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Form	<b>990</b>

Department of the Treasury

## \*\* PUBLIC DISCLOSURE COPY \*\*

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.

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OMB No. 1545-0047

-				iniormation.	inspection						
AF	or th		ending								
B c a	heck if oplicab			D Employer identif	ication number						
	Addre	e MAG AMERICA, INC.									
	Name Chang	Doing business as		52-2302253							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	er							
	Final return		00	(202) 293-1	904 53,429,692						
	termir ated	, , , , , , , , , , , , , , , , , , ,									
	Amen return	WASHINGTON, DC 20000	H(a) Is this a group i								
	Applio tion pendi	F name and address of principal officer. CANTE PRANCEIN		for subordinate <b>H(b)</b> Are all subordinates							
IT	ax-ex	empt status: 🕱 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🚺 4947(a)(1) o	r 🗌 527	If "No," attach a	a list. See instructions						
J۷	Vebsi	te: VWW.MAGAMERICA.ORG		H(c) Group exemption	on number 🕨						
KF	orm o <sup>.</sup>	f organization: 🕱 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 2000	M State of legal domicile: DE						
Pa	rt I	Summary									
	1	Briefly describe the organization's mission or most significant activities:	RICA'S M	ISSION IS TO SAV	Έ						
nce		LIVES AND BUILD FUTURES BY WORKING WITH OTHERS AROUND THE WOR									
Governance	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.						
ove	3	Number of voting members of the governing body (Part VI, line 1a)			-						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	-							
es 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	9							
viti	6	Total number of volunteers (estimate if necessary)			-						
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	tal unrelated business revenue from Part VIII, column (C), line 12								
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0						
				Prior Year	Current Year						
Ð	8	Contributions and grants (Part VIII, line 1h)	42,153,046.	53,428,295							
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0						
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		463.	1,397						
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1.	0						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		42,153,510.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		42,710,583.	51,583,801						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0						
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\_$	·····	513,923.	538,007						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0						
ğ		Total fundraising expenses (Part IX, column (D), line 25)									
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		397,862.	472,968						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		43,622,368.	52,594,776						
		Revenue less expenses. Subtract line 18 from line 12		-1,468,858.	834,916						
s or			ginning of Current Year	End of Year							
Assets Balanc	20	Total assets (Part X, line 16)		9,994,359.	11,970,594						
t As		Total liabilities (Part X, line 26)		9,814,236. 10,95							
<sup>2</sup>	22	Net assets or fund balances. Subtract line 21 from line 20		180,123.	1,015,039						
Pa	rt II	Signature Block									

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date	
Here	JAMIE FRANKLIN, EXECUTIVE DIRECTO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature, y	Date	Check PTIN
Paid	KRISTEN BARNETT	Susten Darnett	09/27/22	self-employed P01234578
Preparer	Firm's name RSM US LLP	1	Firm's	s EIN 🕨 42-0714325
Use Only	Firm's address 🕨 1001 WATER ST. STE. 500			
	TAMPA, FL 33602		Phon	e no.813-316-2300
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
132001 12-0	D9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form <b>990</b> (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2021) MAG AMERICA, INC.	52-2302253 Page <b>2</b>
Ра	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	MAG AMERICA'S MISSION IS TO SAVE LIVES AND BUILD FUTURES BY WORKING	
	WITH OTHERS AROUND THE WORLD TO RECLAIM LAND CONTAMINATED WITH THE	
	EXPLOSIVE REMNANTS OF CONFLICT, REDUCE THE DAILY RISK OF DEATH OR	
	INJURY FOR CIVILIANS, AND CREATE SAFE AND SECURE CONDITIONS FOR	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	leasured 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	(Code:) (Expenses \$51,583,801. including grants of \$51,583,801. ) (Revenue	∍\$)
	IN 2021 WE CLEARED OVER 67,000 LANDMINES AND UNEXPLODED ORDNANCE, WHICH	
	RELEASED 21,000 ACRES OF SAFE LAND BACK TO COMMUNITIES TO REBUILD THEIR	
	LIVES AND LIVELIHOODS. IN ADDITION MAG PROVIDED OVER 31,000 RISK	
	EDUCATION CLASSES. OUR WORK IN 2021 BENEFITTED OVER 976,000 PEOPLE,	
	ALLOWING THEM TO LIVE FREE FROM FEAR, ACROSS 28 COUNTRIES. WE HELP	
	COMMUNITIES TO RECOVER FROM CONFLICT, REDUCING THE THREAT FROM SMALL	
	ARMS AND LIGHT WEAPONS, AND ENABLE SOCIO AND ECONOMIC DEVELOPMENT	
	THROUGH CLEARANCE OF LANDMINES AND UNEXPLODED ORDNANCE, BATTLE AREA	
	CLEARANCE, EXPLOSIVE ORDNANCE DISPOSAL, EMERGENCY RESPONSE, RISK	
	EDUCATION, PHYSICAL SECURITY AND STOCKPILE MANAGEMENT, AND TRAINING OF	
	HOST NATION EMPLOYEES AND AUTHORITIES. MAG AMERICA WORKS WITH OUR	
	IMPLEMENTING PARTNER, MINES ADVISORY GROUP (MAG UK) TO CLEAR, AND MAKE	
4b		e\$)
10		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)	
τu		١
4e	(Expenses \$ including grants of \$ )     (Revenue \$       Total program service expenses > 51,583,801.	
-10		Form <b>990</b> (2021)
	SEE SCHEDULE O FOR CONTINUATION (S)	Form 330 (2021)

Form	990 (2021) MAG AMERICA, INC. 52-23022	53	Р	age <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u		12a	х	
h	Schedule D, Parts XI and XII	120		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
13 14a		14a		x
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	170		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		15	х	
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		x
17	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,	47		x
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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	40		x
40	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? <i>If</i> "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

Form	990 (2021) MAG AMERICA, INC. 52-2302	253	F	age <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	x	X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30 31		X
31 22		31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		<u> </u>
•.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	x	1

Form	990 (2021) MAG AMERICA, INC.	52-230225	3	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	5.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccount)?	4a		х
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 Ac	counts (FBAR).			
5a			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?	-	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?	U	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the pavor?	7a		х
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
-	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
•	sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.		-		
a			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		Tou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans	13b			
~		13c			
	Enter the amount of reserves on hand		14a		x
14a		~ ^	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		x
	excess parachute payment(s) during the year?		15		Δ
40	If "Yes," see the instructions and file Form 4720, Schedule N.	·	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any	4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes " complete Form 6069				

Form	990 (2021) MAG AMERICA, INC.		52-230225			age <b>6</b>
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	structions.			
						X
Sec	tion A. Governing Body and Management					
		1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	9			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		_			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other	-		
_	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			v
	of officers, directors, trustees, or key employees to a management company or other person?			3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		 X
5	Did the organization become aware during the year of a significant diversion of the organization's associated the organization become aware during the year of a significant diversion of the organization's associated below as a stable below as a s			5 6		X
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			0		
7a				7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			1 a		
b				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			10		
a	The governing body?			8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	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	befor	e filing the form?	11a	х	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," de	escribe			
	on Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval	l by inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
a	The organization's CEO, Executive Director, or top management official			15a	X	x
b	Other officers or key employees of the organization			15b		
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nont w	th a			
104				16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, I	L,KS,	KY,ME,MD,MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an			only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.			.,		
	X Own website X Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	financ	cial	
	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 boo	ks and	records			
	JAMIE FRANKLIN - (202) 293-1904					
	1776 K STREET NW, 700, WASHINGTON, DC 20006					
132006	3 12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2021)
	6					

Form 990 (2	2021) MAG AMERICA, INC.	52-2302253	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	t Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year end	ding with or within the organization's	s tax year.
● List a	Il of the organization's current officers, directors, trustees (whether individuals or organizations	), regardless of amount of compens	ation.
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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average			Position check more than one				Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week	<u> </u>	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		Nold	t con		1099-NEC)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMIE FRANKLIN	40.00		_		-		-			
EXECUTIVE DIRECTOR				х				157,486.	0.	35,118.
(2) DANIEL CLUNE	1.50									
BOARD CHAIR		X		X				0.	٥.	0.
(3) MARK L. MICHALOWSKI	1.50									
TREASURER		X		X				0.	٥.	0.
(4) OLIVIA WONG	1.50									
SECRETARY		х		х				0.	0.	0.
(5) SHEILA CROWLEY	1.50									
BOARD MEMBER		X						0.	0.	0.
(6) ERIN LIN	1.50									
BOARD MEMBER		X						0.	0.	0.
(7) VERONICA POLLOCK	1.50									
BOARD MEMBER		X						0.	0.	0.
(8) ANNE SIMMONS-BENTON	1.50									
BOARD MEMBER		X						0.	0.	0.
(9) STEVEN LAWRY	1.50									
BOARD MEMBER		X						0.	0.	0.
(10) TUNC DAYIOGLU	1.50									
BOARD MEMBER		x						0.	0.	0.
		-								
		1								
		-								
										- 000 (222.0)

	1 990 (2021) MAG AMERICA	A, INC.								52-23	0225	3	Р	age <b>8</b>
Pa	t VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees,	, and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offi	, unle	Pos heck	more rson i	1 than o is both pr/trus	n an	(D) Reportable compensation _ from the	(E) Reportable compensatio from related organization	in I	ar	(F) stimate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		fr org an	om th anizat d relat anizati	ie tion ted
			-											
			-											
			-											
			-											
			_											
1h	Subtotal								157,486.		0.		35	118.
с	Total from continuation sheets to Part	VII, Section A							0.		0.		-	0. 118.
2	Total (add lines 1b and 1c) Total number of individuals (including bu							o re		000 of reportable			,	
	compensation from the organization												Yes	1 <b>No</b>
3	Did the organization list any former offic	er, director, trust	ee, ł	key e	empl	loye	e, or	hig	phest compensated empl	oyee on			103	
	line 1a? If "Yes," complete Schedule J fo											3		х
4	For any individual listed on line 1a, is the	-							-	-		4	х	
5	and related organizations greater than \$ Did any person listed on line 1a receive of													
	rendered to the organization? If "Yes," c											5		Х
	tion B. Independent Contractors									100.000 (				
1	Complete this table for your five highest the organization. Report compensation f	•	•						n the organization's tax y	•	ensa			
	(A) Name and busine	ss address							<b>(B)</b> Description of s	ervices	С	<b>))</b> ompe		n
	SOURCING PARTNERS								ACCOUNTING				107	202
	) BOONE BLVD, VIENNA, VA 22182								ACCOUNTING				107,	,203.
2	Total number of independent contractors		ot lir	niteo	d to		se lis 1	ted	above) who received mo	ore than				

				AMI	ERICA	, INC.				52-230225	3 Page <b>9</b>
Pa	rt V	(	Statement of Re	ve	nue						
			Check if Schedule O	con	tains a	response	or note to any line	e in this Part VIII			
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues			1b					
An C		с	Fundraising events			1c					
lar T		d	Related organizations			1d					
imi,			Government grants (contr			1e	49,741,909.				
er S		f	All other contributions, gifts,								
-jë			similar amounts not included			1f	3,686,386.				
ont Dd (		÷.	Noncash contributions included in			1g \$	134,039.	E2 429 20E			
<u> </u>		h	Total. Add lines 1a-1f				Business Code	53,428,295.			
	•	_					Business Code				
Program Service Revenue	2										
ser, ue		b									
E P		c d									
gra Re		e									
Pro			All other program service	reve	enue						
			Total. Add lines 2a-2f								
	3	-	Investment income (includ								
			other similar amounts)								
	4		Income from investment of								
	5		Royalties	<u></u>			►				
					(	i) Real	(ii) Personal				
			Gross rents	6	1						
		b	Less: rental expenses $\dots$	6t	<b>)</b>						
			Rental income or (loss)	60							
			Net rental income or (loss	.)		····					
	7	а	Gross amount from sales of			Securities	(ii) Other				
			assets other than inventory	78	1	1,397.	,				
n		b	Less: cost or other basis			0.					
venue		~	and sales expenses Gain or (loss)	7k 7c		1,397.					
<b>a</b> 1			Net gain or (loss)	·				1,397.			1,397.
ы Н			Gross income from fundraisi					<b>_</b> ,,			_,
Other R	Ŭ	ŭ	including \$	-	-						
			contributions reported on			-					
			Part IV, line 18		'						
		b	Less: direct expenses								
		с	Net income or (loss) from	fun	draisin	g events	►				
	9	а	Gross income from gamin	ng a	ctivitie	s. See					
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from				►				
	10	а	Gross sales of inventory, I								
			and allowances								
			Less: cost of goods sold								
		C	Net income or (loss) from	sale		ventory .	Business Code				
sņ	11	2					Duomeos Oue				
neo		a b									
ella. Ver		c									
Miscellaneous Revenue			All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					53,429,692.	0.	0.	1,397.

MAG AMERICA, INC.

	Check if Schedule O contains a respons		nis Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	51,583,801.	51,583,801.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	192,605.		44,806.	147,799
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	267,351.		60,466.	206,885
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4,658.		1,219.	3,439
9	Other employee benefits	37,116.		9,709.	27,407
10	Payroll taxes	36,277.		9,491.	26,78
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	32,200.		3,416.	28,78
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 Sch 0.)	102,946.		10,922.	92,024
12	Advertising and promotion				
13	Office expenses	25,401.		1,633.	23,768
14	Information technology	5,362.		3,984.	1,378
15	Royalties				
16	Occupancy	61,683.		3,966.	57,71
17	Travel	3,206.		1,102.	2,10
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	7,705.		119.	7,58
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	182,533.		135,614.	46,919
b	DIRECT MAIL, PRINTING &	38,089.		37,792.	295
с	STATE REGISTRATION FEES	13,843.		10,285.	3,558
d					
	All other expenses	52,594,776.	51,583,801.	334,524.	676,45
25 26	Total functional expenses. Add lines 1 through 24e	52,554,770.	51,505,001.	JJT, J44.	575,45
26	<b>Joint costs</b> . 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)

2021)	mie miniter, me.
Bala	ance Sheet
Cheo	ck if Schedule O contains a response or note to any line in this Part X

		Check if Schedule O contains a response or not			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			792,583.	1	866,838.
Assets	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3	1,290,194.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial contrib	utor, or 35%			
		controlled entity or family member of any of the	se persons			5	
	6	Loans and other receivables from other disquali	fied persons (	as defined			
		under section 4958(f)(1)), and persons described	l in section 49	958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
set	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			19,234.	9	23,217.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	35,896.			
	b	Less: accumulated depreciation		35,896.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			9,182,542.	15	9,790,345.
	16	Total assets. Add lines 1 through 15 (must equ			9,994,359.	16	11,970,594.
	17	Accounts payable and accrued expenses			632,811.	17	350,738.
	18	Grants payable				18	
	19	Deferred revenue			9,181,425.	19	10,604,817.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ß	22	Loans and other payables to any current or form	ner officer, dir	ector,			
Liabilities		trustee, key employee, creator or founder, subst	antial contrib	utor, or 35%			
abil		controlled entity or family member of any of thes	se persons			22	
Ë	23	Secured mortgages and notes payable to unrela	ted third part	ties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties	;		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). Com	plete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			9,814,236.	26	10,955,555.
		Organizations that follow FASB ASC 958, che	ck here 🕨	X			
Sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions	180,123.	27	1,015,039.		
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC 9					
ц.		and complete lines 29 through 33.					
5 OI	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come, or othe	er funds		31	
Net	32	Total net assets or fund balances			180,123.	32	1,015,039.
_	33	Total liabilities and net assets/fund balances			9,994,359.	33	11,970,594.

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Form 990 (2021)

### MAG AMERICA, INC

# Form 990 (2021) Part X Bala

11

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 22)       1       53, 429, 592, 2         2       Total expenses (must equal Part X, column (A), line 25)       2       52, 594, 776, 2         3       Revenue less expenses, Subtract line 2 from line 1       3       834, 916, 4         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       180, 123, 5         5       Donated services and use of facilities       6       7         7       Investment expenses       6       7         8       Prior period adjustments       6       7         9       Other charges in net assets or fund balances (explain on Schedule O)       8       9       0         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       1       0       1, 015, 039.         Part XII       Financial Statements and Reporting       1       1       0       1, 015, 039.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1       Vee       No         1 <t< th=""><th>Form</th><th>990 (2021) MAG AMERICA, INC.</th><th>52-2302253</th><th></th><th>Page</th><th><sub>e</sub> 12</th></t<>	Form	990 (2021) MAG AMERICA, INC.	52-2302253		Page	<sub>e</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       53,429,692.         2       Total expenses (must equal Part IX, column (A), line 25)       2       52,594,776.         3       Revenue less expenses. Subtract line 2 from line 1       3       834,916.         4       Handling and the set of the set					0	
2       Total expenses (must equal Part IX, column (Å), line 25)       2       52,594,776.         3       Revenue less expenses. Subtract line 2 from line 1       3       834,916.         4       180,123.       4       180,123.         5       5       6       6         6       7       7       6         7       7       7       7         8       9       0ther changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       1,015,039.         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2       X       Yes       No         1       Accounting method used to prepare the form 990:       Cash       X Accrual       Other       2       X       Yes       No         1       Accounting method used to prepare the form 990:       Cash       X Accrual       Other       Yes		Check if Schedule O contains a response or note to any line in this Part XI			[	
2       Total expenses (must equal Part IX, column (Å), line 25)       2       52,594,776.         3       Revenue less expenses. Subtract line 2 from line 1       3       834,916.         4       180,123.       4       180,123.         5       5       6       6         6       7       7       6         7       7       7       7         8       9       0ther changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       1,015,039.         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2       X       Yes       No         1       Accounting method used to prepare the form 990:       Cash       X Accrual       Other       2       X       Yes       No         1       Accounting method used to prepare the form 990:       Cash       X Accrual       Other       Yes						
3       Revenue less expenses. Subtract line 2 from line 1       3       834,916.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       180,123.         5       6       6       7         6       7       7       7         7       8       7       7         8       7       8       7         9       0ther changes in net assets or fund balances (explain on Schedule O)       9       0.         10       1,015,033.       7       8         Part XII       Financial Statements and Reporting       7       7         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       7         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Meconuting method used to prepare the form 990:       Cash       X       Accrual       Other       2a       X         1       Meconuting method used to prepare the form 990:       Cash       X       Accrual       Other	1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,4	29,6	;92.
4       180,123.         5       180,123.         5       5         6       7         7       5         8       9         9       0ther 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 (8))       1, 015, 039.         Part XII       Financial Statements and Reporting       x       x         7       1       Xes       Net assets or fund balances at end of accounting from a prior year or checked "Other," explain on Schedule O.       1, 015, 039.         10       Net assets or fund balances at end of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       ft "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         11       Mere the organization's financial statements audited by an independent accountant?       2b       X         11       Yes, onsolidated basis, or both:       Separate basis, consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X <td>2</td> <td>Total expenses (must equal Part IX, column (A), line 25)</td> <td>2</td> <td>52,5</td> <td>94,7</td> <td>76.</td>	2	Total expenses (must equal Part IX, column (A), line 25)	2	52,5	94,7	76.
5 Net unrealized gains (losses) on investments   6   7   1   Accounting method used to prepare the Form 990:   Check if Schedule O contains a response or note to any line in this Part XII   7   1   Accounting method used to prepare the Form 990:   1   Accounting method used to prepare the Form 990:   2a   X   1   Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated basis   Separate basis   Consolidated basis   Both consolidated basis   Both consolidated basis   Separate basis   Consolidated basis   Both consolidated basis   Both consolidated basis   Consolidated basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Consolidated basis   Consolidated basis <	3	Revenue less expenses. Subtract line 2 from line 1	3	8	34,9	16.
6 Donated services and use of facilities 6   7 Investment expenses 7   8 Prior period adjustments 9   0 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 (E))   Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII X   Accounting method used to prepare the Form 990: Cash   1 Accounting from a prior year or checked "Other," explain on Schedule O.   1 Accounting method used to prepare the Form 990:   2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   1 Merce the organization is financial statements compiled or reviewed by an independent accountant?   1 Pres, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis, or both: Separate basis   Ches to line 2a or 2b, does the organization hexe a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If "Yes," to line 2a or 2b, does the organization nequered basis   Both consolidated basis, or both:   Image: Separate basis   Consolidated basis   Doth consolidated basis   If "Yes," to line 2a or 2b, does the organization neque that assumes responsibility for overs	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	80,1	.23.
6 Donated services and use of facilities 6   7 Investment expenses 7   8 Prior period adjustments 9   0 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 (E))   Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII X   Accounting method used to prepare the Form 990: Cash   1 Accounting from a prior year or checked "Other," explain on Schedule O.   1 Accounting method used to prepare the Form 990:   2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   1 Merce the organization is financial statements compiled or reviewed by an independent accountant?   1 Pres, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis, or both: Separate basis   Ches to line 2a or 2b, does the organization hexe a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If "Yes," to line 2a or 2b, does the organization nequered basis   Both consolidated basis, or both:   Image: Separate basis   Consolidated basis   Doth consolidated basis   If "Yes," to line 2a or 2b, does the organization neque that assumes responsibility for overs	5	Net unrealized gains (losses) on investments	5			
7 Investment expenses 7   8 Prior period adjustments 9   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   Part XII Financial Statements and Reporting X   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2a X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   C Separate basis   consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   b   Were the organization changed either its oversight process or selection process du	6		6			
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 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   11 Check if Schedule O contains a response or note to any line in this Part XII   12 Check if Schedule O contains a response or note to any line in this Part XII   14 Accounting method used to prepare the Form 990:   15 Cash   16 Yes   17 The organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a X   16 Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   16 Were the organization's financial statements audited by an independent accountant?   17 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis   18 Both consolidated and separate basis   19 Were the organization's financial statements and selection of an independent accountant?   17 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   11 X   16 "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selec	7		7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       1, 015, 039.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Consolidated basis       Both consolidated and separate basis       Zb       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X       Z       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X       Z       X	8		8			
column (B)       10       1,015,039.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         2       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Doth consolidated basis or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Doth consolidated and separate basis       Doth consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       Image: Consolidated basis       Consolidated basis       Consolidated and separate basis       C       Image: Consolidated basis       Consolidated basis <td>9</td> <td>Other changes in net assets or fund balances (explain on Schedule O)</td> <td>9</td> <td></td> <td></td> <td>0.</td>	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled on reviewed on a separate basis       Dot nonsolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection or cass during the tax year, explain on Schedule O.       2c       X <tr< td=""><td>10</td><td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,</td><td></td><td></td><td></td><td></td></tr<>	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         2a       X       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       Image: Consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       Image: Consolidated basis, or both:       2b       X       Image: Consolidated basis, or both:       2b       X       Image: Consolidated basis, or both:       2c       X       Image: Consolidated basis, or both:		column (B))	10	1,0	15,0	139.
Indext the derivative of contrained it recipience of netro to dry me in this relativity       Yes         I       Accounting method used to prepare the Form 990:       Cash       X       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," the ck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," the ck a box below to indicate basis       Both consolidated and separate basis       2b       X         If "Yes," the data basis       Consolidated basis       Both consolidated and separate basis       2c       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for	Pa	rt XII Financial Statements and Reporting			-	
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Cash in the prepare the form 990:       Cash in the prepare the prepare the form 990:       Cash interpretation       Cash interpretation <td></td> <td>Check if Schedule O contains a response or note to any line in this Part XII</td> <td></td> <td></td> <td> l</td> <td>X</td>		Check if Schedule O contains a response or note to any line in this Part XII			l	X
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2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       5       5       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X       16         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       16         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       16         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis			D.			
separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image: Consolidated basis <t< td=""><td>2a</td><td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td><td></td><td>2a</td><td></td><td>X</td></t<>	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
<ul> <li>Separate basis Consolidated basis Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis Consolidated basis Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	on a			
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consolidated basis, or both:       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		2b	x	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Image: Consolidated basis       Email basis       Image: Consolidated basis       Image: Consolidated basis       Email basis       Image: Consolidated basis       Email basis       Image: Consolidated basis </td <td></td> <td>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate</td> <td>basis,</td> <td></td> <td></td> <td></td>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       X						
review, or compilation of its financial statements and selection of an independent accountant?          If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization of a federal award, was the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       Image: Compilation of a federal award, was the organization of a federal award, was the organization audits       Image: Compilation of a federal award, was the organization of a federal award, was the organization of a federal award, was the organization audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       Image: Compilation of a federal award, was the organization of a federal award, was the organization of a federal award, was the organization of a federal award, was the o		X Separate basis Consolidated basis Both consolidated and separate basis				
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       X		review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits.       3b       X         or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       X		If the organization changed either its oversight process or selection process during the tax year, explain on Scher	dule O.			
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits				3a	x	
or addito, explain why on conclude o and describe any steps taken to undergo such addito	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

(Form 990)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047	
2021	

Open to Public

		of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection
Nam	ne of	the organizati	on						Employe	r identification numbe
				MERICA, INC.						52-2302253
Pa	rt I	Reason	for Public	Charity Status.	(All organizations must o	complete t	nis part.) S	ee instructior	IS.	
The	orgar	nization is not a	a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	on 170(b)( <sup>-</sup>	1)(A)(i).		
2		A school des	cribed in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in s	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical re	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizat	ion operated fo	or the benefit of a co	llege or university owned	d or operat	ed by a go	overnmental u	nit describ	ed in
		section 170	(b)(1)(A)(iv). ((	Complete Part II.)						
6		A federal, sta	ate, or local go	vernment or governn	mental unit described in	section 1	70(b)(1)(A)	(v).		
7	X	An organizat	ion that norma	ally receives a substa	intial part of its support f	rom a gove	ernmental	unit or from t	ne general	public described in
		section 170	<b>b)(1)(A)(vi).</b> (C	Complete Part II.)						
8		A community	/ trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operat	ed in conju	unction with a	land-grant	college
		or university	or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	eor
		university:								
10		An organizat	ion that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, an	d gross receipts from
		activities rela	ted to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and u	unrelated busi	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizat	ion organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizat	ion organized	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	y supported or	ganizations describe	ed in section 509(a)(1) o	or <b>section</b>	509(a)(2).	See section	509(a)(3). (	Check the box on
		lines 12a thro	ough 12d that	describes the type o	of supporting organization	n and com	plete lines	12e, 12f, and	l 12g.	
а		<b>Type I.</b> A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the si	upporting
		organizatio	n. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A :	supporting org	anization supervised	d or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or r	management c	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the sup	ported
		organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
с		Type III fu	nctionally inte	grated. A supportin	ng organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
		its support	ed organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		🗌 Type III no	on-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not	functionally inf	tegrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	d an attenti	veness
		requiremer	nt (see instruct	ions). You must cor	mplete Part IV, Sections	s A and D,	and Part	<b>v</b> .		
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	y integrated, o	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number	of supported of	organizations						
g				n about the supporte		(iv) la tha are	a institut lista d	1		1
		(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount o		(vi) Amount of other
		organization	1		above (see instructions))	Yes	No	support (see i	istructions)	support (see instructions
				1			1			1

Part II

MAG AMERICA, INC.

52-2302253

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 31,707,444. 32,965,127. 16,554,341. 42,153,046 53,428,295. 176,808,253. 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 31,707,444. 32,965,127. 16,554,341. 42,153,046. 53,428,295. 176,808,253. 4 Total. Add lines 1 through 3 The portion of total contributions 5 by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,243,224. 175,565,029. 6 Public support. Subtract line 5 from line 4. Section B. Total Support **(c)** 2019 **(e)** 2021 (b) 2018 Calendar year (or fiscal year beginning in) (a) 2017 (d) 2020 (f) Total 31,707,444. 32,965,127. 16,554,341. 42,153,046. 53,428,295. 176,808,253. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 102 7. 109. and income from similar sources 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.) 15,683 1. 15,684 176,824,046. Total support. Add lines 7 through 10 11 **12** Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 99.29 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2020 Schedule A, Part II, line 14 99.02 15 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

# Schedule A (Form 990) 2021 MAG AMERICA, INC. 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.)

Section A. Fublic Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	1	1		I
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
<ul> <li>9 Amounts from line 6</li> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> </ul>						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organi	zation,
						▶∟
Section C. Computation of Public						
<b>15</b> Public support percentage for 2021 (I	, (),	<b>,</b>	()/		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20			ne 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the						ne 17 is not
more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	▶∟
b 33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3	%, and
line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> t	t <b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organizat	ion ▶□
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	▶□

1

2

Yes

No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990) 2021 MAG AMERICA, INC.	52-2302253	Pa	age <b>5</b>
Part IV Supporting Organizations (continued)			
		Yes	No
Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or directors, or trustops at all times during the tay year? It was the in <b>Part VI</b> is unter the supported organization of the organization of the support of the organization of the support of the support of the support of the organization of the support of the organization of the support of the support of the support of the organization of the support of	officers,		

	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 officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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

**Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

## Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

### the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section 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 instructions).
- a 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.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** 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? *If* "*Yes*" or "*No*" *provide details in* **Part VI.**
- **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.*

No

Yes

1

2

1

Yes

No

132025 01-04-22

_	dule A (Form 990) 2021 MAG AMERICA, INC.			52-2302253 Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi All other Type III non-functionally integrated supporting organizations mu		•	Part VI). See instructions
	All other type in non-functionally integrated supporting organizations mu		Sections A through E.	(B) Current Year
ect	ion A - Adjusted Net Income		(A) Prior 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		
3	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 MAG AMERICA, INC.			52-2302253	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Organ	nizations (continued)		
Secti	on D - Distributions			Current Y	ear
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1		
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributa	
			Pre-2021	Amount for	2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 MAG AMERICA, INC.	52-2302253	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Sectio V, Section B, line 1e; P	n C, art V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
FUNDRAISING INCOME		
2017 AMOUNT: \$ 15,683.		
MISCELLANEOUS INCOME		
2020 AMOUNT: \$ 1.		
SCHEDULE A, PART II, COLUMN (C):		
THIS COLUMN REFLECTS THE SHORT YEAR FILING FOR THE YEAR 07/01/2019 -		
12/31/2019.		

### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

Department of the Treasury	
Internal Revenue Service	

Name of the organization

Schedule B

(Form 990)

М	MAG AMERICA, INC.	52-2302253						
Organization type (check	k one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	Form 990-PF 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Check if your organization	n is covered by the General Rule or a Special Rule.							
Note: Only a section 501	Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
•	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor's							

### **Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule	B (Form 990) (2021)		Page <b>2</b>
Name of o	rganization	Emple	oyer identification number
MAG AMER	RICA, INC.	5	52-2302253
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$48,377,636.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2,554,103.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,650,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

Part I     Compare the compare to the proof given     (See instructions.)     Compare to the proof given       (a)     (b)     (c)     (c)     (c)       FMV (or estimate)     (c)     (c)     (c)       (a)     (b)     (c)     (c)     (c)       (b)     (c)     (c)     (c)     (c)       (c)     (c)     (c)     (c)     (c)       (a)     (b)     (c)     (c)     (c)       (b)     (c)     (c)     (c)     (c)       (a)     (b)     (c)     (c)     (c)       (b)     (c)     (c)     (c)     (c)       (c)     (c)     (c)     (c)     (c)       (a)     (b)     (c)     (c)     (c)       (b)     (c)     (c)     (c)     (c)       (c)     (c)     (c)     (c)     (c)       (b)     (c)     (c)     (c)     (c)       (c)     (c)     (c)     (c)     (c)       (b)     (c)     (c)     (c)     (c)<	Employer identi		ame of org
(a)       (b)       (c)       (c)         Part1       Description of noncash property given       (c)       FMV (or estimate)       (c)         (a)       No.       (b)       (c)       FMV (or estimate)       (c)         (a)       No.       (b)       FMV (or estimate)       (c)       (c)         (b)       Description of noncash property given       (c)       FMV (or estimate)       (c)         (b)       Description of noncash property given       (c)       FMV (or estimate)       (c)         (c)       (b)       (c)       (c)       (c)       (c)         (c)       (b)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c)       (c)         (c)       (b)       (c)       (c)       (c)       (c)       (c)       (c)         (c)       (b)       (c)       (c) <t< th=""><th>52-230225</th><th></th><th>G AMERI</th></t<>	52-230225		G AMERI
No. from part1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (c) Date rec (See instructions.)       (a) No. from Part1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (c) Date rec (See instructions.)       (a) No. from Part1     (c) FMV (or estimate) (See instructions.)     (c) Date rec (See instructions.)       (a) No. from Part1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (c) Date rec (See instructions.)       (a) No. from Part1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (c) Date rec (See instructions.)       (a) No. from Part1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (c) Date rec (See instructions.)       (a) No. from Part1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (c) Date rec (C) (C) Date rec       (a) No. from Part1     (b) Description of noncash property given     (c) FMV (or estimate) (C) Date rec     (c) FMV (or estimate) (C) Date rec	of Part II if additional space is needed.	rty (see instructions). Use duplicate copies of Part II if a	Part II
(a) No. from Part 1       (b) Description of noncesh property given       (c) FMV (or estimate) (See instructions.)       (d) Date rec         (a) No. from Part 1       (c) FMV (or estimate) (See instructions.)       (d) Date rec	FMV (or estimate)		
No. from part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from Part I     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec	\$		
(a)       No.       (c)       (c)         Part I       Description of noncash property given       (c)       (d)         Part I	FMV (or estimate)		No. from
No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec	\$		
(a)       (b)       (c)       (d)         from       Description of noncash property given       (c)       FMV (or estimate)       (d)         Part I       Description of noncash property given       \$	FMV (or estimate)		No. from
No.     (c)     (d)       from     Description of noncash property given     FMV (or estimate)     (d)       Part I	\$		
(a)       (b)       (c)       (d)         From       Description of noncash property given       (c)       (d)         Part I       Image: Construction of noncash property given       (c)       (d)         Image: Construction of noncash property given       (c)       (c)       (d)         Image: Construction of noncash property given       (c)       (c)       (c)         Image: Construction of noncash property given       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (d)         No.       (b)       (c)       (d)       (d)         Image: Construction of noncash property given       (c)       (d)       (d)         Date red       (c)       (c)       (d)         Description of noncash property given       (See instructions.)       (d)	FMV (or estimate)		No. from
No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) (d) FMV (or estimate) (See instructions.)	\$		
(a)     (c)     (d)       No.     (b)     FMV (or estimate)     (d)       from     Description of noncash property given     (See instructions.)     Date recommendation	FMV (or estimate)		No. from
No.     (b)     (c)     (d)       from     Description of noncash property given     FMV (or estimate)     Date rec	\$		
	FMV (or estimate)		No. from
[			

Name of or	rganization		Employer identification number	
MAG AMER	ICA, INC.		52-2302253	
Part III		) through (e) and the following line ent charitable, etc., contributions of <b>\$1,000 or</b>	ry. For organizations less for the year. (Enter this info. once.) \$	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift	[	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I				
-		(e) Transfer of gif	L	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee	

Department of the Treasury	Complete	if the organization is described	below. 🕨 Attach to	o Form 990 or Form 990-EZ.	Open to Public
Internal Revenue Service		ao to www.irs.gov/Form990 for	instructions and the	latest information.	Inspection
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, lir	ne 46 (Political Campaign Act	ivities), then
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Com	plete Parts I-A and B. Do not com	plete Part I-C.		
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	01(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part I-B.	
<ul> <li>Section 527 organiza</li> </ul>	ations: Complete	e Part I-A only.			
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, li	ne 47 (Lobbying Activities), th	hen
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that h	nave filed Form 5768 (election und	der section 501(h)): Co	omplete Part II-A. Do not comp	lete Part II-B.
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that h	nave NOT filed Form 5768 (electio	n under section 501(h	n)): Complete Part II-B. Do not o	complete Part II-A.
If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	<sup>,</sup> Tax) (See separate i	instructions) or Form 990-EZ	, Part V, line 35c (Proxy
Tax) (See separate inst	ructions), then				
	, or (6) organizat	ions: Complete Part III.			
Name of organization				Employ	er identification number
	MAG AMERICA				52-2302253
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c)	or is a section 527 orga	nization.
1 Provide a description	on of the organiz	ation's direct and indirect politica	l campaign activities i	n Part IV.	
2 Political campaign	activity expendit	ures		► \$	
3 Volunteer hours for	political campai	gn activities			
		anization is exempt unde			
		incurred by the organization unde			
		incurred by organization manager			
3 If the organization i	ncurred a sectio	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction m	ade?				Yes No
b If "Yes," describe in					
-		anization is exempt unde			3).
1 Enter the amount d	irectly expended	I by the filing organization for sect	tion 527 exempt funct	tion activities > \$	
2 Enter the amount o	f the filing organ	ization's funds contributed to oth	er organizations for se	ection 527	
exempt function ac	tivities			► \$ _	
3 Total exempt functi	on expenditures	. Add lines 1 and 2. Enter here an	d on Form 1120-POL,	,	
4 Did the filing organi	zation file <b>Form</b>	1120-POL for this year?			Yes No
5 Enter the names, ad	ddresses and en	ployer identification number (EIN	) of all section 527 po	litical organizations to which th	e filing organization
1,2	0	tion listed, enter the amount paid	0 0		
		omptly and directly delivered to a		, 1	egregated fund or a
political action com	mittee (PAC). If	additional space is needed, provid	de information in Part		
<b>(a)</b> Name	e	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					ontributions received and promptly and directly
				funds. If none, enter -0	delivered to a separate
					political organization.
					If none, enter -0

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

SCHEDULE C

(Form 990)

OMB No. 1545-0047

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Schedule C (Form 990) 2021	MAG AMERI	CA, INC.				302253 Page <b>2</b>
Part II-A Complete if the organized section 501(h)).	anization	is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	tion bolonge	to on offili	atad aroun (and list in		wayo mambay'a nama	
				Part IV each affiliated g	group member's name	e, address, Elin,
expenses, and share		, 0	, ,	visione annly		
Limit	ts on Lobby	ing Expen			(a) Filing organization's	(b) Affiliated group totals
(The term "expend	aitures" mea	ans amour	nts paid or incurred.)		totals	
1a Total lobbying expenditures to influ	ience public	opinion (g	rassroots lobbying)		0.	
<b>b</b> Total lobbying expenditures to influ	ience a legis	lative body	y (direct lobbying)		7,500.	
c Total lobbying expenditures (add lir	nes 1a and <sup>-</sup>	lb)			7,500.	
d Other exempt purpose expenditure					52,668,632.	
e Total exempt purpose expenditures	s (add lines	1c and 1d)			52,676,132.	
f Lobbying nontaxable amount. Ente	er the amour	nt from the	following table in both	n columns.	1,000,000.	
If the amount on line 1e, column (a) or	r (b) is:	The lobb	oying nontaxable amo	ount is:		
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (ent	ter 25% of li	ne 1f)			250,000.	
h Subtract line 1g from line 1a. If zero				F	0.	
i Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than zer	ro on either l	ine 1h or li	ne 1i, did the organiza	tion file Form 4720	г	
reporting section 4911 tax for this						Yes No
			raging Period Under	.,		
(Some organizations th			ite instructions for lin	•	t the five columns be	IOW.
		•	ditures During 4-Yea			
	LODDY		altares During 4-1ea	Averaging Feriou		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 20	)18	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> Total
2a Lobbying nontaxable amount	1,0	00,000.	957,244.	1,000,000.	1,000,000.	3,957,244.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>						5,935,866.
c Total lobbying expenditures		21,045.	209.	7,500.	7,500.	36,254.
d Grassroots nontaxable amount	2	50,000.	239,311.	250,000.	250,000.	989,311.
e Grassroots ceiling amount (150% of line 2d, column (e))						1,483,967.
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С					
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?         Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5	), or sec		
			<b></b>	Yes	Νο
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), sectio				0
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'NO" OR (	b) Part I	II-A, line	3, IS
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
c					
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provide a structure part user?	Dillical	4		
5	expenditure next year? Taxable amount of lobbying and political expenditures. See instructions		. 4		
_	t IV Supplemental Information	<u></u>	5		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list). Dart II-A	lines 1 a	nd 2 (See	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information. 3DULE C, PART II-A:	113t), 1 art 11 /	, iii ico i a		
THE	ORGANIZATIONT'S LOBBYING EXPENDITURE'S CONSIST OF WORKING WITH THE				
CON	GRESSIONAL UNEXPLODED ORDNANCE (UXO)/DEMINING CAUCUS AND MEETING WITH				
CON	GRESSIONAL OFFICES TO ADVOCATE FOR INCREASED BIPARTISAN SUPPORT FOR				
CON	VENTIONAL WEAPONS DISPOSAL (CWD) ACTIVITIES AND INCREASED BUDGET				

APPROPRIATIONS.

Department of the Treasury Internal Revenue Service

(Form	990)
(Form	990)

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.



Name	of	the	orga	nizatio
Name	UI.	uie	u ya	iiizaui

Nam	e of the organization MAG AMERICA, INC.				Employer identification numb 52-2302253
Par	· · · · · · · · · · · · · · · · · · ·	Funds or Other S	imilar Fund	ls or Ac	
1 41	organization answered "Yes" on Form 990, Part IV, line		innar i une		
		(a) Donor advise	d 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 advisors in w	riting that the assets he	ld in donor ad	vised fund	s
Ŭ	are the organization's property, subject to the organization's e	-			
6	Did the organization inform all grantees, donors, and donor ad				
-	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				·
Par					
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).			
	Preservation of land for public use (for example, recreati	on or education)	] Preservation	of a histo	rically important land area
	Protection of natural habitat		] Preservation	of a certif	fied historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contrib	ution in the for	m of a cor	servation easement on the last
	day of the tax year.				Held at the End of the Tax Ye
а	Total number of conservation easements				2a
b					2b
С	Number of conservation easements on a certified historic strue	cture included in (a)			2c
d	Number of conservation easements included in (c) acquired af				
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or t	erminated by t	he organiz	zation during the tax
	year ▶				
4	Number of states where property subject to conservation ease			_	
5	Does the organization have a written policy regarding the period				
~	violations, and enforcement of the conservation easements it I				
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, ar	la enforcing ca	onservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	na of violations, and an	foreing concer	votion oor	permente during the year
7	Amount of expenses incurred in monitoring, inspecting, narioin	ng or violations, and en	forcing conser	valion eas	sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	s of section 17	70(h)(4)(B)(	i)
0	and section 170(h)(4)(B)(ii)?	, ,			
9	In Part XIII, describe how the organization reports conservation				
Ū	balance sheet, and include, if applicable, the text of the footnot				
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or (	Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form S	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its reve	enue statemen	t and bala	nce sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education	, or research in	furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these ite	ems.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	e statement an	d balance	sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, o	r research in fu	rtherance	of public service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				▶ \$
					▶ \$
2	If the organization received or held works of art, historical treas	sures, or other similar a	ssets for financ	cial gain, p	provide
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:		
а	Revenue included on Form 990, Part VIII, line 1				► \$

a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

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

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Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 MAG AMERICA							52-230		Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or C	Other S	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that m	ake sign	ificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 I	Loan or exc	hange program						
b	Scholarly research	e	e 🗌 (	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organization's	s exemp	t purpo	se in Part i	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or other s	similar as	sets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered "Ye	es" on Fo	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	contribution	s or other assets	s not inc	luded		-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		7		
	Did the organization include an amount on Fo						?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										<u> </u>
Par	<b>t V Endowment Funds.</b> Complete i							anna haali	(-) [		
		(a) Current year	(D) P	rior year	(c) Two years b	раск (а	<b>)</b> Three y	ears back	(e) Four	years	Dack
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		(I' 4								
2	Provide the estimated percentage of the curr	•		i, column (a	)) held as:						
a	Board designated or quasi-endowment		%								
a	Permanent endowment										
С		%									
0-	The percentages on lines 2a, 2b, and 2c sho		-1: 1 1	have bald a		faultas					
38	Are there endowment funds not in the posse	ssion of the organiza	ation that	are neio ai	na administered	for the c	organiza	alion	Г	Yes	No
	by: (i) Unrelated organizations								3a(i)		
									3a(ii)		
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza								3b		
1	Describe in Part XIII the intended uses of the								50		
Par	t VI Land, Buildings, and Equipm		witherit it	unus.							
	Complete if the organization answere		). Part IV	. line 11a. S	See Form 990. P	art X. lin	e 10.				
	Description of property	(a) Cost or c		•	t or other	(c) Acc		h	(d) Book	value	
	Description of property	basis (investr		• •	(other)	• •	eciation			value	
19	Land			24010							
b	LandBuildings										
	Leasehold improvements										
d											
	Equipment				35,896.		35	896.			0.
	Other		V czł	μm (D) 15	-		,	<u> </u>			0.
TULA	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	<u>л, соіит</u>	<u>п (в). Iine 1</u>	UC.)						

Schedule D (Form 990) 2021

	mplete if the organization answered "Yes" o		1	
(a) Description	of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
) Financial de	F			
	l equity interests			
(A)				
(B)				
(C)				
_(D)				
(E)				
(F)				
(G)				
(H)	ust aqual Form 000 Dart V. col. (D) line 10 )			
Part VIII In	ust equal Form 990, Part X, col. (B) line 12.) ► vestments - Program Related.			
	mplete if the organization answered "Yes" of			d of yoor moriet yolyo
	a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	u-oi-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(8)				
(9)	ust equal Form 990 Part X, col. (B) line 13.)			
<b>(9)</b> <b>otal.</b> (Col. (b) m	ust equal Form 990, Part X, col. (B) line 13.) ►			
(9) otal. (Col. (b) m Part IX Ot	ust equal Form 990, Part X, col. (B) line 13.)	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(9) otal. (Col. (b) m Part IX 01	t <b>her Assets.</b> mplete if the organization answered "Yes" c	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) Dtal. (Col. (b) m Part IX Of Co	t <b>her Assets.</b> mplete if the organization answered "Yes" c		11d. See Form 990, Part X, line 15.	(b) Book value 9 , 790 , 34
(9) Dtal. (Col. (b) m Part IX Ot Co (1) DUE FR	t <b>her Assets.</b> mplete if the organization answered "Yes" c (a) [		11d. See Form 990, Part X, line 15.	
(9) Dtal. (Col. (b) m Part IX O1 Co (1) DUE FR (2)	t <b>her Assets.</b> mplete if the organization answered "Yes" c (a) [		11d. See Form 990, Part X, line 15.	
(9) Dtal. (Col. (b) m Part IX Of Co (1) DUE FR	t <b>her Assets.</b> mplete if the organization answered "Yes" c (a) [		11d. See Form 990, Part X, line 15.	
(9) Part IX Of Co (1) DUE FR (2) (3)	t <b>her Assets.</b> mplete if the organization answered "Yes" c (a) [		11d. See Form 990, Part X, line 15.	
(9) Dtal. (Col. (b) m Part IX Of Co (1) DUE FR (2) (3) (4)	t <b>her Assets.</b> mplete if the organization answered "Yes" c (a) [		11d. See Form 990, Part X, line 15.	
(9) Dtal. (Col. (b) m Part IX Of Co (1) DUE FR (2) (3) (4) (5)	t <b>her Assets.</b> mplete if the organization answered "Yes" c (a) [		11d. See Form 990, Part X, line 15.	
(9) Dtal. (Col. (b) m Part IX Of Co (1) DUE FR (2) (3) (4) (5) (6)	t <b>her Assets.</b> mplete if the organization answered "Yes" c (a) [		11d. See Form 990, Part X, line 15.	
(9) ptal. (Col. (b) m Part IX Of Co (1) DUE FR (2) (3) (4) (5) (6) (7)	t <b>her Assets.</b> mplete if the organization answered "Yes" c (a) [		11d. See Form 990, Part X, line 15.	9,790,34
(9) otal. (Col. (b) m Part IX Of Co (1) DUE FR (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	ther Assets. Implete if the organization answered "Yes" o (a) [ COM MAG UK (b) must equal Form 990, Part X, col. (B) line	Description		
(9) Part IX Of Co (1) DUE FR (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X Of	ther Assets. mplete if the organization answered "Yes" o (a) [ COM MAG UK (b) must equal Form 990, Part X, col. (B) line ther Liabilities.	Description		9,790,34
(9) Part IX Of Co (1) DUE FR (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X Of	ther Assets. mplete if the organization answered "Yes" o (a) [ COM MAG UK (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" of	Description		9,790,34
(9) tal. (Col. (b) m Part IX Of Co (1) DUE FR (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Co	ther Assets. mplete if the organization answered "Yes" o (a) [ COM MAG UK (b) must equal Form 990, Part X, col. (B) line ther Liabilities.	Description		9,790,34
(9) Dtal. (Col. (b) m Part IX Of Co (1) DUE FR (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column Co Co	ther Assets. mplete if the organization answered "Yes" o (a) [ COM MAG UK (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" of	Description		9,790,34
(9) Part IX Of Co Co (1) DUE FR (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X Of Co (1) Federal (2)	ther Assets. mplete if the organization answered "Yes" of (a) [ COM MAG UK (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" of (a) Description of liability	Description		9,790,34
(9) part IX Of Co Co (1) DUE FR (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column ( Part X Of Co (1) Federal (2) (3)	ther Assets. mplete if the organization answered "Yes" of (a) [ COM MAG UK (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" of (a) Description of liability	Description		9,790,34
(9) part IX Of Co Co (1) DUE FR (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column ( Part X Of Co (1) Federal (2) (3) (4)	ther Assets. mplete if the organization answered "Yes" of (a) [ COM MAG UK (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" of (a) Description of liability	Description		9,790,34
(9) Dtal. (Col. (b) m Part IX Of Co (1) DUE FR (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (7) (8) (9) Otal. (Column (1) Federal (2) (3) (4) (5)	ther Assets. mplete if the organization answered "Yes" of (a) [ COM MAG UK (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" of (a) Description of liability	Description		9,790,34
(9) ptal. (Col. (b) m Part IX Of Co (1) DUE FR (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (9) otal. (Column Co Co (1) Federal (2) (3) (4) (5) (6) (6)	ther Assets. mplete if the organization answered "Yes" of (a) [ COM MAG UK (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" of (a) Description of liability	Description		9,790,34
(9) otal. (Col. (b) m Part IX Of Co (1) DUE FR (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (8) (9) otal. (Column Co Co (1) Federal (2) (3) (4) (5) (6) (7) (6) (7)	ther Assets. mplete if the organization answered "Yes" of (a) [ COM MAG UK (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" of (a) Description of liability	Description		9,790,34
(9) otal. (Col. (b) m Part IX Of Co (1) DUE FR (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (9) otal. (Column Co Co (1) Federal (2) (3) (4) (5) (6) (6)	ther Assets. mplete if the organization answered "Yes" of (a) [ COM MAG UK (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" of (a) Description of liability	Description		9,790,34

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote 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

rt XIII ... 🗴

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 MAG AMERICA, INC.	52-2302253	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	ırn.	
	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 53	3,511,048.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 81,356.		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	81,356.
3	Subtract line 2e from line 1	3 53	3,429,692.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с		4c	0.
5			3,429,692.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1 52	2,676,132.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 81,356.		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	81,356.
3	Subtract line 2e from line 1	<b>3</b> 52	2,594,776.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	retal systemeter, taa mitee e and ret (mis must could ret fin 550. Fart 1. mit 10.)	5 52	2,594,776.
Pa	t XIII Supplemental Information.		

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

PART X, LINE 2:

MAG AMERICA IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE

PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION,

MAG AMERICA QUALIFIES FOR CHARITABLE CONTRIBUTIONS DEDUCTIONS AND HAS BEEN

CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME

THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS

SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THERE WAS NO NET TAX

LIABILITY FOR UNRELATED BUSINESS INCOME TAX AT DECEMBER 31, 2021.

MANAGEMENT HAS EVALUATED MAG AMERICA'S TAX POSITIONS AND HAS CONCLUDED

THAT MAG AMERICA HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

### ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF

Part XIII Supplemental Information (continued)

THE GUIDANCE FOR UNCERTAINTY IN INCOME TAXES. MAG AMERICA FILES TAX

RETURNS IN THE U.S. FEDERAL JURISDICTIONS. GENERALLY, MAG AMERICA IS NO

LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS

BY TAX AUTHORITIES FOR YEARS BEFORE 2018.

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

S	state	em	nent	of	Activ	vities	Ou	tsid	e the	U	Init	ed	St	ate	S
	-									_					

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

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

**Open to Public** Inspection Employer identification number

52-2302253

Name of the organization

### MAG AMERICA, INC.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

3	Activities per Region	(The following Part I. line 3 table can be duplicated if additional space is needed.)	
•	rouvides per riegion.		

ie ioliowing Fait	i, inte o table ca	in be auplicated if additional space is fi	ccucu.j	
(b) Number of offices	émployees,		<ul> <li>(e) If activity listed in (d) is a program service,</li> </ul>	(f) Total expenditures
in the region	independent			for and
Ū.	contractors	recipients located in the region)	of service(s) in the region	investments in the region
	in the region			
0	0	GRANTS TO RECIPIENTS		21,989,456.
0	0	GRANTS TO RECIPIENTS		16,000,779.
0				7 100 642
0	0	GRANIS IO RECIPIENIS		7,190,643.
0	0	GRANTS TO RECIPIENTS		2,733,300.
0	0	GRANTS TO RECIPIENTS		1,970,473.
0	0	GRANTS TO RECIPIENTS		1,699,150.
0	0			51,583,801.
0	0			0.
0	0			51,583,801.
	(b) Number of offices in the region 0	(b) Number of offices in the region(c) Number of employees, agents, and independent contractors in the region00	(b) Number of offices in the region       (c) Number of employees, and independent ind	offices in the region       imployees, agents, or in the region       (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)       is a program service, describe specific type of service(s) in the region         0       0       3RANTS TO RECIPIENTS       interestion         0       0       0       interestion

Part I

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Schedule F (Form 990) 2021

OMB No. 1545-0047
2021

No

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

	(c) Region	grant	of cash grant	(f) Manner of cash disbursement	noncash assistance	of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
	ICELAND &	DEBRIS AND MINE RISK	51,583,801.	WIRE TRANSFER	0.		
ecipient organization	ns listed above that are r	ecognized as charities by the	foreian country	recognized as a tax			
	ecipient organization	ICELAND & GREENLAND)	GREENLAND)       EDUCATION         Image: Constraint of the second se	ICELAND &       DEBRIS AND MINE RISK         GREENLAND)       EDUCATION         SILENLAND)       SILENLAND	ICELAND & DEBRIS AND MINE RISK	ICELAND & DEBRIS AND MINE RISK GREENLAND)       51,583,801. WIRE TRANSFER       0.         ICELAND & ICELAND       ICELAND & ICELAND       ICELAND & ICELAND         ICELAND & ICELAND       ICELAND & ICELAND       ICELAND & ICELAND         ICELAND & ICELAND       ICELAND & ICELAND       ICELAND & ICELAND         ICELAND & ICELAND       ICELAND & ICELAND       ICELAND & ICELAND         ICELAND & ICELAND       ICELAND & ICELAND       ICELAND & ICELAND         ICELAND & ICELAND       ICELAND & ICELAND       ICELAND & ICELAND         ICELAND & ICELAND       ICELAND & ICELAND       ICELAND & ICELAND         ICELAND & ICELAND       ICELAND       ICELAND       ICELAND         ICELAND       ICELAND       ICELAND       ICELAND	ICELAND & RREPLIAND)       DEBRIS AND MINE RISK EDUCATION       51,583,801, WIRE TRANSPER       0.         Image:

Schedule F (Form 990) 2021

· · · · · ·	AG AMERICA, INC.				52-2302253		Page
Part III Grants and Other Assistance			ates. Complete i	f the organization answered "Yes	" on Form 990, Part I	V, line 16.	
Part III can be duplicated if ac (a) Type of grant or assistance	dditional space is need (b) Region	ed. (c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash	(g) Description of noncash assistance	(h) Method of valuation
		recipients	Cash grant	cash disbuisement	assistance	Honcash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

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Schedule F (Form 990) 2021

MAG AMERICA INC

52-2302253

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

### Part V Supplemental Information

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

PART I, LINE 2:

MAG AMERICA MONITORS THE USE OF GRANT FUNDS BY ITS SOLE SUBRECIPIENT ,

MINES ADVISORY GROUP, THROUGH THE REVIEW OF MONTHLY FINANCIAL REPORTS

FROM THE SUB-RECIPIENT; MONTHLY DISCUSSION OF THESE REPORTS THROUGH

FINANCE CALLS; THE REVIEW OF QUARTERLY FINANCIAL AND PROGRAMMATIC REPORTS

FROM THE SUBRECIPIENT; QUARTERLY VISITS OF THE MAG AMERICA GRANTS MANAGER

TO MAG HQ; ANNUAL VISITS TO SELECT MAG PROGRAMS BY BOTH THE MAG AMERICA

GRANTS MANAGER AND EXECUTIVE DIRECTOR TO ENSURE FIELD COMPLIANCE WITH

DONOR REGULATIONS; FREQUENT COMMUNICATIONS BETWEEN THE MAG AMERICA GRANTS

MANAGER AND MAG PROGRAM SUPPORT COORDINATORS, PROGRAM SUPPORT MANAGER,

AND REGIONAL DIRECTORS AS WELL AS DIRECT COMMUNICATIONS BETWEEN THE MAG

AMERICA GRANTS MANAGER AND PROGRAM STAFF, AS REQUIRED.

PART I, LINE 3:

THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN FOREIGN REGIONS.

SCHEDULE J Compensation Information										
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Emplo Compensated Employees		2	02 <sup>.</sup>	1				
		Complete if the organization answered "Yes" on Form	1 990, Part IV, line 23.							
	tment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the second secon	a latast information		Open to Public Inspection					
-	ne of the organization				entification number					
	······	MAG AMERICA, INC.		52-2302253						
Pa	rt I Question	Regarding Compensation								
					Yes	s No				
1a	Check the appropri-	te box(es) if the organization provided any of the following to or for a	a person listed on Form 99	90,						
		ine 1a. Complete Part III to provide any relevant information regardin								
	First-class or c		e or residence for persona	aluse						
	Travel for com		iness use of personal resid							
			ub dues or initiation fees							
			(such as maid, chauffeur,	chef)						
		· · · ·	. , ,							
b	If any of the boxes	n line 1a are checked, did the organization follow a written policy re	garding payment or							
	•	ovision of all of the expenses described above? If "No," complete Pa		1	b					
2		require substantiation prior to reimbursing or allowing expenses inc								
		s, including the CEO/Executive Director, regarding the items checke		2	2					
	·									
3	Indicate which, if ar	y, of the following the organization used to establish the compensati	on of the organization's							
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used	by a related organization	n to						
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.								
	X Compensation	committee Written employme	ent contract							
		ompensation consultant Compensation su								
	X Form 990 of ot		oard or compensation cor	mmittee						
		· · · · · · · · · · · · · · · · · · ·	I							
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with resp	ect to the filing							
	organization or a re	•••••••••••••••••••••••••••••••••••••••	Ū							
а	-	-		4	a	х				
b					b	X				
с					c	X				
		es 4a-c, list the persons and provide the applicable amounts for each								
	,									
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5	-9.							
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or a								
	contingent on the re									
а	•				a	Х				
		ition?			b	Х				
		r 5b, describe in Part III.								
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or a	accrue any compensation							
	contingent on the n									
а	-				a	Х				
		ition?				X				
		r 6b, describe in Part III.								
7		n Form 990, Part VII, Section A, line 1a, did the organization provide	any nonfixed payments							
-		es 5 and 6? If "Yes," describe in Part III			,	х				
8		eported on Form 990, Part VII, paid or accrued pursuant to a contra								
5		potion described in Regulations section 53.4958-4(a)(3)? If "Yes," desc	and the Devict III		3	X				
9		d the organization also follow the rebuttable presumption procedure								
5		53.4958-6(c)?			,					
LHA		duction Act Notice, see the Instructions for Form 990.		Schedule J (F		0) 2021				

52-2302253

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	<b>(B)</b> Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAMIE FRANKLIN	(i)	157,486.	0.	0.	4,887.	30,231.	192,604.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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Schedule J (Form 990) 2021

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

2021 Open to Public Inspection

Name of the organization

MAG AMERICA, INC.	
-------------------	--

Employer identification number
--------------------------------

52-	2302253

Par	t I Types of Property				•			
		<b>(a)</b> Check if	<b>(b)</b> Number of	(c) Noncash contribution	(d) Method of de			
		applicable	contributions or	amounts reported on	noncash contribu			
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	134,039.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $\ldots$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( )							
26	Other ( )							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organia						0	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	
						Y	es	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							v
	exempt purposes for the entire holding period'	<i>(</i>				30a		X
	If "Yes," describe the arrangement in Part II.	aliov that w	a visco the service of	f on a nonstandard activity it	ianaQ	04		х
31	Does the organization have a gift acceptance p				ions?	31		Δ
32a	Does the organization hire or use third parties	or related or	ganizations to solic	cit, process, or sell noncash				х
	contributions?					32a	1	Δ

 describe in Part II.

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2021

b If "Yes," describe in Part II.

Schedule N	M (Form 990) 2021 MAG AMERICA, INC.	52-2302253	Page <b>2</b>
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33	3, and whether the organiz	ation
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a com	bination of both. Also con	nplete
	this part for any additional information.		
SCHEDIILE	M, PART I, COLUMN (B):		
	M, IAKI I, COLOMA (D).		
DEDODETN			
REPORTIN	G THE NUMBER OF CONTRIBUTIONS		

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 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 Form 990-EZ.	-EZ	OMB No. 1545-0047
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information.	Employer	Inspection identification number
-	MAG AMERICA, INC.	52-23	302253
FORM 990, PART I, 1	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
RECLAIM LAND CONTAN	MINATED WITH THE EXPLOSIVE REMNANTS OF CONFLICT,		
REDUCE THE DAILY R	ISK OF DEATH OR INJURY FOR CIVILIANS, AND CREATE SAFE		
AND SECURE CONDITIO	DNS FOR DEVELOPMENT.		
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
DEVELOPMENT.			
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
SAFE, CONTAMINATED	LAND FOR AGRICULTURE, INFRASTRUCTURE, CONSTRUCTION		
OF SCHOOLS, CLINICS	5 AND HOSPITAL AND CONSTRUCTION OF WELLS AND		
IRRIGATION.			
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE FORM 990 WAS PI	REPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR		
MANAGEMENT. A COPY	OF THE RETURN WAS REVIEWED AND APPROVED BY THE FINANCE		
AND AUDIT COMMITTE	E AND WAS THEN DISTRIBUTED TO THE ENTIRE BOARD OF		
DIRECTORS PRIOR TO	BEING FILED WITH THE IRS.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
ANNUALLY, ALL EMPLO	OYEES AND BOARD MEMBERS OF THE ORGANIZATION ARE REQUIRED		
TO SIGN A STATEMEN	F AFFIRMING COMPLIANCE WITH THE CONFLICT OF INTEREST		
POLICY. THE BOARD	IS RESPONSIBLE FOR MONITORING AND ENFORCING COMPLIANCE		
WITH THIS POLICY.	IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE		
TO BELIEVE A DIREC	TOR, OFFICER, OR EMPLOYEE HAS FAILED TO DISCLOSE ACTUAL		
OR POSSIBLE CONFLIC	CTS OF INTEREST, IT INFORMS THE INDIVIDUAL OF THE BASIS		

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization MAG AMERICA, INC.	Employer identification number 52-2302253
FOR SUCH BELIEF AND AFFORDS THE INDIVIDUAL AN OPPORTUNITY TO EXPLAIN THE	
ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE INDIVIDUAL'S RESPONSE	
AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES,	
THE GOVERNING BOARD OR COMMITTEE DETERMINES THE INDIVIDUAL HAS FAILED TO	
DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT TAKES APPROPRIATE	
DISCIPLINARY AND CORRECTIVE ACTION.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD USING	
COMPARABLE DATA. THIS PROCESS IS DOCUMENTED AND THE LAST REVIEW TOOK PLACE	
IN JANUARY 2021. OTHER EMPLOYEE SALARIES ARE DETERMINED BY THE EXECUTIVE	
DIRECTOR UNDER THE GUIDELINES OF THE BOARD APPROVED BUDGET AND	
CONSULTATIONS WITH THE TREASURER.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC	
TN, UT, VA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME	
PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND	
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL	

STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

### 2021 DEPRECIATION AND AMORTIZATION REPORT

#### D. 0 . 10 FORM ~ ~ ~

ORM 99	RM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE	VARIOUS	SL	7.00		16	35,896.				35,896.	35,896.		0.	35,896.
	* TOTAL 990 PAGE 10 DEPR						35,896.				35,896.	35,896.		0.	35,896.

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(Rev. January 2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a	separate	application	for each	return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instructions.				Taxpayer identification number (TIN)					
print	MAG AMERICA, INC.	52-2302253								
File by the due date t filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 1776 K STREET NW, 700									
return. Se instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20006									
Enter the Return Code for the return that this application is for (file a separate application for each return)										
Application		Return	Application			R	eturn			
Is For		Code	Is For				Code			
Form 990 or Form 990-EZ		01	Form 1041-A				08			
Form 4720 (individual)		03	Form 4720 (other than individual)				09			
Form 990-PF		04	Form 5227				10			
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069				11			
Form 990-T (trust other than above)			Form 8870				12			
Form 990-T (corporation)										
<ul> <li>The books are in the care of ▶ 1776 K STREET NW, 700 - WASHINGTON, DC 20006</li> <li>Telephone No. ▶ (202) 293-1904 Fax No. ▶</li> <li>If the organization does not have an office or place of business in the United States, check this box</li></ul>										
<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less				3a			0.			
any nonrefundable credits. See instructions.					\$		۰.			
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					•		٥.			
-	stimated tax payments made. Include any prior year overpa				\$		υ.			
	Balance due. Subtract line 3b from line 3a. Include your pa	•		-			Ο.			
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c   \$ 0. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.										

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)