	- 1	إ
	how the organization was responsive to those supported organizations, and how the organization determined		1	į
	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		J	}
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	 -		7
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		-)
~	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		3
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		-+	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		}

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			The many is now and some user to
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, 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		<u></u>
7 Check here if the current year is the organization's first as a non-functionall instructions)	y int	egrated Type III supporting	ng organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)				
Sect	ion D-Distributions			Current Year			
1_	Amounts paid to supported organizations to accomplish						
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
- 6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	sponsive				
9	Distributable amount for 2019 from Section C, line 6		 _	 			
10	Line 8 amount divided by line 9 amount						
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6	,					
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI) See instructions.						
3	Excess distributions carryover, if any, to 2019						
a		,					
b	From 2015						
c	From 2016			7-			
d	From 2017 .						
e	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i_	Carryover from 2014 not applied (see instructions)			<u> </u>			
<u>j_</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.			,, «			
4	Distributions for 2019 from			• •			
	Section D, line 7:	/					
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
<u> </u>	Remainder, Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			•			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions.	,					
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			 			
8	Breakdown of line 7:		-				
a	Excess from 2015			н			
b	Excess from 2016			<u> </u>			
С	Excess from 2017 .						
d	Excess from 2018 .						
е	Excess from 2019 .						

Schedule A (Form 990 or 990-EZ) 2019

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.)										
Pt II Ln 10: Other Income Part II, Line 10 Description: Other income 2018: 4896.											
2019: 4	0107.										
	<u> </u>										
	<i>)</i>										
~~~	- 										
~											

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

2019

Open to Public Inspection

Employer identification number

HAS	ER INC.		66-0		
Pa			ds or A	Acco	unts.
	Complete if the organization answered '				
	-	(a) Donor advised funds		(b) F	unds 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			ionor	
•	funds are the organization's property, subject to th	-			
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benef				
	conferring impermissible private benefit?	int of the dollor of dollor advisor, or ic	. any c	Jinei	· DYes No
Par					
ı aı	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 (for example, recre		of a hist	torica	lly important land area
	Protection of natural habitat	Preservation of			
	Preservation of open space				
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the	form	of a conservation
_	easement on the last day of the tax year.		Γ	$\overline{}$	Held at the End of the Tax Year
а	Total number of conservation easements .		.	2a	
b	Total acreage restricted by conservation easement	ts		2b	
C	Number of conservation easements on a certified h			2c	
d	Number of conservation easements included in	* *	on a		
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	ninated	by t	ne organization during the
	tax year ▶	,		•	•
4	Number of states where property subject to conser	rvation easement is located ▶			
5	Does the organization have a written policy reg		pection,	, han	dling of
	violations, and enforcement of the conservation ear	sements it holds?			. 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	g conse	rvatio	n easements during the yea
	-				
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conserv	/ation	easements during the year
	▶ \$				
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section	170(1	
	and section 170(h)(4)(B)(ii)?			•	. 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports of				
	balance sheet, and include, if applicable, the text or organization's accounting for conservation easeme		anciai s	tatem	ents that describes the
Dor			Othor	C::	lou Appets
Par	Complete if the organization answered "		Other	SIIIII	iai Assets.
					
1a	If the organization elected, as permitted under FAS	· · · · · · · · · · · · · · · · · · ·			
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to	•			
	•				
р	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held				
	provide the following amounts relating to these item		scarciii	ii iuit	nerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1			. •	· \$
	(ii) Assets included in Form 990, Part X				\$
2	If the organization received or held works of art,		assets	for fi	nancial gain, provide the
-	following amounts required to be reported under FA			!!	gain, provide the
а	Revenue included on Form 990, Part VIII, line 1			>	\$
b	Assets included in Form 990, Part X			. ▶	\$

Par	t III Organizations Maintaining	Collections of	Art, His	torical 1	Freasures,	or O	her Similar As	sets (continued,
3	Using the organization's acquisition, collection items (check all that apply).		her reco	rds, chec	k any of the	e follov	ving that make s	ignificant use of it
а	☐ Public exhibition				or exchange			
b	Scholarly research		е	☐ Other	, 			
С	☐ Preservation for future generations							
4	Provide a description of the organization	tion's collections a	and expl	ain how t	hey further	the org	ganization's exem	npt purpose in Pa
5	During the year, did the organization assets to be sold to raise funds rather							
Par	Complete if the organization 990, Part X, line 21.		" on For	m 990, F	Part IV, line	9, or	reported an am	nount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?					ons or	other assets no	ot Yes 🗌 No
b	If "Yes," explain the arrangement in Pa						•	11163 171
	ii roo, explain the arraingement ii r	art Am and compi	010 110 10	monning a	ubic .	Г	Ar	mount
С	Beginning balance .					10		
d	Additions during the year					1d		
e	Distributions during the year .					1e		
f	Ending balance .					1f		
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line	21, for e	scrow or cu	stodial	account liability	? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the e	xplanatio	n has been i	orovide	ed on Part XIII .	<u> </u>
Par	t V Endowment Funds.							
