| | _ | | Return of Organization Exempt F | rom Ir | ncome Tax | OMB No. 1545-0047 | | | |
|-----------------|---------------------|---------------------------------|---|------------------------------|------------------------------|-----------------------------|--|--|--|
| Form 990 | | | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue | | s) 2021 | | | | |
| | • | | Do not enter social security numbers on this form a | - | | | | | |
| Depa | rtment | of the Treasury enue Service | Go to www.irs.gov/Form990 for instructions and | Open to Public Inspection | | | | | |
| | | | | | UN 30, 2022 | | | | |
| | Check if | | forganization | | D Employer identific | ation number | | | |
| | pplicab | ole: | | | | | | | |
| | Addre | ess Magi | s Americas, Inc | | | | | | |
| | Name chang | 3 | usiness as | 30-034178 | 37 | | | | |
| | Initial returr | U | | Room/suite | E Telephone number | | | | |
| | Final returr | 1726 | New Hampshire Ave NW | | 301-246-2 | | | | |
| | termi | n_ | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 2,756,595. | | | |
| | Amer returr | | ington, DC 20009 | | H(a) Is this a group re | | | | |
| | Appli | | nd address of principal officer: Nate Radomski | | for subordinates | | | | |
| | pendi | | as C above | | H(b) Are all subordinates in | | | | |
| 11 | Fax-ex | empt status: | X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or | r 🗌 527 | | list. See instructions | | | |
| | | | magisamericas.org | | H(c) Group exemption | | | | |
| ĸ | orm o | f organization: | X Corporation Trust Association Other ► | L Year of | | State of legal domicile: DE | | | |
| | art I | Summary | | | | | | | |
| | 1 | Briefly describ | e the organization's mission or most significant activities: See S | chedu | le 0 | | | | |
| Governance | | | · · · · · | | | | | | |
| rna | 2 | Check this bo | x 🕨 🔲 if the organization discontinued its operations or dispose | ed of more | than 25% of its net ass | ets. | | | |
| | 3 | Number of vot | ting members of the governing body (Part VI, line 1a) | | 3 | 8 | | | |
| | 4 | Number of ind | lependent voting members of the governing body (Part VI, line 1b) | | | 8 | | | |
| s 8 | 5 | Total number | 3 | | | | | | |
| Activities & | 6 | Total number | of volunteers (estimate if necessary) | | 6 | 0 | | | |
| ∖ct i | 7 a | Total unrelated | d business revenue from Part VIII, column (C), line 12 | | | 0. | | | |
| _ | b | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | <u></u> | 7b | 0. | | | |
| | | | | | Prior Year | Current Year | | | |
| Ð | 8 | Contributions | and grants (Part VIII, line 1h) | | 527,864. | 2,457,687. | | | |
| Revenue | 9 | Program servi | ce revenue (Part VIII, line 2g) | | 12,836. | 252,033. | | | |
| ě | 10 | | come (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 0. | | | |
| ш | 11 | Other revenue | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | -39,211. | | | |
| | 12 | Total revenue | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 540,700. | 2,670,509. | | | |
| | 13 | | nilar amounts paid (Part IX, column (A), lines 1-3) | | 1,200,275. | 1,833,525. | | | |
| | 14 | | to or for members (Part IX, column (A), line 4) | | 0. | <u> </u> | | | |
| es | 15 | | r compensation, employee benefits (Part IX, column (A), lines 5-10) \dots | | | | | | |
| sue | 16a | | undraising fees (Part IX, column (A), line 11e) | ····· | 0. | 0. | | | |
| Expense | b | | ing expenses (Part IX, column (D), line 25) | | F 4 0 0 0 | 100 564 | | | |
| ш | 1 | - | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 54,233. | 197,564. | | | |
| | 18 | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,337,876. | 2,345,823. | | | |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | | -797,176. | 324,686. | | | |
| Net Assets or | | | | | ginning of Current Year | End of Year | | | |
| Sset | 20 | Total assets (F | | | 964,039. | 1,067,321. | | | |
| etA | 21 | | (Part X, line 26) | | 306,809. | 85,405. | | | |
| Ż: D | art II | Net assets or f | fund balances. Subtract line 21 from line 20 | | 657,230. | 981,916. | | | |
| | | - | | and atotana | nto and to the best of more | Inourlades and balled it '- | | | |
| | - | | I declare that I have examined this return, including accompanying schedules | | | knowledge and bellet, it is | | | |
| uue | , corre | ci, and complete. | Declaration of preparer (other than officer) is based on all information of white | un preparer i | nas any knowledge. | | | | |
| | | | | | 1 | | | | |

| Sign | Signature of officer | Date | | | |
|-------------|---|--------------------------|--|--|--|
| Here | Nate Radomski, Executive Director | | | | |
| | Type or print name and title | | | | |
| | Print/Type preparer's name Preparer's signature Date | Check PTIN | | | |
| Paid | Jennica Jardine Whitfield Onnica Il Oproline Whitfield 5/15 | | | | |
| Preparer | Firm's name 🕨 Kositzka, Wicks and Company | Firm's EIN ▶ 54-1342298 | | | |
| Use Only | Firm's address 🖕 5270 Shawnee Road, Suite 250 | | | | |
| | Alexandria, VA 22312 | Phone no. (703) 642-2700 | | | |
| May the IF | RS discuss this return with the preparer shown above? See instructions | X Yes No | | | |
| 132001 12-0 | 9-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. | Form 990 (2021) | | | |

| Form | 990 (2021) Magis Americas, Inc | 30-0341787 Page 2 |
|--------|---|------------------------|
| Par | t III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | Briefly describe the organization's mission: | |
| | The mission of Magis Americas is to foster, support, and | l accompany |
| | Jesuit partners in the Global South, especially in Latir | n America and |
| | the Carribbean, as they strive toward the construction of | of just, |
| | dignified and equitable societies. | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Yes X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No |
| • | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | measured by expenses |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe | |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 2,215,164. including grants of \$1,833,525.) (Reve | enue \$ 252,033.) |
| та | Magis Americas' international cooperation program works | |
| | partners, primarily the Fe y Alegra network of schools a | |
| | centers, to identify local needs, develop proposals for | |
| | | |
| | submit these requests to US private donors, foundations, | |
| | corporations. | |
| | Design and mental and for a literal her Maria American | and administration |
| | Projects and partnerships facilitated by Magis Americas | |
| | addressing at ensuring access to quality and inclusive r | |
| | education, the right to migrate, and the protection of t | the environment. |
| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Reve | enue \$) |
| | | |
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| 4. | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Reve | enue \$) |
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| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses ► 2,215,164. | / |
| 10 | | Form 990 (2021) |
| 132000 | 2 12-09-21 | |
| 102002 | 2 | |

14460512 786335 62030.001

2021.05080 MAGIS AMERICAS, INC 62030.03

| Form | aan | (2021) |
|--------|-----|--------|
| FOIIII | 990 | (2021) |

 Form 990 (2021)
 Magis Americas, Inc

 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? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | 37 |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u>X</u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | 37 |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u>X</u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | v |
| • | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | v |
| - | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | - | | х |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | х |
| 0 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | 8 | | |
| 9 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | | 9 | | х |
| 10 | If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 9 | | - 23 |
| 10 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, | | | |
| •• | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| u | 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 | 114 | | |
| ~ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| 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? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | X | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | 900 | X (2021) |
| 132003 | 12-09-21 | ⊢orm | 330 (| (2021) |

132003 12-09-21

3 2021.05080 MAGIS AMERICAS, INC

62030.03

| Form | 990 | (2021) |
|------|-----|--------|
| | 000 | |

| Part IV Checklist of Required Schedules (continued) Yes No 22 Det the cognitation report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column \$1, kin \$2, ***,***,***,***,****,************** | Form | 990 (2021) Magis Americas, Inc 30-0 |)34178 | 7 | Page 4 |
|---|------------|--|----------|----------|---------------|
| 22 Dit the organization report more than 55.000 of grants or other assistance to or for domestic individuals on Part X. Even MI, Kine 24, "Visit," complete Schedule A, the 3, 4, of 3, bold compensation of the organization current and tomer officers, functions, trustees, key employees, and highest compensation of the organization current and tomer officers, functions, trustees, key employees, and highest compensation of the organization current and tomer officers, functions, trustees, key employees, and highest compensation of the organization current and tomer officers, functions, trustees, key employees, and highest compensation of the organization current basis dup of the way. In two subscales after December 31, 2002/1 "Visit," arrawer lines 244 bitting 246 and complete Schedule K If No.1 go to line 25a 24a Did the organization high and proceeds of tax-exempt bonds beyond a temporary period exception? 24a 25 Did the organization and that an orditation of the organization and the matching account at the function of the organization and that and the sevent bonds beyond a temporary period exception? 24a 26 Did the organization and that of the sevent to bonds outstanding at any time during the year? 24d 27 Section 50(16(2)) solifici(4), and segments. 27a Xis 27 Did the organization and the transplant on the ding the year? 27a Xis 28 Section 50(16(2)) solifici(4), and segments? 27a Xis 28 Section 50(16(2)) solifici(4), and segments? 27a Xis | | TIV Checklist of Required Schedules (continued) | | | 3 - |
| Part K. column (A), line 27 (f*ks,* complete Schedule / Parts and iII. 22 X 23 Dot the organization answer* field to Dark (b), school compensation of the organization sourcet. 23 X 24a Dot the organization answer* field to Dark (b), school compensation of the organization sourcet. 23 X 24a Dot the organization have a tax-exempt bond issue with an outbracking principal amount of more than \$100,000 and the last day of the year. that was issue dater December 31, 2002? If 'Yea, * answer lines 24b through 24d and completes 24a X 24b Dot the organization meets any proceeds of tax-exempt bonds beyond a temporary period esceptor? 24a X 25b Eth organization meets as a 'on behalf of issuer for bonds outstanding at any time during the year? 24a X 25b Eth organization areacre account of the thm a refundence secret a scale the desceptor? 24a X 25b Eth organization area as 'on behalf of issuer for bonds outstanding at any time during the year? 24a X 25b Eth organization area tax as 'on behalf of issuer for bonds outstanding at any time during the year? 24a X 25b Eth organization area tax as 'on behalf of issuer for bonds outstanding at any time during the year? 24a X 25b Eth organization area tax as 'on behalf of issuer for bonds outstanding at any time during the year? 25b X 25b Eth organization area ta | | | | Ye | s No |
| 22 Dot the organization answer "Yes" to Park UI, Section A, line 3, 4, or 3, about compensation or the organization is current and former offices, directions, trustees, key employees, and highest compensated employees? If 'Yes, "complete Schedule / At 'Yo, 'go to line 28a 24 24 Dot the organization news a use exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the yean, that was issued after December 31, 2007 if 'Yas," answer lines 24b through 24 and complete Schedule / At 'Yo, 'go time 28a 24a 24 Dot the organization means any proceeds of tax-exempt bonds beyond a temporary peliod exception? 24a 25 Section 50(45), 501(41), and 501(42) or gonzations. Did the cognization and and complete schedule / Part I 24d 25 Section 50(45), 501(41), and 501(42) or gonzations. Did the cognization any tax exempt bond? 24d 26 Section 50(45), 501(41), and 501(42) or gonzation or gonzation angains in a process benefit transaction with a disqualified person during the year? 24d 27 Z4d Z5a X 28 Section 50(45), 501(41), and 501(42) or gonzation or gonzation angains in a protor year, and that the transaction has not been reported on any of the granization's pice Forms 900 or 900-E27. If 'Yes,' complete Schedule L, Part I 25b 29 Did the organization proves grant or drea assistance to any current or former officer, directri, trustee, key employee, creator of founder, schedule L, Part II 26b 28 Was the organization proves grant or drea assistance to any current officer di | 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes, 'complete Schedule L, Part II 24 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary particel acceptor? 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary particel acceptor? 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary particel acceptor? 24a 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary particel acceptor? 24d 25b Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization ergage in an excess benefit transaction with a disqualified period in an excess benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in an excess benefit transaction with a disqualified period in an excess benefit transaction with a disqualified period in an excess benefit transaction with a disqualified period in an excess benefit transaction with a disqualified period in an excess benefit transaction with a disqualified period in an excess benefit transaction with a disqualified period in an excess benefit transaction, and a sceptified frame transaction and proceed acceptor of transity memory and the organization committee with a disqualified period in an excess benefit transaction, and acceptor of transity memory and and the organization in a proceed acceptor of transity memory and the proceed acceptor of transity memory and and the exceptor of transity memory and and the organization committee acceptor of transity memory and acceptor of transity memory and and transity and transaction | | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | 2 | X |
| Schedule J. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule K, MY No, ⁺ go to line 25a. 24a X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 25 Section 501(c)(5), 501(c)(4), and 501(c)(2) comparizations. Did the organization and a sin on behalf of issuer for bonds outstanding at any time during the year? 24d 24d 25 Section 501(c)(5), 501(c)(4), and 501(c)(2) comparizations. Did the organization aware that in engaged in an excess benefit transaction has not been regorded on any of the organization any other tax in engaged in an excess benefit transaction has not been regorded on any of the organization's prior Forms 900 or 900 E27. If 'test,' complete Schedule L, Part I 25b X 26 Did the organization aware that in engaged in an excess banefit transaction with a discuss to taxing the any curvent or form of file. Organization any outrent or form of file. Organization any outrent or form of file. Organization any outrent or any of these persons? If 'test,' complete Schedule L, Part II 25b X 27 Did the organization any outrent on Part X, line 5 or 22, for recovables from or payables to any current or form of file. Orden as subsched transaction with a disclude L, Part II 26b X 27 Did the organ | 23 | | | | |
| 24a Ddt he organization have a taxe sempt bond issue with an outstanding principal amount of more than \$100.000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2db through 2dd and complete Schedule 1, PM, g to the ima 2da in the acception? 24a 25a Debuter, Y. No, g to the 2da in the 2da in the thin a s'etholic genoration engage to a decempoint? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2d) organizations. Did the organization engage in an excess benefit transaction with a disqualified period in a price section 900 or 502.72 if Yes, 'complete Schedule 1, Part 1 25a 25a Section 501(c)(3), 501(c)(4), and 501(c)(2d) organizations. Did the organization engage in an excess benefit transaction with a disqualified period in a price schedule 1, Part 1 25a 25a Section 501(c)(3), 501(c)(4), and 501(c)(2d) organizations. Did the organization sign as a fixed and a price schedule 1, Part 1 25a 25a Did the organization provide a grant or dher axielization's price schedule 1, Part 1 25a 27a Did the organization provide a grant or dher axielizance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 3% (arr or former officer, director, trustee, key employee, creator or founder, substantial contributor, or or axifs controlled entry of new charactor with and or any of these pennos? If 'Yes, 'complete Schedule 1, Part II. 27a Vate organization provide a grant or dher axielizance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or axis schedule 1, Part II. 27b A the organization in provide a grant or dher axielizance to any current or former o | | | | | |
| is at day of the year, that was issued after December 31, 2002? If "Yea," answer lines 24b through 24d and complete 24a X b Dot the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b c Dot the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d 24c d Dot the organization anitatian an escrow account other than a refunding scrow at any time during the year to detease any tax exempt bonds? 24d 24d d Dot the organization and tas an "on botal of" issuer for bonds outstanding at any time during the year? 24d 24d d Dot the organization and the tit ongaged in an excess benefit transaction with a disqualified person during the year? / H*s," complete Schedule L, Part I 25a X d Dot the organization any entry that gragged in an excess benefit transaction is prory year, and that the transaction has not been reported on any of the organization organization, any entry the grant of these paraona? // Y*s," complete Schedule L, Part I 25a X d Dot the organization organization, any end to a dary of these paraona? // Y*s," complete Schedule L, Part II 26a X d Dot the organization any end the abuse paraona? // Y*s," complete Schedule L, Part II 26a X d Dot the organization any end the abuse paraona? // Y*s," complete Schedule L, Part II 26a X d Dot the organization any end the abuse paraona? // Y*s," complete Schedule L, Part II 26a X d Dot the | ~ ~ | | ····· | 3 | |
| Schedule K. H*We, "go to line 25a 24a X D Dd the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24b X d Dd the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c X 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization anyage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction any of the organization's plor Foms 980 or 990E27. If *Yes," complete Schedule L, Part I 25b X 25 Dd the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any corrent or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of charding an employee theredo in any of these persons? If 'Yea,' complete Schedule L, Part I 26 X 28 Was the organization row that a 52,000 in more assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 'Yea,' complete Schedule L, Part I 28a X 28 Was the organization receive more than 325,000 in more assist core assist, or qualified conservation contributions? If 'Yea,' complete Schedule L, Part I 28a X 29 Dd the organization neevels entrobubutions of I, Yeas,' complete Schedule L, Part I 28a X <td>24a</td> <td></td> <td>;</td> <td></td> <td></td> | 24a | | ; | | |
| b Det the organization meet any proceeds of tax-exempt bands beyond a temporary period exception? 246 c Det the organization meet any proceeds of tax-exempt bands? 246 d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? 246 d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? 246 d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? 246 d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? 246 d Did the organization act as an "on behalf of" issue for organization engage in an excess benefit transaction with a disqualified perion than your of the organization appet behalf to enganization appet behalf the enganization appet target of any of these persons? If "Yes," complete Schedule L, Part I 256 d Did the organization appet that ex, key palyoye, creator or founder, substantial contributor or a 35% controlled entity (including an employee thered) or famy of these persons? If "Yes," complete Schedule L, Part II 26 d Did the organization appet thered) or family member of any of these persons? If "Yes," complete Schedule L, Part II 28 d A current or forme office, direct, trustes, key employee, creator or founder, buschantial contributor? If ""se," complete Schedule L, Part II 28 d A during the organization appet by encored any and schedu constructinto. 28 X | | | 24 | _ | x |
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| any tax-exempt bonds? 24d 23 Section 501(a)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 24 25a X. 25a Section 501(a)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 12s 25a Mathematication exame that it engaged in an excess benefit transaction with a disqualified person during the year? 12s 25a Did the organization export 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, osubstantial contributor? 28 X 27 X Was the organization apart to a visit of the 28.07 H "Yes," complete Schedule L, Part I/ 28 X 28 Was the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? H "Yes," complete Schedule L, Part I/ 28 X 29 Did the organization negative scheaped as experations d | | | | | |
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| 25a Section 501(c)(X), 501(c)(X) and 501(c)(X) organizations. Did the organization engage in an excess benefit transaction with a disqualified person (uning the year) if 'Yes,' complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction 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 55% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization payae thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 28 Was the organization approximation or employee thereof, or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 29 Was the organization approximation receive contributes and/or organization described in line 28a? If 'Yes,' complete Schedule L, Part IV 28 X 29 Did the organization receive contributions of number of the organization described in line 28a? If 'Yes,' complete Schedule L, Part IV 28 X 20 A Summer of one or more individual described in line 28a? If 'Yes,' complete Schedule L, Part IV 28 X 30 </td <td>d</td> <td>· · ·</td> <td>·····</td> <td></td> <td></td> | d | · · · | ····· | | |
| b Is the organization aware that it engaged in an excess benefit transaction with a discualified person in a prior year, and that the transaction has not been reported on any of the organization prior FORM 900 r990-E27. If "Yes," complete Schedule I, Part I 250 260 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, trustes, ley employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 270 Did the organization approves thereol) or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 280 Was the organization approves thereol) or family member of any of these persons? If "Yes," complete Schedule L, Part II 28 X 280 Was the organization approves threables, conditions, and exceptions): a current or former officer, director, trustes, ley employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 X 290 Did the organization neceive one individual sand/or organization acesive and ceses persons? If "Yes," complete Schedule M. 30 X 291 Did the organization neceive contributions of art, historical treasures, or dualified conservation contributions? If "Yes," complete Schedule M. 31 X 292 Did the organization neceive any paymethas subset, previn aninitia assets, or qualifie | | | | | |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // *Yes,* complete 26b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filming thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If Yes, "complete Schedule L, Part IV 28 29 Did the organization receive more individuals and/or organizations described in line 28a? If Yes, "complete Schedule L, Part IV 28 X 29 Did the organization receive contributions of at historical treasures, or other similar assets, or qualified conservation contributions? If Yes, "complete Schedule M, Part I 28 X 20 Did the organization receive onthol toos of or transfer more than 25% of the rel assets, or qualified conservation 30 X 31 Did the organization receive onthic durins of at historical treasures, or other similar assets, or qualified conservation 33 X 32 Did the organization receiv | | | 25 | а | X |
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| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or anployee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV. 28 28 Was the organization a party to a business transaction with one of the tollowing parties (see the Schedule L, Part IV. 28a X 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV. 28a X 29 DA family member of any individual described in line 28a or 28b? If 'Yes,' complete Schedule L, Part IV. 28a X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule R, Part I 30 X 30 Did the organization needed of an entity disregarded as separate from the organization needed of an entity disregarded as separate from the organization needed of any 17701-2 molete Schedule R, Part I, III, or IV, and Part V, line 1 33 <td></td> <td>that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete</td> <td></td> <td></td> <td></td> | | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 28 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, oreator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? (Ir 'Yes,' complete Schedule L, Part II. 27 X 28 Was the organization provide schedule L, Part II 27 X 29 Was the organization receive more than 525,000 in non-cash contributions? (Ir 'Yes,' complete Schedule L, Part IV. 28e X 29 Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? (Ir 'Yes,' complete Schedule L, Part IV. 28e X 29 Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? (Ir 'Yes,' complete Schedule M. 20 X 31 Did the organization receive on an thity disregarded as separate from the organization ender contributions? (Ir 'Yes,' complete Schedule N, Part II. 31 X 33 Did the organization on 100% of an entity disregarded as separate from the organization nealed to any tax-exempt or taxable entity? (Ir 'Yes,' complete Schedule N, Part II. 31 X 34 Was the organization receive on thy disregarded as separate from the organization nume ton 52(b)(13)? 34< | | Schedule L, Part I | 25 | b | X |
| controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II 28 X 29 Did the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 28 X 28 A family member of any individual described in line 28a? ("Yes," complete Schedule L, Part IV 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization iseli, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 33 X 32 Did the organization receive on tho US% of an entity disregarded as separate from the organization under Regulations sections 30.177012 and Yres," organi | 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee) thereof, or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28 X 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 28 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 20 X 30 Did the organization neceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization neceive any tax-seempt or taxable entity? If "Yes," complete Schedule N, Part II 31 X 32 VX Did the organization neceive any taxable entity? If "Yes," complete Schedule R, Part III 33 X 33 | | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II 28 X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 X 29 Did the organization a party ca business and/or organizations described in line 28 or 28b? If "Yes," complete Schedule L, Part IV 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part I 20 X 30 Did the organization self, exchange, dispose of, or transfer more than 255/oft is net assets? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization self, exchange, dispose of, or transfer more than 25% oft is net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization self, exchange, dispose of, or transfer more than 25% oft is net assets? If "Yes," complete Schedule N, Part II 33 X 33 Did the organization neal to any taxexempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 33 Did the organization nealvest organization make any transition under Re | | | 26 | 5 | <u> </u> |
| entity (including an employee thereof) or family member of any of these persons? // f*Yes,* complete Schedule L, Part IV. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 1 28 29 Vas the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28a X 20 A family member of any individual described in line 28a? // f*yes,* complete Schedule L, Part IV. 28a X 20 A family member of any individual described in line 28a? // f*yes,* complete Schedule L, Part IV. 28a X 20 Dd the organization receive combine than \$25,000 in non-cash contributions? // f*yes,* complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // f*yes,* complete Schedule M. 30 X 31 Did the organization sel, exchange, dispose of, or transfer more than 25% of its net assets? // f*yes,* complete 30 X 33 Did the organization related to any tax-exempt or taxable entity? // f*yes,* complete Schedule R, Part II, III, or IV, and Part V, line 1 31 X 34 Was the organization neale activity within the meaning of section 512(b)(13)? 35a X | 27 | | | | |
| 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "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 line 28a or 280? 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 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes," complete Schedule M 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes," complete Schedule N, Part I 31 X 32 Did the organization nealty disregarded as separate from the organization under Regulations sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes," complete Schedule N, Part I 31 X 33 Did the organization nealty disregarded as separate from the organization under Regulations sections 301.77013? If 'Yes," complete Schedule R, Part II, IIII, or IV, and Part V, line 1 34 | | | | | v |
| instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV b A family member of any individual sand/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M b Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule A b Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I b Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I b H art V, line 1 b H or organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 b Schedule Schedule C, Part V, line 2 b Section 501(C)(3) organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? b If "Yes," complete Schedule R, Part V, line 2 b Section 501(C)(3) organization complete Schedule O and provide explanations on Schedule R, Part V b Section 501(C)(3) organization complete Schedule C, Part V, line 2 b Did the organization complete Schedule O and provide explanations on Schedule R, Part V b Statements Regarding Dter IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V b Enter the number of Forms W-26 i | 00 | | 21 | , | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a X **es," 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 28a X *es," complete Schedule L, Part IV 28a X *es," complete Schedule L, Part IV 28c X 20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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 I 31 X 33 Did the organization nobit of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3' If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," complete Schedule R, Part V, line 2 35b 36 X <td< td=""><td>28</td><td></td><td></td><td></td><td></td></td<> | 28 | | | | |
| "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? // fryes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // 'Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M 29 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule M, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? // "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 I, III, or IV, and Part V, line 1 34 X 35a Did the organization necieve any partmet from or enagage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organization complete Schedule R, Part V, line 2 35b 35a X | 2 | | | | |
| 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 line 28a or 28b? If 28c X "Yes," complete Schedule L, Part IV 28b X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 28c X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 31 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization neltity disregarded as separate from the organization under Regulations sections 301.7701.3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 34 Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization controlled entity within the | a | | 28 | a | x |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? 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 I 31 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 34 Was the organization nave a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI line 2 36 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnershi | ь | | ······ — | | |
| "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 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization one 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 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 35 Did the organization bave a controlled entity within the meaning of section 512(b)(13)? 34 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 35 35 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 36 Section 501(c)(3) organizations. Did the organization son Schedule O relate X purposes? If "Yes," complete Schedule R, Part V 36 <t< td=""><td></td><td></td><td></td><td>~</td><td>1</td></t<> | | | | ~ | 1 |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> , Part I 30 X 31 Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part I</i> 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? <i>If "Yes," complete Schedule R, Part I</i> 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 34 X 35a Did the organization conduct more than 5% of its activities through an entity that is non-charitable related organization? 36 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part V</i> 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part V</i> 37 X 38 Did the organization complete Sc | _ | | 28 | с | x |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? // fr "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? // frees," complete Schedule N, Part I 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2? and 301.7701-3? // fr "Yes," complete Schedule R, Part I 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organization conduct more than 5% of its activities through an entity that is not a nexterpt non-charitable related organization? 36 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule 0. And rule schedule 0 for Part VI, lines 11b and 19? 38 X 38 X Term 1 37 X 39 Did the organization complete Schedule 0 and provide explanations on Schedule 0 for Part VI, lines 11b and 19? 36 < | 29 | | | | |
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| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | 30 | | | | x |
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| Ia Yes No Ia 4 Ia 4 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Ib 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Ic X (gambling) winnings to prize winners? Ic X Form 990 (2021) | Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| 1a 1a 4 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 132004 12-09-21 Form 990 (2021) | | Check if Schedule O contains a response or note to any line in this Part V | | <u>.</u> | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c X (gambling) winnings to prize winners? 1c X Form 990 (2021) | | | | Ye | s No |
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| | 990 (2021) Magis Americas, Inc | 30-0341 | 787 | Р | age 5 | | | | | | |
|-------------------|--|----------------------------------|------------|-----|--------|--|--|--|--|--|--|
| a | TV Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | 1 | | | | | | | |
| | | 1 | | Yes | No | | | | | | |
| a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | 2a 3 | | | | | | | | | |
| _ | filed for the calendar year ending with or within the year covered by this return | | | x | | | | | | | |
| D | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | 2b | ~ | | | | | | | |
| - | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions Did the erganization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | X | | | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | | | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other at | | 3b | | | | | | | | |
| u | financial account in a foreign country (such as a bank account, securities account, or other financial ac | | 4a | | x | | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | counts (FBAR). | | | | | | | | | |
| а | | | 5a | | X | | | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | | 5b | | X | | | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | X | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributio | ons or gifts | | | | | | | | | |
| | were not tax deductible? | | 6b | | | | | | | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and served | vices provided to the payor? | 7a | | X | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | s required | | | | | | | | | |
| | to file Form 8282? | | 7c | | X | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con | | 7e | | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | 7f | | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file For | | 7g | | | | | | | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | 7h | | | | | | | | |
| 3 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | | | | | | | | | |
| | | | 8 | | | | | | | | |
|) | Sponsoring organizations maintaining donor advised funds. | | 0 | | | | | | | | |
| a ⊾ | | | 9a | | | | | | | | |
| b | | | 9b | | | | | | | | |
|) | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | 1 | | | | | | | | |
| | Section 501(c)(12) organizations. Enter: | | 1 | | | | | | | | |
| ' a | Gross income from members or shareholders | 11a | | | | | | | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | 1 | | | | | | | | |
| ^o | amounts due or received from them.) | 11b | | | | | | | | | |
|)a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 12a | | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | | | | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 1 | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | | |
| b | | 13b | | | | | | | | | |
| b | organization is licensed to issue qualified health plans | 100 | | | | | | | | | |
| | organization is licensed to issue qualified health plans Enter the amount of reserves on hand | 13c | | | | | | | | | |
| с | Enter the amount of reserves on hand | | 14a | | X | | | | | | |
| c a | Enter the amount of reserves on hand | 13c | 14a 14b | | X | | | | | | |
| c a b | Enter the amount of reserves on hand | 13c | | | | | | | | | |
| c a b | Enter the amount of reserves on hand | 13c e O ation or | | | x x | | | | | | |
| c a b | Enter the amount of reserves on hand | 13c e O ation or | 14b | | x | | | | | | |
| c a b | Enter the amount of reserves on hand | 13c = O ation or | 14b | | | | | | | | |
| c la | Enter the amount of reserves on hand | 13c = O ation or | 14b 15 | | x | | | | | | |
| c la b 5 | Enter the amount of reserves on hand | 13c ation or income? | 14b 15 | | x | | | | | | |
| c la b 5 | Enter the amount of reserves on hand | 13c ation or income? | 14b 15 | | x | | | | | | |

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| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | | | | | |
|----------------------|---|---|----------------------------------|---------------------|--------|------|--|--|--|--|--|
| | | | | | | Ye | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | | 8 | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | | | | |
| h | Enter the number of voting members included on line 1a, above, who are independent | 1b | | 8 | | | | | | | |
| ົ້ | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | - | any other | | | | | | | | |
| 2 | | | | | ~ | | | | | | |
| ~ | officer, director, trustee, or key employee? | | | ···· - | 2 | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | | | · · · · · · · | 4 | X | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | ssets? | | | 5 | | | | | | |
| 6 | Did the organization have members or stockholders? | | | | 6 | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | appoint | one or | | | | | | | | |
| | more members of the governing body? | | | | 7a | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | F | | | | | | | |
| ~ | persons other than the governing body? | | | | 7b | | | | | | |
| 0 | Did the organization contemporaneously document the meetings held or written actions undertaken during the y | | | ···· - | 15 | | | | | | |
| 8 | | | • | | ~ | v | | | | | |
| а | The governing body? | | | | 8a | X | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | ····· - | 8b | X | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re | | | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | | 9 | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal F | Revenue | Code.) | | | | | | | | |
| | | | | _ | | Ye | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | | 10a | | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such c | | | ····· F | | | | | | | |
| ~ | and branches to ensure their operations are consistent with the organization's exempt purposes? | • | | | 10b | | | | | | |
| 112 | Has the organization provided a complete copy of this Form 990 to all members of its governing bo | | | | 11a | Х | | | | | |
| | | uy belo | | '' h | 11a | - 23 | | | | | |
| | | scribe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | |
| | | he organization have a written conflict of interest policy? If "No," go to line 13 | | | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris | | | - | 12b | X | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If | "Yes," a | lescribe | | | | | | | | |
| | on Schedule O how this was done | | | L | 12c | Х | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | L | 13 | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | L | 14 | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approv | /al by in | dependent | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | - I | 15a | Х | | | | | |
| | | | | | 15b | | | | | | |
| D | Other officers or key employees of the organization | | | ···· | 100 | | | | | | |
| | | | | | | | | | | | |
| ıva | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | | | | | | | | | | |
| _ | taxable entity during the year? | | | ···· - | 16a | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | = | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga | anizatior | n's | | | | | | | | |
| | exempt status with respect to such arrangements? | | | | 16b | | | | | | |
| Soc | tion C. Disclosure | | | | | | | | | | |
| | List the states with which a copy of this Form 990 is required to be filed $ ightarrow 	ext{DC}$, $	ext{DE}$ | | | | | | | | | | |
| | | | T (postion 501) | (c)(3)s | onlv) | ava | | | | | |
| 17 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a | and 990 | | | ,, | | | | | | |
| 17 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply | and 990 | 5-1 (Section 50 h | | | | | | | | |
| 17 | for public inspection. Indicate how you made these available. Check all that apply. | | · | | | | | | | | |
| 17 18 | for public inspection. Indicate how you made these available. Check all that apply. | in on Se | chedule O) | (and | finan | منما | | | | | |
| 17 18 | for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, comparison of the state of the s | in on Se | chedule O) | y, and [.] | finan | cial | | | | | |
| 17 18 19 | for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (expla) Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year. | <i>in on Se</i> conflict o | chedule O) of interest policy | y, and [.] | finan | cial | | | | | |
| 17 18 | for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (expla) Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's box | <i>in on Se</i> conflict o | chedule O) of interest policy | y, and [.] | finan | cial | | | | | |
| 17 18 19 | for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's born the Organization - $301-246-2034$ | <i>in on Se</i> conflict o | chedule O) of interest policy | y, and [.] | finano | cial | | | | | |
| 17 18 19 | for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (expla) Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's box | <i>in on Se</i> conflict o | chedule O) of interest policy | y, and [.] | | | | | | | |
| 17 18 19 20 | for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's born the Organization - $301-246-2034$ | <i>in on Se</i> conflict o | chedule O) of interest policy | y, and [.] | finan | | | | | | |

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 O. See instructions.

30-0341787

Page **6**

.03

Magis Americas, Inc

Form 990 (2021)

| Form 990 (202 | | 30-0341787 | Page 7 |
|---------------------------------|--|--------------------------------------|-------------|
| Part VII Co | ompensation of Officers, Directors, Trustees, Key Employees, Highest (| Compensated | |
| Er | nployees, and Independent Contractors | | |
| Ch | neck if Schedule O contains a response or note to any line in this Part VII | | |
| Section A. O | fficers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | |
| 1a Complete t | his table for all persons required to be listed. Report compensation for the calendar year endir | ng with or within the organization's | s tax year. |
| List all of | f the organization's current officers, directors, trustees (whether individuals or organizations), | regardless of amount of compens | ation. |

st all of the organization's **current** officers, directors, trust Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
|------------------------|--------------------------|--------------------------------|---|------------------------|--------------|---------------------------------|--------|------------------------------|-----------------|-----------------------------|
| Name and title | Average | (do | Position (do not check more than one | | | | ne | Reportable | Reportable | Estimated |
| | hours per | box | ox, unless person | | | on is both an | | compensation | compensation | amount of |
| | week | | cer ar I | nd a director/trustee) | | | iee) | from | from related | other |
| | (list any | rector | | | | | | the | organizations | compensation |
| | hours for | or di | ee | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related organizations | ustee | trust | | ee | upens | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related |
| | below | lual tr | tional | Ι. | nploy | st con yee | L | 1033-1120) | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizationo |
| (1) Nate Radomski | 40.00 | _ | _ | - | | | | | | |
| Executive Director | | 1 | | x | | | | 93,193. | 0. | 7,709. |
| (2) Ted Penton, SJ | 1.00 | | | | | | | | | |
| Board Chair | | Х | | Х | | | | 0. | 0. | 0. |
| (3) Luis Arancibia | 0.50 | | | | | | | | | |
| Secretary | | Х | | Х | | | | 0. | 0. | 0. |
| (4) Suzanne Krudys | 0.50 | | | | | | | | | |
| Treasurer | | Х | | Х | | | | 0. | 0. | 0. |
| (5) Clara Krivoy | 0.50 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (6) Emilo Travieso, SJ | 0.50 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (7) Joan Rosenhauer | 0.50 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (8) Jenny Cafiso | 0.50 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (9) Guillermo Miranda | 0.50 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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| 132007 12-09-21 | 1 | <u> </u> | 1 | 1 | I | 1 | | 1 | | Form 990 (2021) |

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Form **990** (2021)

| | 990 (2021) Magis Ame | ericas, | In | C | | | | | | 30-03 | 3417 | 787 | P | age 8 |
|----------|--|--|--------------------------------|---|---------|--------------|---------------------------------|--------|---|---|---------------------|------------------|--|------------------|
| Pa | t VII Section A. Officers, Directors, Trust | | oloy | ees, | | | ghes | st C | | · · / | — | | | |
| | Name and title Average hours per | | | hours per do not check more than one box, unless person is both an compensation | | | | | | (E) Reportable compensation from related | | on amount | | |
| | | (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/ 1099-NEC) | organizations (W-2/1099-MIS 1099-NEC) | I | fr org and | pensa om th anizat d relat anizati | e ion ed |
| | | | | | | | | | | | _ | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | _ | | | |
| 1b | Subtotal | | L | I | I | <u> </u> | I | | 93,193. | | 0. | 1 | 7,7 | 09. |
| | Total from continuation sheets to Part VII Total (add lines 1b and 1c) | | | | | | | | 0. 93,193. | | 0. | 1 | 7.7 | <u>0.</u> 09. |
| 2 | Total number of individuals (including but no compensation from the organization | | | | | | | o re | | 000 of reportable | | | • | 0 |
| 3 | Did the organization list any former officer, | director, truste | ee, k | key e | empl | oye | e, or | hig | phest compensated emp | loyee on | ſ | | Yes | No |
| 4 | line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150 | m of reportabl | e co | mpe | ensa | tion | and | oth | ner compensation from t | he organization | | 3 | | X X |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> | ccrue compen | isati | on fi | rom | any | unre | elate | ed organization or individ | dual for services | | 5 | | X |
| | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest cor the organization. Report compensation for t | | | | | | | | | | ensat | ion fro | om | |
| | (A) (B) (B) Description of services (C) | | | | | | | | C | (C ompe | ;) nsatio | n | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (in | | ot lin | nitor | 4 + 0 + | ther | | tod | above) who received | are than | | | | |
| <u> </u> | \$100,000 of compensation from the organiz | • | 51 111 | | | (|) | .cu | | | | - | 000 / | 0001) |

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| | | 2021) Magis America | s, Inc | | | 30-0341 | 787 Page 9 |
|---|---------|--|--------------------|----------------------------|-------------------|------------------|------------------------|
| Pa | rt VI | | | | | | _ |
| | | Check if Schedule O contains a response | or note to any lin | e in this Part VIII (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | function revenue | business revenue | from tax under |
| | | | | | | | sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns 1a | | | | | |
| Gra | b | Membership dues 1b | 106 211 | | | | |
| An , | С | ° | 126,311. | | | | |
| ilar İlar | d | Related organizations 1d | | | | | |
| ns, | е | Government grants (contributions) 1e | | | | | |
| er (| f | All other contributions, gifts, grants, and | 221 276 | | | | |
| ĕŧ | | | 331,376. | | | | |
| ont | g . | Noncash contributions included in lines 1a-1f | | 2 157 697 | | | |
| <u>0</u> | n | Total. Add lines 1a-1f | Business Code | 2,457,687. | | | |
| | • | Figgal apopaorahin foo | 900099 | 177,765. | 177,765. | | |
| ice | 2 a | Fiscal sponsorship fee | 900099 | 74,268. | 74,268. | | |
| er v | b | | 900099 | 74,200. | /4,200. | | |
| n S Ven | С | | | | | | |
| Bei | d | | | | | | |
| Program Service Revenue | e | | | | | | |
| | • | All other program service revenue | - | 252,033. | | | |
| | 9 3 | Total. Add lines 2a-2f Investment income (including dividends, intere | | 232,033. | | | |
| | 3 | other similar amounts) | | | | | |
| | 4 | Income from investment of tax-exempt bond p | | | | | |
| | 5 | Royalties | | | | | |
| | 5 | (i) Real | (ii) Personal | | | | |
| | 6 a | | | | | | |
| | b | | | | | | |
| | | | | | | | |
| | C C | Net rental income or (loss) | | | | | |
| | | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | 1 4 | assets other than inventory 7a | (., | | | | |
| | h | Less: cost or other basis | | | | | |
| ē | ~ | and sales expenses | | | | | |
| venue | c | Gain or (loss) 7c | | | | | |
| a | | Net gain or (loss) | | | | | |
| Other R | | Gross income from fundraising events (not | | | | | |
| Ę | _ | including \$ 126, 311. of | | | | | |
| - | | contributions reported on line 1c). See | | | | | |
| | | | 46,875. | | | | |
| | b | | 86,086. | | | | |
| | | Net income or (loss) from fundraising events | ► | -39,211. | | | -39,211. |
| | | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 9a | | | | | |
| | b | Less: direct expenses9b | | | | | |
| | с | Net income or (loss) from gaming activities | ► | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | | | | | |
| | b | Less: cost of goods sold10t | | | | | |
| | с | Net income or (loss) from sales of inventory | | | | | |
| Ś | | | Business Code | | | | |
| eu Je | 11 a | | | | | | |
| Miscellaneous Revenue | b | | | | | | |
| Sev Cel | С | | | | | | |
| Mis | d | | | | | | |
| | е | Total. Add lines 11a-11d | | | | | 20 011 |
| | 12 | Total revenue. See instructions | ► | 2,670,509. | 252,033. | 0. | -39,211. |
| 13200 | 9 12-09 | -21 | | _ | | | Form 990 (2021) |

2021.05080 MAGIS AMERICAS, INC 62030.03

| <u> </u> | Check if Schedule O contains a respons | (A) | this Part IX (B) | (C) | (D) |
|----------|--|----------------|-----------------------------|---------------------------------|-------------------------|
| | ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 1,833,525. | 1,833,525. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 116,890. | 49,747. | 44,762. | 22,381 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 146 084 | 146 284 | | |
| 7 | Other salaries and wages | 146,371. | 146,371. | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 00 105 | 00 005 | | 0 000 |
| 9 | Other employee benefits | 28,105. | 20,937. | 4,779. | 2,389 |
| 10 | Payroll taxes | 23,368. | 17,409. | 3,973. | 1,986 |
| 11 | Fees for services (nonemployees): | | | | |
| | Management | | | | |
| | Legal | 21 501 | 00 466 | | 0 680 |
| | Accounting | 31,501. | 23,466. | 5,357. | 2,678 |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 21 115 | 00 100 | F 001 | 0 645 |
| | column (A), amount, list line 11g expenses on Sch 0.) | 31,115. | 23,179. | 5,291. | <u>2,645</u> 579 |
| | Advertising and promotion | 6,814. | 5,076. | 1,159. | |
| 13 | Office expenses | 43,893. | 32,698. | 7,463. | 3,732 |
| 14 | Information technology | 20,528. | 15,293. | 3,490. | 1,745 |
| 15 | Royalties | 26 500 | 10 007 | 4 501 | 2 260 |
| 16 | | 26,588. | 19,807. | 4,521. | 2,260 |
| 17 | | 30,481. | 22,707. | 5,183. | 2,591 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | | | | | |
| 21 | Payments to affiliates | 964. | 718. | 164. | 82 |
| 22 | Depreciation, depletion, and amortization | 5,680. | 4,231. | 966. | 483 |
| 23 | Insurance | 5,000. | 4, 4 ,431. | 900. | 403 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | | | | | |
| b | | | | | |
| с | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,345,823. | 2,215,164. | 87,108. | 43,551 |
| 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 Figure if following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2021)

<u>Magis Americas,</u> Inc Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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Form 990 (2021)

14460512 786335 62030.001

10 2021.05080 MAGIS AMERICAS, INC

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14460512 786335 62030.001

Form 990 (2021)
Part X Balance Sheet

Magis Americas, Inc

| | | Chack if Schodula O contains a reasonase ar act | o to ori | ling in this Dart V | | | |
|-----------------------------|----|--|----------|---------------------|---------------------------------|---------|------------------------|
| | | Check if Schedule O contains a response or not | e to any | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 679,826. | 1 | 1,013,054. |
| | 2 | Savings and temporary cash investments | | | - | 2 | |
| | 3 | Pledges and grants receivable, net | | | 242,107. | 3 | 43,627. |
| | 4 | Accounts receivable, net | | 4 | | | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | | | | | |
| | | controlled entity or family member of any of the | | | | 5 | |
| | 6 | Loans and other receivables from other disquali | | | | _ | |
| | - | under section 4958(f)(1)), and persons described | | | | 6 | |
| ú | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | | 30,502. | 9 | |
| | | Land, buildings, and equipment: cost or other | | | | - | |
| | | basis. Complete Part VI of Schedule D | 10a | 27,676. | | | |
| | ь | Less: accumulated depreciation | 10b | 27,676. 24,986. | 3,654. | 10c | 2,690. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 7,950. | 15 | 7,950. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | 964,039. | 16 | 1,067,321. | | |
| | 17 | Accounts payable and accrued expenses | | 231,926. | 17 | 10,522. | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 74,883. | 19 | 74,883. |
| | 20 | — | | | | 20 | , |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| | 22 | Loans and other payables to any current or form | | | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | | | | | |
| bili | | controlled entity or family member of any of the | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | • | | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | | | | 306,809. | 26 | 85,405. |
| | | Organizations that follow FASB ASC 958, che | | | • | | , |
| es | | and complete lines 27, 28, 32, and 33. | | , | | | |
| anc | 27 | | | | 401,666. | 27 | 981,916. |
| Bala | 28 | | | | 255,564. | 28 | 0. |
| Гр | | Organizations that do not follow FASB ASC 9 | | | | | |
| μ | | and complete lines 29 through 33. | , | | | | |
| P | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| iets | 30 | Paid-in or capital surplus, or land, building, or ec | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 657,230. | 32 | 981,916. |
| 2 | 33 | Total liabilities and net assets/fund balances | | | 964,039. | 33 | 1,067,321. |
| | | | | | , | | Earm 990 (2021) |

Form 990 (2021)

62030.03

| Form | 990 (2021) Magis Americas, Inc | 30-03 | 41787 | Pag | _{ge} 12 |
|------|---|----------|---------|-------------|------------------|
| Par | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,670 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,345 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 324 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 657 | , 2: | <u> 30.</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 | 981 | .,9: | 16. |
| Par | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | 0. | | | |
| 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: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | 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 | | 1 |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | | | | |
| | Act and OMB Circular A-133? | 5 | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | ed audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | 1 |
| | | | | | |

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|------------------------------|
| 2021 |
| Open to Public Inspection |

| Nar | ne of t | he organization | | | | | L L | | identification number | |
|-----|-----------|--|-------------------------|----------------------------|------------------------|--------------------|-------------------|-------------|----------------------------|--|
| _ | | | <u>s Americas</u> | | | | | | 0-0341787 | |
| Pa | art I | Reason for Public (| Charity Status. | (All organizations must o | complete th | nis part.) S | ee instructions | | | |
| The | organi | zation is not a private found | ation because it is: (F | For lines 1 through 12, c | heck only | one box.) | | | | |
| 1 | | A church, convention of ch | urches, or associatio | n of churches described | l in sectio | n 170(b)(1 | 1)(A)(i). | | | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forr | n 990).) | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in s | ection 170 | (b)(1)(A)(ii | ii). | | | |
| 4 | | A medical research organiz | ation operated in cor | njunction with a hospital | described | in sectio | on 170(b)(1)(A)(i | iii). Enter | the hospital's name, | |
| | | city, and state: | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | llege or university owned | d or operat | ed by a go | overnmental uni | t describe | ed in | |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | |
| 6 | | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | |
| 7 | X | An organization that norma | - | | | | | aeneral c | oublic described in | |
| | | section 170(b)(1)(A)(vi). (C | | | 5 | | | 5 | | |
| 8 | | A community trust describe | | (1)(A)(vi). (Complete Par | t II.) | | | | | |
| 9 | \square | An agricultural research org | | | - | ed in coniu | unction with a la | and-grant | college | |
| - | | or university or a non-land-g | | | | | | | | |
| | | university: | , and conlege of agrice | | | | , | ie eenege | | |
| 10 | | An organization that norma | Ilv receives (1) more | than 33 1/3% of its supr | ort from c | ontributior | ns. membershin | fees, and | d aross receipts from | |
| | | activities related to its exem | | | | | | | • | |
| | | income and unrelated busir | | | | | | | - | |
| | | See section 509(a)(2). (Con | | | | oco doqui | red by the orga | mzation a | | |
| 11 | | An organization organized a | | vely to test for public sa | fetv See | section 50 | 19(2)(4) | | | |
| 12 | \square | An organization organized a | - | • | • | | | v out the | nurnoses of one or | |
| | | more publicly supported or | - | - | - | | | • | | |
| | | lines 12a through 12d that | - | | | | | | | |
| a | | Type I. A supporting orga | • • | | | | | - | aivina | |
| | • | the supported organization | | - | • | - | | | | |
| | | organization. You must o | | | i majonty c | | | s of the su | ipporting | |
| Ŀ | | | - | | tion with it | oupporto | d organization(| | ing | |
| k | | Type II. A supporting org | - | | | | - | | - | |
| | | control or management o | | | ame perso | ns that co | ntroi or manage | e the supp | Joned | |
| | | organization(s). You mus | | | in connoct | ion with a | | intograto | d with | |
| c | • | J Type III functionally inte | | | | | - | Integrate | u with, | |
| | . — | its supported organization | | | | | | | | |
| c | | Type III non-functionally | | | | | | - | | |
| | | that is not functionally int | | | - | | - | an attentiv | reness | |
| _ | | requirement (see instructi | , | • | | | | T | | |
| e | • | Check this box if the orga | | | | | турет, турет, | туре ш | | |
| | | functionally integrated, or | | | | | | | | |
| I | | r the number of supported o | - | -1 | | | | | | |
| | | ride the following information) Name of supported | i about the supporte | d organization(s). | (iv) Is the orga | anization listed | (v) Amount of n | nonetarv | (vi) Amount of other | |
| | | organization | () | (described on lines 1-10 | in your governi Yes | ng document? No | support (see ins | | support (see instructions) | |
| | | - | | above (see instructions)) | 165 | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Tot | al | | | | | | 1 | | 1 | |

132022 01-04-22

14 2021.05080 MAGIS AMERICAS, INC

furnished by a governmental unit to the organization without charge 7899980. 1419190. 1719093. 1809539. 494,471. 2457687. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 4397757. 3502223. 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Schedule A (Form 990) 2021

Section A. Public Support Calendar year (or fiscal year beginning in) 🕨

1 Gifts, grants, contributions, and membership fees received. (Do not

include any "unusual grants.")

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities

| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|------|---|-----------------------|-----------------------|---------------------------|-------------------------------|---------------------------------|-----------------|
| 7 | Amounts from line 4 | 1419190. | 1719093. | 1809539. | 494,471. | 2457687. | 7899980. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \dots | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 7899980. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 | 327,191. |
| 13 | First 5 years. If the Form 990 is for th | ne organization's fir | rst, second, third, f | fourth, or fifth tax y | vear as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | o here | | | | | |
| Se | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2021 (I | ine 6, column (f), d | ivided by line 11, c | olumn (f)) | | 14 | 44.33 % |
| 15 | Public support percentage from 2020 | Schedule A, Part | II, line 14 | | | 15 | 60.64 % |
| 16a | 33 1/3% support test - 2021. If the o | organization did no | t check the box or | n line 13, and line 1 | 14 is 33 1/3% or m | ore, check this bo> | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ► X |
| k | 33 1/3% support test - 2020. If the o | organization did no | t check a box on l | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check thi | s box |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2021. If the org | anization did not c | heck a box on line | e 13, 16a, or 16b, a | nd line 14 is 10% o | or more, |
| | and if the organization meets the fact | s-and-circumstance | es test, check this | box and stop her | r e. Explain in Part ' | VI how the organiz | ation |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | blicly supported or | rganization | | |
| k | 10% -facts-and-circumstances test | - 2020. If the org | anization did not c | heck a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is ⁻ | 10% or |
| | more, and if the organization meets the | ne facts-and-circum | nstances test, cheo | ck this box and st | op here. Explain ir | n Part VI how the | _ |
| | organization meets the facts-and-circu | umstances test. Th | e organization qua | alifies as a publicly | supported organiz | ation | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | , check this box ar | nd see instructions | |
| | | | | | | Schedule A | (Form 990) 2021 |

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

(c) 2019

1809539.

(b) 2018

1719093.

Magis Americas, Inc

(a) 2017

1419190.

30-0341787 Page 2

(f) Total

7899980.

(e) 2021

2457687.

(d) 2020

494,471.

62030.03

Magis Americas, Inc

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | | | |
|--|-----------------------|----------------------|----------------------|---------------------|----------------|------------------------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 202 | 1 (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 202 | 1 (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) orga | inization, |
| check this box and stop here | | | | • | | |
| Section C. Computation of Publ | | | | | | i |
| 15 Public support percentage for 2021 (| line 8, column (f), d | livided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 2020 | Schedule A, Part | III, line 15 | | | 16 | 100.00 % |
| Section D. Computation of Inves | stment Income | e Percentage | | | | |
| 17 Investment income percentage for 2 | 021 (line 10c, colur | mn (f), divided by l | ine 13, column (f)) | | 17 | % |
| 18 Investment income percentage from | | | | | 18 | % |
| 19a 33 1/3% support tests - 2021. If the | | | | | 33 1/3%, and | line 17 is not |
| more than 33 1/3%, check this box a | | | | | | ▶□ |
| b 33 1/3% support tests - 2020. If the | | | | | | /3%, and |
| line 18 is not more than 33 1/3%, che | | | | | | |
| 20 Private foundation. If the organization | on did not check a | box on line 14, 19 | a, or 19b, check t | his box and see in | structions | |
| 132023 01-04-22 | | | | | | dule A (Form 990) 2021 |
| | | 15 | 5 | | | |

2021.05080 MAGIS AMERICAS, INC

Magis Americas, Inc

1

2

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

132024 01-04-21

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

Schedule A (Form 990) 2021

16

| | (Form 990) 2021 | | Americas, | Ind |
|---------|-----------------|-------------------|-----------|-----|
| Part IV | Supporting | Organizations (co | ontinued) | |

1

2

1

Yes No

| | | | Yes | No |
|-----|--|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> | | | |

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.

| Section 6. Type in Supporting Organizations | Section C. Type II Supporting Organizations |
|---|---|
|---|---|

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

| Section D | . All Type I | II Supporting | Organizations |
|-----------|--------------|---------------|---------------|

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

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the | e 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 governm | nental entity (see instruction <u>s).</u> |
|------------|--|---|-------------------------|-------------------------|---|
|------------|--|---|-------------------------|-------------------------|---|

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

INC

2a

2b

3a

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Yes No

| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ng trust on N | ov. 20, 1970 (<i>explain in</i> | Part VI). See instructio |
|-------|---|-----------------|----------------------------------|--------------------------------|
| | All other Type III non-functionally integrated supporting organizations mu | st complete S | Sections A through E. | 1 |
| Secti | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Secti | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| | Discount claimed for blockage or other factors | | | |
| - | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| • | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| | Enter greater of line 2 or line 3. | 4 | | |
| | 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-function | ally integrated | Type III supporting orga | nization (see |

Schedule A (Form 990) 2021 Magis Americas, Inc Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

30-0341787 Page 6

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

 Schedule A (Form 990) 2021
 Magis Americas, Inc

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 Section D - Distributions

| Par | I V Type III Non-Functionally integrated 509 | a)(s) Supporting Orga | mzations (continu | ued) | |
|-------|--|-------------------------------|---------------------------------------|------|---|
| Secti | on D - Distributions | | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | S | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | | 5 | | |
| 6 | Other distributions (<i>describe in</i> Part VI). See instructions. | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | 1 | | |
| | (provide details in Part VI). See instructions. | - | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2021 | ns | (iii) Distributable Amount for 2021 |
| _1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| a | From 2016 | | | | |
| b | From 2017 | | | | |
| C | From 2018 | | | | |
| d | From 2019 | | | | |
| e | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| i_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2017 | | | | |
| b | Excess from 2018 | | | | |
| с | Excess from 2019 | | | | |
| d | Excess from 2020 | | | | |
| е | Excess from 2021 | | | | |

Schedule A (Form 990) 2021

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|---------------|---|---|----------------|--------------------|-----------------|--------------------|--------------------|----------|
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| | - | - | | | | | | |
| Januar | ry 1 - June | 30, 2021. | | | | | | |
| The Or | ganization | adopted a fis | cal ye | ar end. T | he 2020 | column | represent | S |
| Schedu | ıle A | | | | | | | |
| | Section D, lines 5, 6, (See instructions.) | and 8; and Part V, Sectio | ו E, lines 2́, | 5, and 6. Also cor | nplete this par | t for any addition | nal information. | |
| Part VI | Part IV, Section A, lir | nformation. Provide th nes 1, 2, 3b, 3c, 4b, 4c, 5a on D, lines 2 and 3; Part IV | , 6, 9a, 9b, 9 | 9c, 11a, 11b, and | 11c; Part IV, S | Section B, lines 1 | and 2; Part IV, Se | ction C, |
| | | oformation - | | | | | | |

.03

| SC | HEDULE D | Supplementa | al Financial Statements | | OMB No. 1545-0047 |
|--------|--------------------------|---|---|--------------------|--------------------------------------|
| | n 990) | | anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | 2021 |
| Depart | ment of the Treasury | | Attach to Form 990. | | Open to Public |
| | Revenue Service | | 90 for instructions and the latest information. | | Inspection |
| Nam | e of the organizati | on Magis Americas, Ind | | | r identification number $30-0341787$ |
| Par | t I Organiza | | ے d Funds or Other Similar Funds or Ac | | |
| | | n answered "Yes" on Form 990, Part IV, lin | | | |
| | | | (a) Donor advised funds | b) Funds ar | nd other accounts |
| 1 | Total number at er | nd of year | | | |
| 2 | | f contributions to (during year) | | | |
| 3 | | f grants from (during year) | | | |
| 4 | | t end of year | | | |
| 5 | - | | writing that the assets held in donor advised fund | | |
| 6 | | | exclusive legal control? dvisors in writing that grant funds can be used o | | Yes No |
| 6 | 0 | 0, , , | r donor advisor, or for any other purpose conferr | 5 | |
| | impermissible priv | | | 0 | Yes No |
| Par | | | ganization answered "Yes" on Form 990, Part IV, | | |
| 1 | | servation easements held by the organization | | | |
| | Preservation | n of land for public use (for example, recrea | tion or education) Preservation of a histo | prically impo | ortant land area |
| | Protection of | f natural habitat | Preservation of a certi | fied historic | structure |
| | Preservation | n of open space | | | |
| 2 | Complete lines 2a | through 2d if the organization held a qualif | fied conservation contribution in the form of a co | nservation e | easement on the last |
| | day of the tax yea | r. | | Held | at the End of the Tax Year |
| а | | | | 2a | |
| b | - | | | 2b | |
| | | | ucture included in (a) | 2c | |
| d | | | after 7/25/06, and not on a historic structure | | |
| • | | | | 2d | |
| 3 | | vation easements modified, transferred, rei | eased, extinguished, or terminated by the organi | zation durin | g the tax |
| 4 | year | where property subject to conservation eas | compant is located | | |
| 5 | | tion have a written policy regarding the per | · · · · · · · · · · · · · · · · · · · | | |
| Ŭ | U U | orcement of the conservation easements it | | | Yes No |
| 6 | | | handling of violations, and enforcing conservatio | | |
| | • | с, т с, | | | 0 , |
| 7 | Amount of expense | ses incurred in monitoring, inspecting, hanc | lling of violations, and enforcing conservation eas | sements du | ring the year |
| | ▶\$ | | | | |
| 8 | Does each conser | vation easement reported on line 2(d) abov | e satisfy the requirements of section 170(h)(4)(B) | (i) | |
| | | | | | Yes No |
| 9 | | v | on easements in its revenue and expense statem | | |
| | | | note to the organization's financial statements that | at describes | the |
| Par | t III Organization's acc | ounting for conservation easements. | Art, Historical Treasures, or Other S | imilar As | sets |
| 1 41 | | f the organization answered "Yes" on Form | | | |
| 1a | - | - | 8, not to report in its revenue statement and bala | ance sheet v | works |
| | 0 | , I | blic exhibition, education, or research in furtherar | | |
| | | · · | ncial statements that describes these items. | | - |
| b | | | 8, to report in its revenue statement and balance | sheet work | is of |
| | - | | exhibition, education, or research in furtherance | | |
| | | ing amounts relating to these items: | | | |
| | (i) Revenue inclu | ded on Form 990, Part VIII, line 1 | | ▶ \$ | |
| | | | | ▶ \$ | |
| 2 | If the organization | received or held works of art. historical treater | asures. or other similar assets for financial gain. r | orovide | |

| 2 | 2 | If the organization received or held works of art, historical treasures, or other similar assets for |
|---|---|--|
| | | the following amounts required to be reported under FASB ASC 958 relating to these items: |
| | а | Revenue included on Form 990, Part VIII, line 1 |
| | b | Assets included in Form 990. Part X |

| LHA For Paperwork Reduction Act Notice, see the Instructions for Fo | orm 990. |
|---|----------|
| 132051 10-28-21 | |

\$ \$

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| | | mericas, In | | | | | | 30-03 | | | age 2 |
|------------|--|---------------------------------|---------------|--------------|---------------------|------------|---------------------|--------------|----------------|--------|--------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Histor | rical Tre | asures, or C | Other S | Simila | Assets | contii | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other record | s, check a | iny of the f | ollowing that m | ake sigr | nificant u | ise of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | | | hange program | | | | | | |
| b | Scholarly research | e | | ther | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | | | | - | - | | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit of | | | | | similar as | ssets | _ | - | | - |
| Der | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | ete if the c | organizatio | n answered "Ye | es" on Fo | orm 990 | , Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Par | · · | | | | | | | | | |
| 1 a | Is the organization an agent, trustee, custodia | | | | | | | _ | 7 | | ٦ |
| | on Form 990, Part X? | | | | | | | ∟ | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the fol | llowing tab | ole: | | | | | A.m.o.un | | |
| | | | | | | | | | Amoun | | |
| | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | 1d | | | | |
| | Distributions during the year | | | | | | 1e | | | | |
| | Ending balance Did the organization include an amount on Fo | | | | | | 1f | | Yes | | |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | <i>c</i> | ∟ | l tes | | _ No □ |
| Par | | | | | | | | | <u></u> | | |
| | | (a) Current year | | or year | (c) Two years t | | | ears back | (e) Fou | vears | back |
| 10 | Beginning of year balance | (u) ourront your | (2) 11 | or your | | | , | ouro suon | (0) 1 00 | youro | buon |
| | Contributions | | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | | |
| e | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent vear end balance | e (line 1a | column (a) |) held as: | | | | | | |
| | Board designated or quasi-endowment | | % | | | | | | | | |
| | Permanent endowment | | _/* | | | | | | | | |
| | | ,° % | | | | | | | | | |
| • | The percentages on lines 2a, 2b, and 2c show | , - | | | | | | | | | |
| 3a | Are there endowment funds not in the posses | | ation that a | are held ar | nd administered | for the | organiza | ation | | | |
| | by: | 5 | | | | | 5 | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | ent. | | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 |), Part IV, I | line 11a. S | ee Form 990, P | art X, lin | ne 10. | | | | |
| | Description of property | (a) Cost or o basis (investn | | ., | or other (other) | • • | umulate eciation | ed | (d) Boo | k valu | е |
| 1a | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | | | | | | | | |
| | Other | | | 2 | 7,676. | 2 | 24,98 | 36. | | 2,6 | |
| | . Add lines 1a through 1e. (Column (d) must e | | X. column | | | | | | | 2,6 | |
| - | | | | | | | | | | | 0004 |

Schedule D (Form 990) 2021

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| Schedule [|) (Form | 990) 2 | 2021 | Ma | agis | Americas, | Ind |
|------------|---------|--------|------|----|------|-----------|-----|
| | - | | | | - | | |

| | the organization answered "Yes" | | | |
|---|---|---|--------------------------------------|------------------------|
| (a) Description of security | / Or Category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | l-of-year market value |
| Financial derivatives | | | | |
| Closely held equity in | nterests | | | |
| Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| art VIII Investme | Form 990, Part X, col. (B) line 12.) ► ents - Program Related. the organization answered "Yes" of the organization of the o | on Form 990, Part IV, line 1 | 1c See Form 990 Part X line 13 | |
| | ption of investment | (b) Book value | (c) Method of valuation: Cost or end | lof year market value |
| | | (b) DOON Value | (c) Method of Valuation. Cost of end | or your market value |
| (1) | | | | |
| (2) (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| tal. (Col. (b) must equal F | Form 990, Part X, col. (B) line 13.) | | | |
| art IX Other As | sets. the organization answered "Yes" o | | 1d. See Form 990, Part X, line 15. | (b) Book value |
| Complete if | sets. the organization answered "Yes" o | on Form 990, Part IV, line 1 Description | 1d. See Form 990, Part X, line 15. | (b) Book value |
| Complete if | sets. the organization answered "Yes" o | | 1d. See Form 990, Part X, line 15. | (b) Book value |
| Complete if (1) (2) | sets. the organization answered "Yes" o | | 1d. See Form 990, Part X, line 15. | (b) Book value |
| (1) (2) (3) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3 | sets. the organization answered "Yes" o | | 1d. See Form 990, Part X, line 15. | (b) Book value |
| Complete if (1) (2) (3) (4) | sets. the organization answered "Yes" o | | 1d. See Form 990, Part X, line 15. | (b) Book value |
| Other As Complete if (1) (2) (3) (4) (5) | sets. the organization answered "Yes" o | | 1d. See Form 990, Part X, line 15. | (b) Book value |
| art IX Other As Complete if (1) (2) (3) (4) | sets. the organization answered "Yes" o | | 1d. See Form 990, Part X, line 15. | (b) Book value |
| Other As Complete if (1) (2) (3) (4) (5) (6) (7) | sets. the organization answered "Yes" o | | 1d. See Form 990, Part X, line 15. | (b) Book value |
| Other As Complete if (1) (2) (3) (4) (5) (6) | sets. the organization answered "Yes" o | | 1d. See Form 990, Part X, line 15. | (b) Book value |
| Part IX Other As Complete if (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must e) art X Other Lia | sets. the organization answered "Yes" ((a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c | Description | | |
| art IX Other As Complete if (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must e) art X Other Lia | sets. the organization answered "Yes" (a) (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c | Description | 1d. See Form 990, Part X, line 15. | |
| art IX Other As Complete if (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must e Complete if | sets. the organization answered "Yes" ((a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c | Description | | |
| art IX Other As Complete if (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must e Complete if (1) Federal income t | sets. the organization answered "Yes" ((a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | Description | | |
| art IX Other As Complete if (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must et art X Other Lia Complete if (1) Federal income t (2) (2) | sets. the organization answered "Yes" ((a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | Description | | |
| art IX Other As Complete if (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must experiment) (Complete if (1) Federal income to (1) Federal income to (3) (3) | sets. the organization answered "Yes" ((a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | Description | | |
| art IX Other As Complete if (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must expression (b) must expression (c) must expression | sets. the organization answered "Yes" ((a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | Description | | |
| art IX Other As Complete if (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must explicit) (1) Federal income the theorem of the the the theorem of the the the theorem of the the | sets. the organization answered "Yes" ((a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | Description | | |
| art IX Other As Complete if (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must e) tal. (Column (b) must e) Complete if (1) Federal income t (2) (3) (4) (5) (6) (6) | sets. the organization answered "Yes" ((a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | Description | | |
| Part IX Other As Complete if (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must e Part X Other Lia Complete if (1) Federal income t (2) (3) (4) (5) (6) (7) | sets. the organization answered "Yes" ((a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | Description | | |
| Part IX Other As Complete if (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must er Part X Other Lia Complete if (1) Federal income tr (2) (3) (4) (5) (6) (7) (8) (8) | sets. the organization answered "Yes" ((a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | Description | | |
| art IX Other As Complete if (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must ei art X Other Lia Complete if (1) Federal income ti (2) (3) (4) (5) (6) (7) (8) (9) | sets. the organization answered "Yes" ((a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | Description | | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

| Sche | edule D (Form 990) 2021 Magis Americas, Inc | | 30-0341787 Page 4 |
|------|--|--------------------|-------------------|
| | rt XI Reconciliation of Revenue per Audited Financial Sta | tements With Reven | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | ne 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| с | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| С | Add lines 4a and 4b | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. | <u>)</u> | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Sta | • | nses per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | ne 12a. | |
| 1 | | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | |
| а | Donated services and use of facilities | <u>2</u> a | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | | | |
| е | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | <u>4a</u> | |
| | Other (Describe in Part XIII.) | 4b | |
| С | | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | <u>8.</u>) | |
| Pa | rt XIII Supplemental Information. | | |

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

132054 10-28-21

| SCHEDULE F Statement of Activities Outside | | | ivities Outside the Ur | nited Sta | ites — | OMB No. 1545-0047 |
|--|---|---|--|----------------------------|--|---|
| (Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, | | | | | | 2021 |
| Department of the Treasury | | 3 | Attach to Form 990. | ,, . | | LUL I |
| Internal Revenue Service | ► Go to v | www.irs.gov/Fo | orm990 for instructions and the lates | t information. | | spection |
| Name of the organization | | | | | Employer ider | ntification number |
| Magis Americas, | Inc | | | | 30-0341 | 787 |
| Part I General Info | rmation on A | ctivities Out | side the United States. Compl | ete if the organ | ization answered | "Yes" on |
| Form 990, Part I | | | | | | |
| - | 0 | | ds to substantiate the amount of its gra the selection criteria used to award the | | · · · | X Yes 🗌 No |
| 2 For grantmakers. Desc United States. | cribe in Part V the | e organization's | procedures for monitoring the use of it | s grants and ot | her assistance o | utside the |
| | | | an be duplicated if additional space is r | 1 | | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent | (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to | is a pro | vity listed in (d) gram service, e specific type | (f) Total expenditures for and investments |
| | | contractors in the region | recipients located in the region) | of service | (s) in the region | in the region |
| | | | | Projects an | d | |
| | | | | partnership | s facilitated | a |
| | | | | by Magis Am | ericas are | |
| South America | 0 | 0 | Program services | | dressing at | 1,152,054. |
| | | | | Projects an | | |
| | | | | | s facilitated | 1 |
| Central America and | | | L . | by Magis Am | | 556 000 |
| the Caribbean | 0 | 0 | Program services | aimed at ac Projects an | dressing at | 556,903. |
| | | | | - | os facilitateo | 4 |
| | | | | by Magis Am | | |
| Sub-Saharan Africa | 0 | o | Program services | | dressing at | 75,040. |
| | | | | Projects an | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | | - | s facilitate | a |
| | | | | by Magis Am | | |
| South Asia | 0 | 0 | Program services | aimed at ad | dressing at | 49,528. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 3 a Subtotal | 0 | 0 | | | | 1,833,525. |
| b Total from continuation | 0 | 0 | | | | 0. |
| sheets to Part I c Totals (add lines 3a | 0 | | | | | 0. |
| and 3b) | 0 | 0 | | | | 1,833,525. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part V for Column (e) descriptions

Schedule F (Form 990) 2021

OMB No. 1545-0047

132071 12-20-21

Magis Americas, Inc

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.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FM\ appraisal, other) |
|-------------------------------|---|-------------------|--------------------------------|-----------------------------|---------------------------------|---|---|--|
| | | | | | | | | |
| | | South America | Education programs | 60,000. | Wire Transfer | 0. | | |
| | | Central America | | | | | | |
| | | and the Caribbean | Social programs / | | | | | |
| | | - Antigua & | Humanitarian | | | | | |
| | | Barbuda, Aruba, | assistance | 293,150. | Wire Transfer | 0. | | |
| | | South America - | | | | | | |
| | | Argentina, | | | | | | |
| | | Bolivia, Brazil, | | | | | | |
| | | Chile, Columbia, | Migration program | 23,824. | Wire Transfer | 0. | | |
| | | South America - | | | | | | |
| | | Argentina, | | | | | | |
| | | Bolivia, Brazil, | | | | | | |
| | | Chile, Columbia, | Education programs | 170,032. | Wire Transfer | 0. | | |
| | | Central America | | | | | | |
| | | and the Caribbean | | | | | | |
| | | - Antigua & | | | | | | |
| | | Barbuda, Aruba, | Education programs | 29,671. | Wire Transfer | 0. | | |
| | | South America - | | | | | | |
| | | Argentina, | | | | | | |
| | | Bolivia, Brazil, | | | | | | |
| | | Chile, Columbia, | Education programs | 10,571. | Wire Transfer | 0. | | |
| | | South America - | | | | | | |
| | | Argentina, | | | | | | |
| | | Bolivia, Brazil, | | | | | | |
| | | Chile, Columbia, | Education programs | 170,032. | Wire Transfer | 0. | | |
| | | South America - | | | | | | |
| | | Argentina, | | | | | | |
| | | Bolivia, Brazil, | | | | | | |
| | | Chile, Columbia, | Education programs | 665,268. | Wire Transfer | Ο. | | |

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021

Page 2

| Schedule F (Form 990) | Magis | Americas, I | nc | 30-0341787 | | | | Page 2 |
|-------------------------------|--|------------------------|--------------------------------|---------------------------------|---------------------------------|--|---|--|
| Part II Continuation of | of Grants and Other | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line 1) | | |
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV appraisal, other) |
| | | South America - | | | | | | |
| | | Argentina, | | | | | | |
| | | Bolivia, Brazil, | | | | | | |
| | | Chile, Columbia, | Migration programs | 27,073. | Wire Transfer | 0. | | |
| | | South America - | | | | | | |
| | | Argentina, | | | | | | |
| | | Bolivia, Brazil, | | | | | | |
| | | Chile, Columbia, | Education programs | 55,240. | Wire Transfer | Ο. | | |
| | | South America - | | | | | | |
| | | Argentina, | Social programs and | | | | | |
| | | Bolivia, Brazil, | humanitarian | | | | | |
| | | Chile, Columbia, | assistance | 49,528. | Wire Transfer | Ο. | | |
| | | Central America | | | | | | |
| | | and the Caribbean | | | | | | |
| | | - Antigua & | | | | | | |
| | | Barbuda, Aruba, | Migration programs | 32,752. | Wire Transfer | Ο. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Sub-Saharan | | | | | | |
| | | Africa | Migration programs | 17,800. | Wire Transfer | Ο. | | |
| | | South America - | | , | | | | |
| | | Argentina, | | | | | | |
| | | Bolivia, Brazil, | | | | | | |
| | | Chile, Columbia, | Education programs | 141,196. | Wire Transfer | 0. | | |
| | | Central America | | , | | • | | |
| | | and the Caribbean | | | | | | |
| | | - Antigua & | | | | | | |
| | | Barbuda, Aruba, | Migration programs | 41 034 | Wire Transfer | 0. | | |
| | | Central America | Programs | | | | | |
| | | and the Caribbean | | | | | | |
| | | - Antigua & | | | | | | |
| | | Barbuda, Aruba, | Education programs | 19 100 | Wire Transfer | 0. | | |
| | | Landa, mada, | Programb | 15,100. | | •• | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Part III Grants and Other Assistance | rt 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. | | | | | | | | | |
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Schedule F (Form 990) 2021 Magis Americas, Inc

Schedule F (Form 990) 2021

(h) Method of valuation (book, FMV, appraisal, other)

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

Schedule F (Form 990) 2021

132074 12-20-21

| investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. |
|---|
| Part I, Line 2: |
| Magis Americas selects strong partners that communicate regularly on the |
| work they are doing. |
| |
| Part I, line 3: |
| Cash grants |
| Part I, Line 3, Column (e): |
| Region: South America |
| (e) Specific Types of Services in Region: Projects and partnerships |
| facilitated by Magis Americas are aimed at addressing at ensuring access |
| to quality and inclusive public education, the right to migrate, and the |
| protection of the environment. |
| |
| Region: Central America and the Caribbean |
| (e) Specific Types of Services in Region: Projects and partnerships |
| facilitated by Magis Americas are aimed at addressing at ensuring access |
| to quality and inclusive public education, the right to migrate, and the |
| protection of the environment. |
| Region: Sub-Saharan Africa |
| (e) Specific Types of Services in Region: Projects and partnerships |
| facilitated by Magis Americas are aimed at addressing at ensuring access |
| to quality and inclusive public education, the right to migrate, and the |
| protection of the environment. |
| |
| Region: South Asia |

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of

14460512 786335 62030.001

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Schedule F (Form 990) 2021 Magis Americas, Inc

Part V Supplemental Information

Schedule F (Form 990) 2021

30-0341787

Page 5

| Part V | Supplementa | al Informat | tion | |
|------------|-----------------|-------------|-----------|-----|
| Schedule F | (Form 990) 2021 | Magis | Americas, | Inc |

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

(e) Specific Types of Services in Region: Projects and partnerships

facilitated by Magis Americas are aimed at addressing at ensuring access

to quality and inclusive public education, the right to migrate, and the

protection of the environment.

Schedule F (Form 990) 2021

| SCHEDULE G | Suppleme | ities | OMB No. 1545-0047 | | | | | | |
|--|---|---|--|---|---|---------|--|---|--|
| (Form 990) | | e organization answered "Yes" on organization entered more than \$15 | | | | r 19, | or if the | 2021 | |
| Department of the Treasury | | Attach to Form 990 | | | , | | | Open to Public | |
| Internal Revenue Service | | to www.irs.gov/Form990 for instru | uction | s and | the latest informati | on. | | Inspection | |
| Name of the organization | | mericas, Inc | | | | | Employer ide 30-0341 | entification number . 787 | |
| | complete this part | Complete if the organization answe | red "Y | es" or | n Form 990, Part IV, I | ine 1 | 7. Form 990-E2 | Z filers are not | |
| Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list | e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv | ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu | tion of tion of fundra (incluc rofessi | non-g gover iising of ling of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | | Ye: | | |
| (i) Name and addres or entity (func | | (ii) Activity | (iii) fundr have ci or con contribu | ustody trol of | (iv) Gross receipts to from activity | | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization | |
| | | | Yes | No | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | n is registered or licensed to solicit c | contrib | ▶ utions | or has been notified | it is e | exempt from re | egistration | |
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| | | | | | | | | | |
| | | | | | - | | | 0/2 | |
| LHA For Paperwork Re | eauction Act Noti | ce, see the Instructions for Form 9 | 90 or | 990-E | <i>L</i> . | | Schedul | e G (Form 990) 2021 | |

Magis Americas, Inc

30-0341787 Page 2

| 'a | irt II | