29493156009191

Form **990** (Rev. January 2020)

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

Under section 501(c), 527, or 4947€)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury

			VL 1, 2019 and		DEC 31, 201	11/	/ Inspection	
В	heck if	C Name of organization			D Employe	r identifica	ition number	
	Addre		_					
	Name chang	Doing business as			52-2	302253		
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephon	e number		
	Final returna	1776 K STREET, NW	•	700	,	293-1904	1	
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receip	ts \$	16,554,	341
	Ameno return	WASHINGTON, DC 20000			H(a) is this a	group retu	ırn	_
	Applic tion pendir	Finame and address of principal officer officer	E FRANKLIN	$\sim$	for sub-	ordinates?	Yes X	_ No
		SAME AS C ABOVE			H(b) Are all sut	ordinates incli	ided? Yes	No
		empt status: X 501(c)(3) 501(c) (		dr 52	7 If "No,"	attach a lis	st. (see instructions	s)
		e: WWW.MAGAMERICA.ORG		<u> </u>	H(c) Group		number 🕨	
			ssociation Other	L Year	of formation 2	000 M	State of legal domicil	e: DE
Pa	rt I	Summary			<del></del>	*********		
w		Briefly describe the organization's mission or most			MISSION IS	TO SAVE		
Governance		LIVES AND BUILD FUTURES BY WORKING WI	TH OTHERS AROUND THE WO	RLD TO				
ũ	2	Check this box 🕨 if the organization disco	ntinued its operations or dispos	sed of more	than 25% of it	s net asset	ts.	
0.06	3	Number of voting members of the governing body	(Part VI, line 1a)			3		
Ö	4	Number of independent voting members of the go	verning body (Reg VI, line 1b)		11/	4	<del> </del>	
e S	5	Total number of individuals employed it calendar	ea 2019 (Pan Viline 2a)		1/X	5	·· ·· · · · · · · · · · · · · · · · ·	•
viti	6	Total number of volunteers (estimate if necessary)	751		*/\	6		10
Activities &		Total unrelated business revenue from Part VIII, co			V	7a	· · · · · · · · · · · · · · · · · · ·	0.
_	b	Net unrelated business taxable income from Holm	<u> १९६२ में भूप १९६६ व्याप</u>			7b		0
		<b>42</b> 1	155 00 5		Prior Yea	<u>r                                      </u>	Current Year	
•	8	Contributions and grants (Part VIII, line 1h) Kansi	as City, MO		32,96	5,127.	16,554,	341
Revenue	9	Program service revenue (Part VIII, line 2g)				0.		0
9.4	10	nvestment income (Part VIII, column (A), lines 3, 4	, and 7d)	[		0.		-8
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c				0.		0.
	12	Fotal revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		32,96	5,127.	16,554,	333,
		Grants and similar amounts paid (Part IX, column (			33,76	3,082.	15,681,	739.
		Benefits paid to or for members (Part IX, column (A	**			0.		0.
ı,		Salaries, other compensation, employee benefits (			47	2,958.	248,	830
Ses		Professional fundraising fees (Part IX, column (A), I				0.		0.
Expenses		Fotal fundraising expenses (Part IX, column (D), lin	155	329.				
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d			39	8,356.	214,	312
		Fotal expenses. Add lines 13-17 (must equal Part i	•		34,63	4,396.	16,144.	881
		Revenue less expenses. Subtract line 18 from line			-1,66	9,269.	409,	452
-Ze		TOTALTO 1000 ONDATIONS CADITACT INTO TO WORLD INTO		B.	ginning of Curre		End of Year	
ets or lances	20	Fotal assets (Part X, line 16)				6,819.	16,302,	689.
Asse		Total liabilities (Part X, line 26)				7,290.	14,653,	
et Et		Net assets or fund balances. Subtract line 21 from	line 20	ļ. <u> </u>		9,529.	1,648,	
Pa	<del>rt II</del>	Signature Block	1116 20			,		
		tios of porjury, I doclare that I have examined this return,	uncluding accompanying schedules	and statem	ents and to the l	ect of my k	nowledge and belief	ıt ıc
		, and complete. Declaration of prepared (other than office					iowiougo ana bolloi,	11.15
<u>u u u,</u>		, and complete. Declaration of paragraph (other train office	13 based on an internation of wi	non proparo	nas any knowns	9/1=	-/2020	
0:		Signature of officer			Date	-1/17	12020	
Sign	- 1	JAMIE FRANKLIN, EXECUTIVE DIRECTO	np					
Here	•	Type or print name and title			· <del></del> .			
		<u>,</u>	Brancosla pignatura		Date	Check	PTIN	
Daid	ļ	Print/Type preparer's name	Preparer's signature	Banett	09/14/2020	ıf	P01234578	
Paid Dran	,	CRISTEN BARNETT			F	self-employed	42-0714325	
Prep	,	Firm's name RSM US LLP	CITTE 400		rirm.	s EIN 🛌		
Use I	UNIY	Firm's address 1861 INTERNATIONAL DRIVE	, SULTE MOU			702 3	36_6400	
	i	MCLEAN, VA 22102			( Phon	<sub>e no.</sub> 703-3		
Мау	the IF	S discuss this return with the preparer shown abo					X Yes	No
93200	1 01-20	-20 LHA For Paperwork Reduction Act Notice	e, see the separate instruction	ns.		1 -	_ Form <b>990</b> (2	2011

	990 (2019) MAG AMERICA, INC.	52-2302253	Page 2
Par	rt III Statement of Program Service Accomplishments		
-	Check if Schedule O contains a response or note to any line in this Part III		X
_	Briefly describe the organization's mission	······································	
1	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?	Ves	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 me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, a	nd
	revenue, if any, for each program service reported.		<del></del>
4a	(Code) (Expenses \$15,681,739	\$	)
	IN 2019 WE CLEARED OVER 100,000 LANDMINES AND UNEXPLODED ORDNANCE,		
	WHICH RELEASED 18,780 ACRES OF SAFE LAND BACK TO COMMUNITIES TO REBUILD		
	THEIR LIVES AND LIVELIHOODS. IN ADDITION MAG PROVIDED OVER 46,000 RISK		
	EDUCATION CLASSESS. OUR WORK IN 2019 BENEFITTED OVER ONE MILLION		
	PEOPLE, ALLOWING THEM TO LIVE FREE FROM FEAR, ACROSS 24 COUNTRIES. WE		
	HELP COMMUNITIES TO RECOVER FROM CONFLICT, REDUCING THE THREAT FROM		
	SMALL ARMS AND LIGHT WEAPONS, AND ENABLE SOCIO AND ECONOMIC DEVELOPMENT		
	<u> </u>		<del></del>
	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	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
4c	(Code) (Expenses \$	\$	)
		·	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 15,681,739.		

# Form 990 (2019) MAG AMERICA, IŅC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
a	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		<u>x</u>
C	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	i		
	Part X, line 16? # "Yes," complete Schedule D, Part IX	11d	Х	
θ	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	^	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4.5	х	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Λ.	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		х
_	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
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		х
	1c and 8a? If "Yes," complete Schedule G, Part II	10		<del></del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
· -	complete Schedule G, Part III			
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		х
	domestic government on Fart IX, column (F), line 11 // 198, " complete Schedule I. Parts I and II - management	<u> </u>	لـــــا	

Form **990** (2019)

Form	n 990 (2019) MAG AMERICA, INC. 52 rt IV   Checklist of Required Schedules (continued)	-2302253	P	age 4
	Continuea)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		105	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		<del> </del>	-
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	.		
	Schedule J	23	x	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		Ţ	
	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	1		
	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		Х
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%		1	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee	э,		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% cont	rolled .		1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part I	<i>   </i>   <u>27</u>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	İ		l
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,
	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del> </del>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			x
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V   Statements Regarding Other IRS Filings and Tax Compliance	, , 38	1	
_ · a	Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Schadule C contains a response of flore to any line in this Fair v		Yes	No
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6	193	140
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<del></del>		
C	Did the digatization comply that backap the folding raise for reportable payments to rendere and reportable garning	1	1	ł

(gambling) winnings to prize winners?

Part V   Statements Regarding Other IRS Filings and Tax Compliance   Continued	Form	990 (2019) MAG AMERICA, INC. 52-230225	3	Р	age 5				
2a Eiter the number of employees reported on Form Will, Treatmented of Wage and Tax Statements, 2a 6	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
billiant for the calendary year anding with or within the year covered by this ratum?  Note if the sum of lines 14 and 24 is greater than 250, you may be required to g-risk (see instructions)  3 bill the organization have unrelated business gross income of \$1,000 or more during the year?  3 bill the organization have unrelated business gross income of \$1,000 or more during the year?  4 bill the organization have unrelated business gross income of \$1,000 or more during the year?  4 bill the organization have unrelated business gross income of \$1,000 or more during the year?  4 bill the organization have unrelated business gross income of \$1,000 or more during the year?  5 bill the organization or post of the year? if the year? if the year is a beta faccount, year, a transmission of the gross or outhy (such as a best faccount, societies, and the organization have an interest in, or a significant and account(?)  5 bill the year of the gross of the post of the year of the face of the gross of th				Yes	No				
b If at least one is reported on line 2e, did the organization file all required federal employment tax returns?  Notes if the sum of lines 1e and 2 is greater fines 250, you may be required to _inits (see instructions)  3.	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			١,				
Note: If the sum of lines ta and 2a is greater than 250, you may be required to a-file (see instructions) 3. Did the organization have unrelated business gross income of \$1,000 or more during they see? 4. At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, source are operations on Schedule C) 5. If "Yes," earlier the name of the foreign country \$\frac{1}{2}\$ be a bank account, source are operations for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5. West the organization in party to a prinhibited tax shefar transaction at any time during the tax year? 5. If "Yes," to line 5 or 55, did the organization file Form 8885.17 6. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any centributions that were not tax deductibles ocharbation contributions? 6. If "Yes," did the organization include with every collectation an express statement that such contributions or gifts were not tax deductibles ocharbation contributions? 7. Organizations that may receive deductible contributions under section 170(c). 8. If "Yes," did the organization notify the donor of the value of the goods or services provided? 7. Organizations that may receive deductible contributions under section 170(c). 8. If "Yes," did the organization notify the donor of the value of the goods or services provided? 8. If "Yes," did the organization receive a payment in excess of \$15 males party as a contribution and party for goods and services provided to the payor? 9. If the organization received a contribution of undersity or indirectly, on a personal benefit contract? 9. If the organization received a contribution of undersity or indirectly, on a personal benefit contract? 9. If the organization received a contribution of undirectly the payment undersity of the contribution of undersity or indirectly, o		filed for the calendar year ending with or within the year covered by this return 2a 6	] .						
Sa	ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendary year, did the organization have an interest in, or a signature or other euthority over, a financial account in a foreign country (such the signature or other cushority over, a financial account in a foreign country (such the signature or other cushority over, a financial account in a foreign country (such the signature or other cushority over, a financial account in a foreign country (such the signature of the financial account in a foreign country (such the signature of the financial account in a foreign country (such the signature of the financial account in a foreign country (such the signature of the signature of the signature of the signature of the financial accounts (FBAR).  5a Was the organization principle of a principle data with the signature of the signature of the signature of the financial accounts (FBAR).  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any centributions that were not tax deductibles of the organization solicit any centributions that were not tax deductibles of exhibitions under section 170(c).  5b If Yea, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of exhibitions under section 170(c).  5c If Yea, "did the organization notify the donor of the value of the goods or services provided?  6c If Yea, "did the organization notify the donor of the value of the goods or services provided?  7c Organizations that may receive deductible contributions and partly for goods and services provided to the foreign section of the section of the value of the goods or services provided?  7c If Yea," indicate the number of forms 8882 filed during the year  9c Did the organization received a contribution of expression of financial property for which it was required to the fermi 1098.C)  9c Sponsoring organiza		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			_ )				
b   1"Yes, 1" has it filled a Form 990-T for this year? If "No" to Ine 35, provide an explanation on Schedule O 4a   At any time during the celender year, did the organization have an interest in, or a significant organization from authority over, a financial account in a foreign country   See instructions for filling regularments for End See   S	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country (with a signature of the property) of the financial account in the foreign country.  b If "Yes," enter the name of the foreign country.  Saw the signature of the financial property of the pr		If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
b if Yes," enter the name of the foreign country ▶ See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  8 Was the organization a party to a pricibited tex shelter transaction at eny time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 Did the organization that may receive deductible contributions under section 170(c).  a Did the organization that may receive deductible contributions under section 170(c).  b If Yes, 'did the organization notify the donor of the value of the goods or services provided?  c Did the organization notify the donor of the value of the goods or services provided?  b If Yes, 'did the organization notify the donor of the value of the goods or services provided?  c Did the organization receive any funds, directly or indirectly, to pey premiums on a personal benefit contract?  7 Did the organization received an contribution of cushfield netilectual property, did the organization file form 8899 as required?  10 Did the organization received an contribution of cushfield retailectual property, did the organization file Form 8899 as required?  11 If the organization received an contribution of cushfield retailectual property, did the organization file Form 1986-0?  12 Sponsoring organization make a distribution of dualified retailed person?  13 Section 501(c)(7) organization make a distribution of undersective the year.  14 Did the organization file were excess business holdings at any titme during the year?  15 Sp									
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party is a combibution and partly for goods and services provided to the payor?  9 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization receives change, or otherwise dispose of trappible personal property for which it was required to file Form 8282?  10 Did the organization received contribution of the year  11 Did the organization received a contribution of qualified inflatefular property, did the organization file Form 8990 as required?  12 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  13 Sponsoring organization make entry taxible distributions under section 4980?  15 Section 501(c)(7) organizations. Enter  16 If the organization receives maintaining donor advised funds.  17 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  18 Section 497(c)(1) one-passing time is a passing time time time domination flowers of the passing organization for the passing time time time time time time time time	5a		5a	•					
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Form <b>990</b> (2019		II 195, Complete Form 4720, Schedule O.	Form	990	(2019)				

Form 990 (2019)
MAG AMERICA, INC.

52-2302253
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Part VI Governance, Management, and Disclosure
For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	See II	nstructions			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			i		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>	4	į į	
	If there are material differences in voting rights among members of the governing body, or if the governing				ľ	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b_	9	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p 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	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was	filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5_		X
6	Did the organization have members or stockholders?			6		_X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect ore	opoint o	one or			
	more members of the governing body?			7a		_X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	ders, or	-		
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following			
а	The governing body?			8a	X	
Ь	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 rea	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	L	Х
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		r	
					Yes	No
	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 ch	napters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e tiling the form?	11a	^_	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40.	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		l4-0	12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	A	-
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? $y_f$	Yes," de	escribe	40-	х	
	in Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			14	x	
14	Did the organization have a written document retention and destruction policy?	al burna	lonon dont	14		
15	Did the process for determining compensation of the following persons include a review and approve	al Dy II IC	apendent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15a	х	
_	The organization's CEO, Executive Director, or top management official			15b		х
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			.55		
40.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange.	nont w	th a			
108	taxable entity during the year?	1101111 11	ur u	16a		x
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the	te its n	articipation	100		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization.			į		
	exempt status with respect to such arrangements?	n_u.		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, 1	L,KS,	KY, ME, MD, MA			-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a			s only)	availa	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	n on Sc	hedule (O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cial	
13	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 bo	oks and	I records			
	JAMIE FRANKLIN - (202) 293-1904					
	1776 K STREET, NW, NO. 700, WASHINGTON, DC 20006					

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

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

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

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

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

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TOMMY ROSS	1.50									
BOARD CHAIR		Х		Х				0.	0.	C
(2) MARK L. MICHALOWSKI	1.50									
IREASURER		X		Х				0.	0.	(
(3) JEAN GILSON	1.50									
SECRETARY		х		х				0.	0.	
(4) TUNC DAYIOGLU	1.50									
BOARD MEMBER		х			<u>L</u> .			0.	0.	(
(5) VERONICA POLLOCK	1.50									
BOARD MEMBER		х						0.	0.	
(6) BYRON RADCLIFFE	1.50									
BOARD MEMBER		х						0.	0.	C
(7) SHEILA CROWLEY	1.50									
BOARD MEMBER		Х						0.	0.	c
(8) CYNTHIA B. ABRAMS	1.50									
BOARD MEMBER		х						0.	0.	0
(9) DAN CLUNE	1.50									
BOARD MEMBER		х			<u>.</u>			0.	0.	<u> </u>
(10) JAMIE FRANKLIN	40.00									
EXECUTIVE DIRECTOR		l 		Х				147,100.	0.	16,152

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	<del>.</del>	and	d Hi	ghes	t C	ompensated Employee	s (continued)	_			
	(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an a	(D) Reportable compensation	(E) Reportable compensatio	n	am	(F) timate nount	of
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee			Highest compensated employee		from the organization · (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	com fr organo	other pense om th anızat d relat ınızatı	ation ie tion ted
											İ			
													<del></del>	
			<u> </u>		-	_	ļ .							<del> </del>
														,
													<del></del>	
							-							
			L											
	Subtotal								147,100.	<del> </del>	0.		16,	152. 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							147,100.		0.		16	152.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d at	ove	) wh	o re	<del></del>	000 of reportable	1 )		•	1
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	сөу с	empi	loye	e, or	hıg	hest compensated empl	oyee on		-		<u>.</u> .
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su		e cc	mne	nee	tion	and	oth	per compensation from the	ne organization		3		X
7	and related organizations greater than \$150	-		-						10 organization		4	Х	
5	Did any person listed on line 1a receive or a	accrue comper	satı	on fr	om	any	unre	elate		lual for services		_		
Sac	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	<u>)                                    </u>	or st	ıch i	oers	on .			· · · · · ·		5		Х
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontre	acto	s th	nat received more than \$	100,000 of comp	ensa	tion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	ndır	ng w	uth c	or wr	thın	the organization's tax y	ear.				
	(A) Name and business	address							(B) Description of s	ervices	С	Omper		n
PROS	SOURCING PARTNERS											<u> </u>		····
8330	BOONE BLV,, VIENNA, VA 22182							_	ACCOUNTING				101,	742.
														_
2	Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot lır	nited	of to		se lis 1	ted	above) who received mo	ore than				
	#100,000 of compensation from the organi	Lation					·					Earm (	990	2019)

Form 990 (2019) MAG AMERICA, INC.
Part VIII Statement of Revenue

			Check if Schedule O	conte	ains a r	esponse o	or note to any lin	e in this Part VIII	,		
							•	(A)	(B)	(C)	(D)
1	_							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
			š				•		function revenue	business revenue	sections 512 - 514
ω <i>α</i>		1 0	Federated campaigns			1a		Service Service			5008175127AFX8Te
ant		b			ŀ	1b	•				
9			Fundraising events		ŀ	10					
T, E		c	Related organizations		ŀ	1d					
ig ig		-	•	.bt.		10	15,367,102.				
Sign		4	Government grants (contr All other contributions, gifts,			18					
utic B		, T	similar amounts not included	•	·	1f	1,187,239.				
Contributions, Gifts, Grants and Other Similar Amounts		_			1	1g \$	2,20,,203.		高学生 经产品		
o d		g	Noncash contributions included in	lines i	18-11 [	IG D		16,554,341.			
0 6	-	<u>.n</u>	Total, Add lines 1a-1f				Business Code	SERVICE VICTORIA	CONTINUE DANS		
_		<b>^</b> -					Cacinoss Code	Traffer to and with and harden in the best and	Bring-Add For which doublings	and the state of t	The state of the s
lce	,	2 a					,				
e e		b								_	
m S		C	,					<u> </u>	····		
Ba		a							· · · · · · · · · · · · · · · · · · ·	,	<del></del>
Program Service Revenue		9	All other program service		nuo.						
-		T a	Total. Add lines 2a-2f	- 0 V H	100		<b>.</b>			CPL STREET	oleganasist
_		<u>9</u> 3	Investment income (includ	ina	dividen	ds intere	st and		AND CONTRACTOR AND CONTRACTOR OF A	THE THE SHAPE WE AS A STATE OF	and the said of the said to be a sold the
	ļ '	3	other similar amounts)	ang v	ai <b>v</b> idei i	103, 111010	st, and				,
	١.	4	Income from investment of	of tax	-exemi	nt bond n	roceeds	,			
,		5	Royalties	ient of tax-exempt bond pr			,				,
1	·	•	1 loyulloo	Г	(1)	Real	(ii) Personal	THE PARTY OF THE	Charles of the	<b>为多种的</b>	THE STATE OF THE S
	١,	6 a	Gross rents	6a							
	٠.	ь	Less rental expenses	6b							
		c	Rental income or (loss)	6c							<b>EATEN SERVICE</b>
			Net rental income or (loss)		L		<b>•</b>	2 - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Commence and a control of the contro	1000	W. W. 2
			Gross amount from sales of		(i) Se	curities	(ii) Other	THE STATE OF	Jan Contract	STATE OF THE STATE	MARKET SALE
		, a	assets other than inventory	7a	· · · · · · · · · · · · · · · · · · ·	ı					
		h	Less, cost or other basis	<u> </u>							
0			and sales expenses	7b		8.					
Other Revenue		c	Gain or (loss)	7c		-8.					
36			Net gain or (loss)	٠٠٠			<b>&gt;</b>	-8.			-8.
-i0	١,		Gross income from fundraisir	na ev	ents (n	ot		TO THE PARTY OF TH		A STATE OF THE STA	N. A. S. S. S. S. S. S. S. S. S. S. S. S. S.
€		-	including \$			of					
•			contributions reported on								
'			Part IV, line 18		•	8a					
		b	Less direct expenses			8b					
		c	Net income or (loss) from	fund	raising		<b>•</b>		是認識學學學的		
	١,		Gross income from gamin						THE PARTY		
			Part IV, line 19	-		9a					
		ь	Less direct expenses			9b	,	<b>海岸部岛美洲</b>	理想認識認識		
			Net income or (loss) from	gam	ıng act	ivities	<b>&gt;</b>				
	10		Gross sales of inventory, I					THE TANK OF THE	MARKA SAFEE		的海路的
			and allowances			10 <u>a</u>					
		ь	Less cost of goods sold			10b		<b>对你们是不是一个人</b>			WALK OF THE PARTY
			Net income or (loss) from	sales	of inv	entory ,					
			-		•		Bucinoca Code	<b>Daniella Sales</b>	的是古典的的社会的	<b>所到和新新</b>	WAR STATE OF THE S
Miscellaneous Revenue	1	1 a									
ane		ь						ļ			
scellaned Revenue		c	•				ļ		`		
Aisc	Ì	đ	All other revenue						CALPSON A TOTAL	9.10-200.00000.000	الله الله المامات المؤدورة والميورونات والم
	L		Total. Add lines 11a-11d						可是是企业的 1000 m		AND THE PART
	12	2	Total revenue. See instruction	ns				16,554,333.	0.	0.	-8.

Form 990 (2019) MAG AMERICA, INC.

Part IX Statement of Functional Expenses ...

Sect	on 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All othe	er organizations must coi	mplete column (A)	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations			,	ļ
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			4	,
	individuals. See Part IV, line 22				,
3	Grants and other assistance to foreign				ı
	organizations, foreign governments, and foreign				-
	individuals. See Part IV, lines 15 and 16	15,681,739.	15,681,739.	_ '	, , , , , , , , , , , , , , , , , , , ,
4	Benefits paid to or for members	·			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	200,759.		125,602.	75,157.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,722.		3,647.	2,075.
9	Other employee benefits	26,441.		16,851.	9,590.
10	Payroli taxes	15,908.		10,138.	5,770.
11	Fees for services (nonemployees)				
а	Management				
b	Legal			0 =54	
C	Accounting	10,000.		8,751.	1,249.
d	Lobbying				
9	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	60.400		54 600	7 007
	column (A) amount, list line 11g expenses on Sch O.)	62,489.		54,682.	7,807.
12	Advertising and promotion	12 467	<u> </u>	12,572.	895.
13	Office expenses	13,467.		278.	859.
14	Information technology	1,137.		270.	- 039.
15	Royalties	35,982.		33,590.	2,392.
16	Occupancy	15,304.		8,523.	6,781.
17	Travel	13,304.		0,323.	0,701.
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	Other expenses, Itomize expenses not covered	Toronto and a second se	Notes has fell eshear const		·
24	above (List miscellaneous expenses on line 24s If		Maria de la comercia della del	att entertree generalist in die bestellt in die der Anderson in di	i de la compresión de las que la region de la compresión de la compresión de la compresión de la compresión de La compresión de la compr
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			લાકેલ્ડિકાર ફર્લી કે, હતા પેલાની વડ્ડીફા	all the same of th
а	DIRECT MAIL, PRINTING &	34,089.		583.	33,506.
b	OTHER EXPENSES	26,596.		17,253.	9,343.
C	STATE REGISTRATION FEES	15,248.		13,343.	1,905.
d		<del> </del>			
8	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	16,144,881.	15,681,739.	305,813.	157,329.
<u>25</u> 26	Joint costs. Complete this line only if the organization				,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 453,800. 343,779. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 965,918. 1,349,224, 3 3 Pledges and grants receivable, net 23. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 30,505, 8.615. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 35,896. back. Complete Part VI of Schedule D 1Üa 35 896 10b 10c b Less accumulated depreciation 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 9.696.594. 14 491 043. 15 Other assets. See Part IV, line 11 15 11,036,819. 16,302,689. Total assets, Add lines 1 through 15 (must equal line 33) 16 16 101,641. 163,609. Accounts payable and accrued expenses 17 17 18 Grants payable 18 9,695,649. 14,490,099. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 14,653,708, 9,797,290. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 273,611. 299,757. Net assets without donor restrictions 27 965,918. 1 349 224. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 1,648,981. 1,239,529. 32 Total net assets or fund balances 16,302,689. 11,036,819. 33 Total liabilities and net assets/fund balances 33

Form	1 990 (2019) MAG AMERICA, INC.	52-230225	3	Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,5	<u></u>	_
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,1	<u> </u>	
3	Revenue less expenses Subtract line 2 from line 1	3		09,45	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,2	39,52	<u> 19.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	1,6	48,98	31.
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII				<u>x</u>
		,	Y	es l	No_
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1	٠ .	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	o.	t. x		لــــــــــــــــــــــــــــــــــــــ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	:	х
	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		, ,		. 1
	Separate basis Consolidated basis Both consolidated and separate basis			****** k***	
b	Were the organization's financial statements audited by an independent accountant?		2b 2	к .	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	.   .	'	1
	consolidated basis, or both		`1.	,	. 1
	X Separate basis Consolidated basis Both consolidated and separate basis				أست
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 2	K	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?	[	3a <sup>2</sup>	K	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audrt			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b 3		
			Form 9	90 (20	)19)

#### · SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

		ERICA, INC.						52-2302253
Part I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	e instructions		1
The organ	ization is not a private found	lation because it is (	For lines 1 through 12, c	heck only	one box.)			TV
1 📺	A church, convention of ch	urches, or association	on of churches described	In sectio	n 170(b)(	D(A)(i).		/ H
2 🗔	A school described in sect					N-N-		$\cup$
3 🔲	A hospital or a cooperative					i).		
4	A medical research organiz					-	(iii) Enter	the hospital's name
•		ation operated in co	njanotion with a nospital	403011004	111 30000	11 170(5)(1)(7)	(III). LINOI	the freepital e frame,
	city, and state  An organization operated for		llege or unwaresty owner		ad by a ac	······································	ut dooorib	
5			nege or university owner	or operati	eu by a go	verimental di	III Gescrio	9U III
	section 170(b)(1)(A)(ıv). (C							
6	A federal, state, or local go							
7 X	An organization that norma	illy receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	e general	public described in
_	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 🖳	A community trust describe	• •						
9 📙	An agricultural research org	ganization described	in section 170(b)(1)(A)(	x) operate	ed in conju	inction with a	land-grant	college
	or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the I	name, city	, and state of	the college	e or
	university							
10 🔲	An organization that norma	illy receives (1) more	than 33 1/3% of its sup	port from d	contributio	ns, membersh	ıp fees, ar	nd gross receipts from
	activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more than	1 33 1/3% of it	s support	from gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
	See section 509(a)(2). (Co.	mplete Part III.)						
11 🔲	An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50	9(a)(4).		
12 🔲	An organization organized	and operated exclus	ively for the benefit of, to	perform tl	he functioi	ns of, or to car	ry out the	purposes of one or
	more publicly supported or							
	lines 12a through 12d that							
а [	Type I. A supporting orga							giving
	the supported organization							
	organization. You must o							., •
ь 🗆	Type II. A supporting org	•		ion with its	s supporte	d organization	n(s), by hay	vina
۰ _	control or management o							
				arrio porso	113 11101 00	THE OF THE HE	jo ino bapi	oor to <b>d</b>
	organization(s). You mus	•			uon wath	and functional	v intograta	, ad swith
¢ ∟	Type III functionally inte						y integrate	ou with,
	rts supported organization	* * *	•					(a)
d ∟	☐ Type III non-functionally		• -					
	that is not functionally int	•	•	•		•	an attentiv	veness
<b>_</b>	requirement (see instructi	•	•					
e	Check this box if the orga					Туре І, Туре І	I, Type III	
	functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
	er the number of supported o		•					
	vide the following information			(w) is the oras	nization listed	L () A		L. A. Amount of other
(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		inization listed no document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)
	organization		above (see instructions))	Yes	No	support (see iii		Support (See Histractions)
				<b></b>				
				,				
			İ					
Tetal								
Total		l	I	L	L			

Page 2

### Schedule A (Form 990 or 990-EZ) 2019 MAG AMERICA, INC. Part II Support Schedule for Organizations December 1 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.)

<u> </u>	tion A. Public Support						<del>,</del>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	24,960,579.	24,960,167.	31,707,444.	32,965,127.	16,554,341.	131,147,658.
2	Tax revenues levied for the organ-						•
	ization's benefit and either paid to						
	or expended on its behalf		.=				
3	The value of services or facilities	,					
	furnished by a governmental unit to						
	the organization without charge						121 112 552
	Total, Add lines 1 through 3	24,960,579.	24,960,167.	31,707,444.	32,965,127.	16,554,341.	131,147,658.
5	The portion of total contributions			-	-	-	
	by each person (other than a	ł	~				
	governmental unit or publicly	,	_				
	supported organization) included		•	•			
	on line 1 that exceeds 2% of the					-	
	amount shown on line 11,	المدارة باهوا	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	10 1552 1 1		ا پایدان دانشان	2,062,013.
_	column (f)	•	0011 T 1 =		123	٨ ٨ ٨	129,084,845.
	Public support, Subtract line 5 from line 4 stion B. Total Support				<u></u>		123,004,043.
		(-) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015 24,960,579.	24 960 167.	31,707,444.	32,965,127.	16 554 341.	131,147,658.
	Gross income from interest,	22,500,5151	21,500,2010	22,,0,,111	02,000,000		
۰	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,539.	308.	102.			2,949.
۵	Net income from unrelated business	,					·
9	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.			15,683.
11	Total support. Add lines 7 through 10		er a trans a sil pariti	и <sub>и по</sub> мени с	alter stray is	5 T A 1 W 4 A A	131,166,290.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stor	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (le		-	olumn (f))		14	98.41 %
	Public support percentage from 2018					15	97.82 %
16a	33 1/3% support test - 2019. If the d			line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					1 VI how the organ	
	meets the "facts-and-circumstances"	•		• • •	-		▶ []
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						•
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	i, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 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 \

Se	ction A. Public Support	NOW, PIELSO COMP	Joto I di e II.,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						1
	merchandise sold or services per-						/
	formed, or facilities furnished in any activity that is related to the						X
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-			<u> </u>			
	iness under section 513						<u> </u>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					/	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that			/	1		
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1					
	: Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6			<u>/</u>		ļ	
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business	/					
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11 and 12)			<u> </u>	<u>}</u>		<u></u>
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth te	ax year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here						
	ction C. Computation of Public						
15	Public support percentage for 2019 (lin	ne 8, column (f), d	ıvıded by line 13, d	column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Invest	ment Income	Percentage			T T	
17	Investment income percentage for 20	<b>19</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19	33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box an	•	-				▶□
t	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

#### Part IV | Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
<u>Sec</u>	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation if historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		_	ļ
	organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3e		
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		[
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		-
4.	Was any supported organization not organized in the United States ("foreign supported organization")? If			
44	• • • •	4a		ļ
L	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			<u> </u>
D				
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4b		-
	despite being controlled or supervised by or in connection with its supported organizations.	75		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c		
_	purposes	40		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u>-</u> .		-
	designated in the organization's organizing document?	5b	<u> </u>	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			ļ
	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.	6	ļ	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	-		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	ļ	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	ļ	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	-		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	ļ	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	ļ	
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			-
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		<u> </u>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	<u> </u>	ļ
h	Did the constitution have any excess husiness holdings in the tax year? If ice Schedule C. Form 4720, to			1

determine whether the organization had excess business holdings.

		02252		
	rt IV   Supporting Organizations (continued)	02255	<u> </u>	age 5
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1	Ì	1
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b	<u> </u>	
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	1 110		l
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	[	100	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	~- ~ .	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	<del></del>		
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	1 .		١,
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Soo	supervised, or controlled the supporting organization.	2	L	<u> </u>
Sec	tion C. Type II Supporting Organizations		T.,	T
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		'
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	İ		·
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1	<u> </u>	L
Sec.	tion D. All Type III Supporting Organizations		1,,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Ì	Ι.
	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	ļ	ļ <u>.</u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		_*	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	<u> </u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			,
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion 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 government entity (see ins	tructions,	<b>}</b>	r
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	ļ	
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations, Answer (a) and (b) below.			
а	P. M. J. J. H. J. J. J. J. J. J. J. J. J. J. J. J. J.			

trustees of each of the supported organizations?  $Provide\ details\ in\ Part\ VI.$ 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Sche	edule A (Form 990 or 990-EZ) 2019 MAG AMERICA, INC.			52-2302253	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instruc	ctions. A
	other Type III non-functionally integrated supporting organizations must o	omplete Se	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Y (optional)	
1	Net short-term capital gain	1			-
2	Recoveries of prior-year distributions	2			_
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minımum Asset Amount		(A) Prior Year	(B) Current Y (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				1
	instructions for short tax year or assets held for part of year)		·		
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
θ	Discount claimed for blockage or other				į
	factors (explain in detail in Part VI):			7 7 4	
_2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	·····		
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
_8_	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	on C - Distributable Amount		-	Current Yea	ar
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		**		
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anızatıon (see	

Schedule A (Form 990 or 990-EZ) 2019

instructions).

1. Amounts paid to supported organizations to accomplish exempt purposes 2. Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3. Administrative expenses paid to accomplish exempt purposes of supported organizations 4. Amounts paid to acquire exempt use assets 5. Qualified set-aside amounts (prior IRS approval required) 6. Other distributions (describe in Part VI). See instructions. 7. Total amount distributions, Add lines 1 through 6. 8. Distributions to attentive supported organization to which the organization is responsive (provide details in Part VI). See instructions (provide details in Part VI). See instructions (provide details in Part VI). See instructions (provide details in Part VI). See instructions (provide details in Part VI). See instructions (provide details in Part VI). See instructions (provide details in Part VI). See instructions (provide details in Part VI). See instructions, a size of provided details in Part VI). See instructions, a size of provided explain in Part VI). See instructions, a size of provided explain in Part VI). See instructions, a size of provided explain in Part VI). See instructions, a size of provided explains in Part VII). See instructions, a size of provided explains in Part VII). See instructions, a size of provided explains in Part VII. See instructions, a size of provided explains in Part VII. See instructions, a size of provided explains in Part VII. See instructions, a size of provided explains in Part VII. See instructions, a size of provided explains in Part VII. See instructions, a size of provided explains in Part VII. See instructions, a size of provided explains in Part VII. See instructions, a size of provided explains in Sea of provided explains in Part VII. See instructions, and size of provided explains in Sea of provided explains in Sea of provided explains in Sea of provided explains in Sea of provided explains in Sea of provided explains in Sea of provided explains in	Par	TV   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
2 Announts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish oxempt purposes of supported organizations 4 Announts paid to acquire exemptives essets 5 Qualified set seased emounts (pror IRS approval required) 5 Other distributions (describe in Part VI) See instructions, 7 Total emula distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions be insured to 2019 from Section C, (ine 6.) 10 Line 8 amount divided by line 9 amount. 10 Distribution Allocations (see instructions) 11 Distributable amount for 2019 from Section C, ine 8. 12 Underdistributions, if eny, for years prior to 2019 (reasonable cause required, explain in Part VI). See instructions, 13 Excess distributions cerryover, if eny, to 2019 14 From 2015 15 From 2016 16 From 2017 17 Total of lines 3e through 8 17 From 2015 18 From 2017 19 From 2017 11 Total of lines 3e through 9 19 Applied to underdistributions of prior years 19 Applied to underdistributions of prior years 10 Applied to underdistributions of prior years 10 Applied to underdistributions of prior years 11 Distributable amount of years (years) from 2014 not applied (see instructions) 11 Remainder. Subtract lines 3g, 3h, and 3h from 3f. 12 Cerryover from 2014 not applied (see instructions) 13 Remaining underdistributions for years prior to 2019, desirabilities amount 10 Cerryover from 2014 not applied for years prior to 2020. Add lines 91 and 46. 19 Remaining underdistributions for years prior to 2020. Add lines 91 and 46. 19 Breakdown of Isin 7 19 Excess from 2015 10 Excess from 2015 11 Excess from 2015 12 Excess from 2015 13 Excess from 2015 14 Excess from 2015 15 Excess from 2015 15 Excess from 2015	Secti	on D - Distributions			Current Year
3. Administrative expanses paid to accomplish exempt purposes of supported organizations.  4. Amounts paid to acquire exempture assets.  5. Qualified set-aside amounts (prior IRS approval reguired).  5. Other dishributions (discributions).  7. Total annual distributions. Add lines 1 through 6.  8. Distributions to attentive supported organizations to which the organization is responsive (provide datatis. In Part VI). See instructions.  9. Distributable amount for 2019 from Section C, line 6.  1. Unes amount divided by line 9 amount.  (i) Underdistributions, finely, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions, able cause required explain in Part VI). See instructions, able cause required explain in Part VI). See instructions, able cause required explain in Part VI). See instructions, a From 2014.  5. Excess distribution cerryover, if any, to 2019.  6. From 2015.  7. Total of lines 3s through explain in Part VI). See instructions, a From 2016.  7. From 2016.  7. From 2017.  8. From 2017.  9. Applied to underdistributions of prior years.  Applied to 2019 distributible amount.  1. Carryover from 2014 not applied (see instructions).  1. Remainder, Subtract lines 3g, and 3s from 3s.  4. Distributions to 2010 from Section C, line 3s.  4. Applied to 2019 distributible amount.  5. Remaining underdistributions of prior years.  5. Applied to 2019 distributible amount.  6. Remaining underdistributions for years prior to 2019, if any, Subtract lines 3g, and 4a from line 2. For result greater than zero, applien in Part VI. See instructions.  8. Remaining underdistributions for years prior to 2019, subtract lines sh, and 4b from line 2. For result greater than zero, explain in Part VI. See instructions.  8. Remaining underdistributions for years prior to 2019, subtract lines sh, and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  8. Remaining underdistributions for years prior to 2019, subtract lines sh, and 4b from line 1. For result greater th	_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
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h Applied to 2019 distributable amount    Carryover from 2014 not applied (see instructions)     Remainder, Subtract lines 3g, 3h, and 3i from 3f.     Distribution for 2010 from Sortion D,	f	Total of lines 3a through e			
I Carryover from 2014 not applied (see instructions)  j Remainder, Subtract lines 3g, 3h, and 3i from 3f.  4 Distributions for 2010 from Social D, linte / \$  a Applied to underdistributions of prior years  b Applied to 2019 distributable amount  c Remainder, Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Pert VI. See instructions.  6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Pert VI. See instructions.  7 Excess distributions carryover to 2020, Add lines 3j and 4c.  8 Breakdown of line 7  a Excess from 2015  b Excess from 2016  c Excess from 2018	_9_	Applied to underdistributions of prior years			
j Remainder, Subtract lines 3g, 3h, and 3i from 3f.  4 Distributions for 2010 from Shotion D, line / \$  a Applied to underdistributions of prior years  b Applied to 2019 distributable amount  c Remainder, Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2019, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2019, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2020, Add lines 3j and 4c.  8 Breakdown of line 7  a Excess from 2015  b Excess from 2016  c Excess from 2018	_ <u>h</u>	Applied to 2019 distributable amount			
Distributions for 2010 from Soction D, Ime / \$  a Applied to underdistributions of prior years  b Applied to 2019 distributable amount  c Remainder, Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2020, Add lines 3j and 4c.  8 Breakdown of line 7  a Excess from 2015  b Excess from 2016  c Excess from 2018		Carryover from 2014 not applied (see instructions)			
Infe / \$  Applied to underdistributions of prior years  b Applied to 2019 distributable amount  c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2020. Add lines 3j and 4c.  8 Breakdown of line 7  a Excess from 2015  b Excess from 2016  c Excess from 2018	_i_	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
Infe / \$  Applied to underdistributions of prior years  b Applied to 2019 distributable amount  c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2020. Add lines 3j and 4c.  8 Breakdown of line 7  a Excess from 2015  b Excess from 2016  c Excess from 2018	4	Distributions for 2010 from Section D,	Making a surject to the first	Burn Car & Grand	The Mark the terms of
b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2020, Add lines 3j and 4c. 8 Breakdown of line 7 a Excess from 2015 b Excess from 2016 c Excess from 2018		lińė / \$	* * 1 C 16 V C +	46 - 41 - 49 - 4 - 141 -	1 11 11
c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2020. Add lines 3j and 4c.  8 Breakdown of line 7  a Excess from 2015  b Excess from 2016  c Excess from 2017  d Excess from 2018	a_	Applied to underdistributions of prior years			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2020, Add lines 3j and 4c.  8 Breakdown of line 7  a Excess from 2015  b Excess from 2016  c Excess from 2018	_ <u>b</u>	Applied to 2019 distributable amount			
any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2020, Add lines 3j and 4c.  8 Breakdown of line 7  a Excess from 2015  b Excess from 2016  c Excess from 2018	c_	Remainder, Subtract lines 4a and 4b from 4.			
than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2020, Add lines 3j and 4c.  8 Breakdown of line 7  a Excess from 2015  b Excess from 2016  c Excess from 2018	5	Remaining underdistributions for years prior to 2019, if			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2020, Add lines 3j and 4c.  8 Breakdown of line 7  a Excess from 2015  b Excess from 2016  c Excess from 2017  d Excess from 2018		any. Subtract lines 3g and 4a from line 2. For result greater			
and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2020, Add lines 3j and 4c. 8 Breakdown of line 7 a Excess from 2015 b Excess from 2016 c Excess from 2018		than zero, explain in Part VI. See instructions.			
Part VI. See instructions.  7 Excess distributions carryover to 2020, Add lines 3; and 4c.  8 Breakdown of line 7  a Excess from 2015  b Excess from 2016  c Excess from 2017  d Excess from 2018	6	Remaining underdistributions for 2019. Subtract lines 3h			
7 Excess distributions carryover to 2020, Add lines 3; and 4c.  8 Breakdown of line 7  a Excess from 2015  b Excess from 2016  c Excess from 2017  d Excess from 2018		and 4b from line 1. For result greater than zero, explain in			
and 4c.  8 Breakdown of line 7  a Excess from 2015  b Excess from 2016  c Excess from 2017  d Excess from 2018		Part VI. See instructions.			
8 Breakdown of line 7  a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018	7	Excess distributions carryover to 2020, Add lines 3			
a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018		and 4c.			
b Excess from 2016 c Excess from 2017 d Excess from 2018	8	Breakdown of line 7	* 'Y		V . ' 1 . '
b Excess from 2016 c Excess from 2017 d Excess from 2018	a	Excess from 2015		•	
d Excess from 2018	_ b	Excess from 2016			at a second of the second
	_с	Excess from 2017	l		
e Excess from 2019	<u>d</u>	Excess from 2018			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Θ	Excess from 2019			to find the state of the state

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 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 1 line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section 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, Section V, Section B, line 1e, Pi	n C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
FUNDRAISING INCOME		
2017 AMOUNT: \$ 15,683.		
		•
•		
SCHEDULE A, PART II, COLUMN (E):		
THIS COLUMN REFLECTS THE SHORT YEAR FILING FOR THE YEAR 07/01/2019 -		
12/31/2019.		
		•

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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.

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

OMB No 1545-0047

2019

Open to Public Inspection

le al	- II F 000 D4 IV II	2 Faun 200 EZ Dankli	I line 40 IDelikieel Commoiem	Actuations then
If the organization answered "Ye	s." on Form 990. Part IV. line	3, or Form 990-EZ, Part v	r, iine 40 (Political Campaign	ACTIVITIES), MEN

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

#### If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organization	tions Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
	MAG AMERIC				52-2302253
Pa	art I-A Complete if the org	ganization is exempt und	der section 501(c)	or is a section 527 org	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa	tures	cal campaign activities		
Pa	art I-B Complete if the org	janization is exempt und	der section 501(c)	(3).	
1	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 4958		
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	) for this year?		Yes No
4ε	a Was a correction made?				Yes No
t	bif "Yes," describe in Part IV.				
Pa	art I-C   Complete if the org	anization is exempt und	ler section 501(c)	, except section 501(c	)(3).
1	Enter the amount directly expended	d by the filing organization for se	ection 527 exempt fund	ction activities	
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	ection 527	
	exempt function activities			▶ \$	
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	-1	
	line 17b			▶ \$	
4	Did the filing organization file Form	-			Yes No
5	Enter the names, addresses and en made payments. For each organiza contributions received that were pr political action committee (PAC). If	ition listed, enter the amount pa omptly and directly delivered to	id from the filing organi a separate political org	zation's funds. Also enter the janization, such as a separate	amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
					ł
			<del></del>	<del></del>	

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

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019	MAG AMER	ICA INC.			52-23	302253 Page <b>2</b>
Part II-A   Complete if the org				501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).						
A Check D if the filing organize	tion belong	gs to an affil	ated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
expenses, and shar						
B Check 🕨 🔲 if the filing organiza	tion check	ed box A an	d "limited control" pro	visions apply.	<u> </u>	
		oying Expen	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience nubl	ic opinion (a	uraseroots Johhving)		0.	
b Total lobbying expenditures to influ	•				209.	
c Total lobbying expenditures (add lii	_		y (direct lepsyllig)		209.	
d Other exempt purpose expenditure		,			16,144,672.	
e Total exempt purpose expenditure		s 1c and 1d\			16,144,881.	<del></del>
f Lobbying nontaxable amount. Ente	-	-		columns.	957,244.	
If the amount on line 1e, column (a) o			bying nontaxable amo	11		
Not over \$500,000	. 10) 15.		he amount on line 1e.			
Over \$500,000 but not over \$1,000	000		0 plus 15% of the exce	ess over \$500,000.		
	ver \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.				;	
Over \$1,500,000 but not over \$17,	The state of the s				to at the distriction of the transfer of	N
Over \$17,000,000						!
010.011,500,500		<u> </u>				
g Grassroots nontaxable amount (en	ter 25% of	line 1f)			239,311.	
h Subtract line 1g from line 1a. If zero					0.	
Subtract line 1f from line 1c, If zero					0.	
i If there is an amount other than zei	ro on eithe	r line 1h or li	ine 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this			_			Yes No
(Some organizations th		a section 50	raging Period Under 01(h) election do not h ate instructions for lin	nave to complete all o	f the five columns be	low.
	Lobb	ying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) :	2016	<b>(b)</b> 2017	(c) 2018	( <b>d)</b> 2019	(e) Total
2a Lobbying nontaxable amount	1,	000,000.	1,000,000.	1,000,000.	957,244.	3,957,244.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						5,935,866.
c Total lobbying expenditures		1,016.	1,016.	21,045.	209.	23,286.
d Grassroots nontaxable amount		250,000.	250,000.	250,000.	239,311.	989,311.
e Grassroots ceiling amount					r	
(150% of line 2d, column (e))						1,483,967.
		······································			,	
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

# Schedule C (Form 990 or 990-EZ) 2019 MAG AMERICA, INC. 52-2302253 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" respon	se on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	)
of the lobbying activit			No	Amo	ount
1 During the year	did the filing organization attempt to influence foreign, national, state, or	$\top$			
local legislation	including any attempt to influence public opinion on a legislative matter				
or referendum,	hrough the use of	.			
a Volunteers?					
<b>b</b> Paid staff or ma	nagement (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertise	ments?				
d Mailings to mer	nbers, legislators, or the public?				
e Publications, or	published or broadcast statements?				
f Grants to other	organizations for lobbying purposes?				
g Direct contact v	vith legislators, their staffs, government officials, or a legislative body?				
h Rallies, demons	trations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities					
j Total. Add lines	1c through 1i				
2a Did the activitie	s in line 1 cause the organization to be not described in section 501(c)(3)?				
	ne amount of any tax incurred under section 4912				
•	ne amount of any tax incurred by organization managers under section 4912				
•	nization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Com	plete if the organization is exempt under section 501(c)(4), section 501(c	)(5),	or sec	tion	
501(6					
				Yes	No
1 Were substanti	illy all (90% or more) dues received nondeductible by members?		1		
	ation make only in-house lobbying expenditures of \$2,000 or less?		2		
•	ition agree to carry over lobbying and political campaign activity expenditures from the prior ye	ar?	3		
Part III-B Com	olete if the organization is exempt under section 501(c)(4), section 501(c	)(5),	or sec	tion	
	)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O				3, is
answ	ered "Yes."				
1 Dues, assessme	ints and similar amounts from members		1		
2 Section 162(e) i	ondeductible lobbying and political expenditures (do not include amounts of political				
expenses for v	hich the section 527(f) tax was paid).				
a Current year			2a		
<b>b</b> Carryover from	ast year		2b		
c Total	•		2c		
3 Aggregate amo	int reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
	ent and the amount on line 2c exceeds the amount on line 3, what portion of the excess				
	zation agree to carryover to the reasonable estimate of nondeductible lobbying and political				
expenditure nex	- ,		4		
,	of lobbying and political expenditures (see instructions)		5		
	lemental Information		1		
<del>`</del>	ns required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part	II-A. I	ines 1 ai	nd 2 (see	
	II-B, line 1. Also, complete this part for any additional information.	,		(	
SCHEDULE C, PART	· · · · · · · · · · · · · · · · · · ·				
THE ORGANIZATION	T'S LOBBYING EXPENDITURE'S CONSIST OF WORKING WITH THE				
		-			•
CONGRESSIONAL UN	EXPLODED ORDNANCE (UXO)/DEMINING CAUCUS AND MEETING WITH		·		
CONGRESSIONAL OF	FICES TO ADVOCATE FOR INCREASED BIPARTISAN SUPPORT FOR				
CONVENTIONAL WEA	PONS DISPOSAL (CWD) ACTIVITIES AND INCREASED BUDGET		· · · -		
APPROPRIATIONS.					

#### SCHEDULE D (Form 990)

MAG AMERICA, INC.

## **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.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 52-2302253

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Ac	cour	its. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.			
		(a) Donor advised funds	(1	b) Fur	nds 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	writing that the assets held in donor advis	ed fund	s	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be	used or	niy	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferri	ng	
	impermissible private benefit?				Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recrea	· <del>_</del>		_	important land area
	Protection of natural habitat	Preservation o	f a certif	ied hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a con	serve	ľ
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic str			2c	
d	Number of conservation easements included in (c) acquired	after 7/25/08, and not on a historic structi	Jre		
	listed in the National Register		l	2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organiz	ation	during the tax
	year >				
4	Number of states where property subject to conservation eas	·			
5	Does the organization have a written policy regarding the per				Yes No
•	violations, and enforcement of the conservation easements if Staff and volunteer hours devoted to monitoring, inspecting,		convetion	2 0000	
6	Start and volunteer nours devoted to monitoring, inspecting,	nandling of violations, and emorcing con-	sei valioi	i oase	sitients during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ding of violations, and enforcing conserva	tion eas	emen	ts during the year
7	\$\\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$	and emoreing conserve	11011 003	0111011	is during the your
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	ሴ)(4)(B)(	ก	
0	and section 170(h)(4)(B)(ii)?	as satisfy the requirements of section from	(1)(-)(-)(	′	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	stateme	ent an	
Ū	balance sheet, and include, if applicable, the text of the footr				
	organization's accounting for conservation easements.				
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Si	mila	r Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95	68, not to report in its revenue statement a	and bala	nce s	neet works
	of art, historical treasures, or other similar assets held for put				
	service, provide in Part XIII the text of the footnote to its final				
ь	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance	sheet	works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
	(ii) Assets included in Form 990, Part X			$\blacktriangleright$	\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	l gain, p	rovide	
_	the following amounts required to be reported under FASB A		- '		
а	Revenue included on Form 990, Part VIII, line 1	-			\$
	Appets included in Form 900. Part Y				<u> </u>

Sche	dule D (Form 990) 2019 MAG AMERICA	A, INC.						52-230	2253	Page 2
_	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other S	Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	make sign	ıficant ı	use of its		
	collection items (check all that apply)									
a	Public exhibition	C	ı 🔲	Loan or exc	hange progra	ım				
ь	Scholarly research	6	• 🔲	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ie organizatio	n's exemp	t purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or othe	r sımılar as	sets		_	
	to be sold to raise funds rather than to be me	aintained as part of t	he orgar	nization's co	llection?				Yes	No.
Pai	t IV Escrow and Custodial Arran	<b>gements.</b> Compl	ete if the	organizatio	n answered "	Yes" on Fo	orm 990	), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	t X, line 21.	_							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for d	contributions	s or other ass	ets not inc	luded		_	
	on Form 990, Part X?								Yes	L No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able <sup>.</sup>						
	•								Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
0	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	istodial accou	unt liability	?		Yes	No
ь	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on F	Part XIII				
Pai	t V   Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo	rm 990, Part	IV, line 10.				
		(a) Current year	(b) F	rior year	(c) Two year	s back (d	) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
Θ	Other expenditures for facilities									
	and programs									
f	Administrative expenses								· · · · · · · · · · · · · · · · · · ·	
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1ç	g, column (a)	) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
c	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	stion the	t are held ar	nd administer	ed for the	organizi	ation	_	
	by.									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(11)	
ь	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	/, line 11a S	ee Form 990,	Part X, lin	e 10.			
	Description of property	(a) Cost or o			or other	(c) Acc		ed	(d) Book	value
		basis (investi	ment)	basis	(other)	depre	ciation			
18	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other				35,896.		35,	896.		0.
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X colun	nn (B). line 1	001			<b>•</b>		0.

Schedule D (Form 990) 2019

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			<del></del>
(D)			
(E)			
(F)	<u> </u>		· · · · · · · · · · · · · · · · · · ·
(G)			
(H)	·····		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end	i-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	<del></del>		
(8)	<del></del>		
(9)			<del></del> .
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		and the second second	the state of the state of the state of
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) C	escription		(b) Book value
(1) DUE FROM MAG UK			14,490,136
(2) SECURITY DEPOSITS			907
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		14,491,043
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
i. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
	=		
(3)			
(4)			
(5)			
(6)			
(7)			
			_
(8)		<del> </del>	
(9)	25)	<b>&gt;</b>	
		the organization's financial statements the	nat reports the

Schedule D (Form 990) 2019 MAG AMERICA, INC.		52-230	2253 Page
Part XI Reconciliation of Revenue per Audited Financial	Statements With Revenu	e per Return.	
Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statemen	ts	1	16,554,33
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b	"	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2ө	
3 Subtract line 2e from line 1		3	16,554,3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	,		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	· · · · · · · · · · · · · · · · · · ·
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. III	ne 12.)	5	16,554,3
Part XII Reconciliation of Expenses per Audited Financia		ses per Return.	
Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12a.		
Total expenses and losses per audited financial statements		1	16,144,8
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
a Donated services and use of facilities	2a	<del></del>	
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)		<del></del> , -	
e Add lines 2a through 2d		2e	16 144 0
3 Subtract line 2e from line 1		3	16,144,8
Amounts included on Form 990, Part IX, line 25, but not on line 1	1 - 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c 5	16,144,8
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. Part XIII Supplemental Information.	line 18.)		10,144,0
es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov		<u> </u>	
RT X, LINE 2:	S UNDER THE		<del></del>
ROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE		- · · · · · · · · · · · · · · · · · · ·	
AG AMERICA QUALIFIES FOR CHARITABLE CONTRIBUTIONS DEDUC			
ASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUN		······	
HAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE		ALL. 125.	
UBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THE			
IABILITY FOR UNRELATED BUSINESS INCOME TAX AT DECEMBER	31, 2019.		
ANAGEMENT HAS EVALUATED MAG AMERICA'S TAX POSITIONS AND	HAS CONCLUDED		
HAT MAG AMERICA HAS TAKEN NO UNCERTAIN TAX POSITIONS TH	AT REQUIRE		
THOMMOND DO BUE DINAMATAY CHARDNESS DO COUNTY LITHE BU	E DROVISIONS OF		
DJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH TH	E LVOATSTONS OL	Schedule	D (Form 990) 2
AZUSA - USUZ-19			- 11 Juliu 2001 A

Schedule D (Form 990) 2019 MAG AMERICA, INC.	52-2302253	Page 5
Schedule D (Form 990) 2019 MAG AMERICA, INC.  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	<u> </u>	
LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS		
BY TAX AUTHORITIES FOR YEARS BEFORE 2016.		
		<del> </del>
		<del></del>
	<del></del>	
		-

#### **SCHEDULE F** (Form 990)

#### Statement of Activities Outside the United States

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 52-2302253 MAG AMERICA INC. General Information on Activities Outside the United States. Complete if the organization enswered "Yes" on Form 990, Part IV, line 14b. 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? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (e) If activity listed in (d) (b) Number of (d) Activities conducted in the region (f) Total (a) Region employees. expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and gram services, investments, grants to describe specific type in the region independent contractors investments recipients located in the region) of service(s) in the region in the region in the region MIDDLE EAST AND GRANTS TO RECIPIENTS NORTH AFRICA 0 7,436,013. EAST ASIA AND THE 0 0 GRANTS TO RECIPIENTS 5,089,801. PACIFIC 1,598,301. SUB-SAHARAN AFRICA n n GRANTS TO RECIPIENTS 0 0 GRANTS TO RECIPIENTS 893,160. SOUTH ASIA O ٥ GRANTS TO RECIPIENTS 406,307. SOUTH AMERICA EUROPE (INCLUDING GRANTS TO RECIPIENTS ICELAND & GREENLAND) 0 258,157. the raw of wags 0 0 \* · · · · 15,681,739. 3 a Subtotal b Total from continuation 0 0 ٥. sheets to Part I c Totals (add lines 3a

0

n

15,681,739.

in a contract of the second contract of the second of the

and 3b)

52-2302253

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.

FMV,		;				4	0	2019
(i) Method of valuation (book, FMV, appraisal, other)	:							Schedule F (Form 990) 2019
(h) Description of noncash assistance								Sched
(g) Amount of noncash assistance	0					empt	•	
(f) Manner of cash disbursement	WIRE TRANSFER					ecognized as tax-ex		
(e) Amount of cash grant	15,681,739.					oreign country, r		
(d) Purpose of grant	CLEARANCE OF WAR DEBRIS AND MINE RISK EDUCATION					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		
(c) Region	EUROPE (INCLUDING ( ICELAND & GREENLAND)					ns listed above that are runsel has provided a sect	or entities	
(b) IRS code section and EIN (if applicable)						recipient organization	other organizations o	
1 (a) Name of organization						2 Enter total number of	3 Enter total number of other organizations or entities	

1

MAG AMERICA, INC.

Schedule F (Form 990) 2019 MAG AMERICA, INC.

[Part III.] Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III. can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)		, , ,	1				Schedule F (Form 990) 2019
(g) Description of noncash assistance app					,		Schedule F (
(f) Amount of noncash assistance							
(e) Manner of cash disbursement							
(d) Amount of cash grant						1	
(c) Number of (d) Amount of recipients cash grant							
(b) Region						1	
(a) Type of grant or assistance (b) Region							

932073 10-12-19

	ule F (Form 990) 2019 MAG AMERICA, INC.,	52-2302253	Page 4
Part	IV Foreign Forms		
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? If "Yes," 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)	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? If "Yes," 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)	· Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	☐ Yes	X No

#### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

## **Compensation Information**

For certain Officars, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

MAG AMERICA, INC.

Employer identification number 52-2302253

Pa	rt I Questions Regarding Compensation			
_			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		Ì	1
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			ĺ
	First-class or charter travel Housing allowance or residence for personal use			'
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ĺ
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
			ļ	'
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			1 1
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	<u> </u>	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				'
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		-	
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			·
	X Compensation committee Written employment contract			١,
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			1 1
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	•		İ	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			'
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		l	
	contingent on the revenues of		~~~	
а	The organization?	5a		X
b	Any related organization?	5b	ļ	X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a_	<b> </b>	X
b	Any related organization?	6b_	ļ	Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			ل . ا
	not described on lines 5 and 6? If "Yes," describe in Part III	7	ļ	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	_	<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

Page 2

Schedule J (Form 990) 2019 MAG AMERICA, INC.

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) Breakdown of \	(B) Breakdown of W.2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	<del></del>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(סרנוונם)	δ. g
(1) JAMIE FRANKLIN	(5	147,100.	0	0.	4,399.	11,753.	163,252.	0.
CUTIVE DIRECTOR	3	0	0	0	0.	0.	0	0.
	Ξ							
1	Ξ							
	Θ							
	(ii)					ļ		
	ε							
	(II)							
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#### SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Opén to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

932211 09-06-19

Inspection

Name of the organization	Employer identification number 52-2302253
MAG AMERICA, INC.	32-2302233
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	<u> </u>
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 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 AND HOSPITAL AND CONSTRUCTION OF WELLS AND	
IRRIGATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR	
MANAGEMENT. A COPY OF THE RETURN WAS REVIEWED AND APPROVED BY THE FINANCE	
AND AUDIT COMMITTEE 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 EMPLOYEES AND BOARD MEMBERS OF THE ORGANIZATION ARE REQUIRED	
TO SIGN A STATEMENT 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 DIRECTOR, OFFICER, OR EMPLOYEE HAS FAILED TO DISCLOSE ACTUAL	
OR POSSIBLE CONFLICTS OF INTEREST, IT INFORMS THE INDIVIDUAL OF THE BASIS	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
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 MAY 2017. 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.	