	Complete if the organization		" on For	m 990, F				
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance				·			ļ
b	Contributions							<u> </u>
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses .							
g	End of year balance							
2	Provide the estimated percentage of t			e (line 1g	, column (a)	held a	as:	
а	Board designated or quasi-endowmer	nt 🕨	%					
b	Permanent endowment >	%						
C	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2	2c should equal 10	00%.					
3а	Are there endowment funds not in the organization by:	possession of th	e organi	zation tha	at are held a	ind adr	ministered for the	Yes No
	(i) Unrelated organizations							3a(i)
	(ii) Related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as requi	red on Sc	hedule R?			3b
4	Describe in Part XIII the intended uses	-						
Part	VI Land, Buildings, and Equip	ment.						
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	11a. S	See Form 990, I	Part X, line 10.
	Description of property	(a) Cost or oth (investme			r other basis her)		accumulated preciation	(d) Book value
1a	Land			_ 				
b	Buildings							
С	Leasehold improvements .							
d	Equipment							
е	Other							
Total.	Add lines 1a through 1e (Column (d) m	ust equal Form 99	00, Part X	, column	(B), line 10c	:.)	>	

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on Fo			
	(a) Description of security or category (including name of security)	(b) Book value	1 ''	d of valuation -year market value
	I derivatives	L		
	held equity interests			
(3) Other				
(A)				
		<u> </u>		
		<u> </u>		
		- 		
		. 		
(F)		· 		
(G)		 	<u> </u>	
(H)	ımn (b) must equal Form 990, Part X, col (B) line 12.) ▶			
Part VIII	Investments—Program Related.	<u> </u>	L	
rait viii	Complete if the organization answered "Yes" on Fol	rm 990 Part IV lin	e 11c See Form 9	90 Part X line 13
	(a) Description of investment	(b) Book value		of valuation
	(a) Description of investment	(b) book value		year market value
(1)		 	 	
(2)		 		
(3)				
(4)		 		
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form 99	90, Part X, line 15.
	(a) Description			(b) Book value
_(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
Total (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15)			
Part X	Other Liabilities.	 	<u>· · · · · · · · · · · · · · · · · · · </u>	
Tartx	Complete if the organization answered "Yes" on For	m 990 Part IV line	e 11e or 11f See F	orm 990 Part X
	line 25.	111 000, 1 dit 14, iii i	3 110 01 111. 000 1	om ooo, raren,
1.	(a) Description of liability			(b) Book value
(1) Federal in				(2) 20011 12:20
(2)	oon taxoo			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 25.)		>	
	uncertain tax positions In Part XIII, provide the text of the footnot	ote to the organization	's financial statements	that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	<u>557,129.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	J	
а	Net unrealized gains (losses) on investments	^	
þ	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
`е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	557,129.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	[. ·]	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 1	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	557,129.
Part		ses per Retur	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
1	Total expenses and losses per audited financial statements	. 1	513,187.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	·	
a	Donated services and use of facilities	1 1	
b	Prior year adjustments	 	
c	Other losses		
ď	Other (Describe in Part XIII.)		
-	Add lines 2a through 2d	2e	
e	Subtract line 2e from line 1	. 3	512 107
3		. 3	513,187.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIII.)	——— <u> </u>	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	513,187.
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional information	

Schedule D (Fo	orm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
	,	
		•••••••
	,	
		······································
•		
		·
		• • • • • • • • • • • • • • • • • • • •
		•

	-	
	,	
·•		•••••
	•	

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

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OMB No 1545-0047 2019

Employer identification number

66-0861655

			% □
2			⊠ Yes □ No
66-0861655		nce, and	•
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		ite the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
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HASER INC.	Part I General Information on Grants and Assistance	Does the organization maintain records to substantiate the amo	the selection criteria used to award the grants or assistance?
HASER	Part I	1 D	₽

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV line 21 for any recipient that received more than \$5,000. Part II can be distributed if additional space is needed. Part II

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	/ recipient that re	eceived more th	ıan \$5,000. Part I	l can be duplica	ted if additional s	pace is needed.	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CASA PUEBLO DE ADJUNTAS, INC CALLE RODUIFO GONZALEZ # 30 ADJUNTAS PR 00601	66-0692065		163,219.				কুনা কুনা কুনা কুনা কুনা কুনা কুনা কুনা
(2) ARECMA LOMA DE LA NINA HUMACAO PR 00791 6	66-0492232		11,614.				einamun reperatus en eine sunt super mones
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 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	501(c)(3) and govrganizations listed	ernment organiza	itions listed in the l	ine 1 table			

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

REV 06/02/20 PRO

Schedule i (Form 990) (2019)

Page 2

i

Schedule I (Form 990) (2019) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuaticn (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant REV 06/02/20 PRO (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2019) Part IV Part III · BAA Q က ß 9

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Department of the Treasury Internal Revenue Service Name of the organization

HASER INC

2019

Employer Identification number

66-0861655

OMB No. 1545-0047

Open to Public Inspection

FORM 990, PART III, LINE 1: The organization's mission is to stimulate equity and quality of life in
Puerto Rico and the Caribbean by supporting local actions with an educational, social, cultural,
environmental, and artistic focus. Envisioning a society where communities organize in different
ways and implement resilient and socio-ecological strategies to improve equity and quality of life
on the planet. Faced with precariousness and social inequality, more communities organize local
actions addressing needs in health, economic development, social justice, culture, ecology,
agriculture, and social welfare. Actions are carried out with few resources and limited access to
funds, creating more barriers in communities already suffering from the effects of the crisis and historical inequalities
FORM 990, PART III, LINE 4a: In 2019, HASER Projects focused on education and social actions that
transform communities that have been historically marginalized by creating mor equal opportunities for
all. Our largest projects focused on equitable energy access for low income families with children, third
generation members that required health equipment to live and were found without basic electricity
two years after hurricane Maria. At the end of the year health projects in collaboration with social work
school were developed to attend the growing aging population of marginalized communities in the east
part of Puerto Rico and a food access program was started to address food deserts and connecting low
income communities to agroecological food. Other HASER Projects focused on education of adults and
youth in themes such as agroecology, sustainability, renewable energy, music and outdoor experiences.
FORM 990, PART VI, SECTION B, LINE 11B: The form 990 is prepared by an independent tax accountant
in conjunction with the organizations executive director who is lead of the administration and financial
department of the organization. The executive director reviews a draft of the form 990; adjustments are
made as needed. A complete copy of the form 990 is then provided to the members of the board of
directors prior to filing with the IRS.

FORM 990, PART VI, SECTION B, LINE 12C: All members of the Board of Directors and key officers are required to submit conflict of interest statements once a year before January 15th or if there is an occurrence of any event throughout the year where the disclosure is required under our conflict of interest policy. After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he or she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall determine if a conflict of interest exists by majority vote. Prior to acting on any business transaction the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Corporation's best interest, for its own benefit, and whether it is fair and reasonable. FORM 990, PART VI, SECTION B, LINE 15A: The Executive Director was hired through a professional service contract at less then \$45,000/year which was determined by the board based on the available funds for the year as well as reviewing compensation for executive directors in other similar organizations. It was determined that the amount to be paid was much less than the average amount paid to executive directors in similar fields. FORM 990, PART VII, SECTION B, LINE 1: The organization did not have any employees in 2019. All the people who worked in 2019 were under professional service contracts while the organization finished its employee handbook as well as its strategy. The prior years had been a process of recuperation for hurricane maria which made it difficult for the organization to build its interior infrastructure while supporting the recuperation of the island through specific projects. The independent contractor highest paid was the Executive Director at \$42,600/year. All other contractors worked part time. The organization worked on its document so in the next year the organization can have employees as needed for management and projects.

Name of the organization HASER Inc	Employer identification number 66-0861655
FORM 990, PART VIII, LINE 11A: The other revenue comes from	education and social services
offered to youth and adults. This includes agroecological informat	ional services that includes
boxes of agroecological local produce for families, on site farm inf	formation visits, educational
workshops in artisanal cultural preservation and outdoor youth ex	periential learning
experiences in art, sustainability, health, and others. Participants	are mainly from Puerto Rico
low income communities but also us based education groups that	learn about our culture and history.
FORM 990, PART IX, LINE 1: Due diligence is conducted for the a	approval of re-grants to groups in Puerto
Rico. All groups sign an agreement that sets the conditions of the	award. All organizations are nonprofit
under Puerto Rico 1101.01 exemption that has equal basic require	ements as 501c3 organizations in the
United States. All organizations must send yearly their local nonpr	ofit documents and good standings in
Puerto Rico. Funds are disbursed through a reimbursement proce	ss after all receipts are review by HASEF
FORM 990, PART X, LINE 15: This is the deposit required for the	e organizations credit card that
has a limit of \$5,000.	
FORM 990, PART X, LINE 19: Deferred revenue are grants that v	vere received in the current year yet due
to when they were received where not expected to be expenses for	or projects until the following year. In
some cases, due to unforeseen problems the projects were not al	ole to start this year and they were
moved to the next fiscal year.	
FORM 990, PART X, LINE 28: The following assets with donor re	estriction are for specific educational and
social projects and are not used in HASER general operation.	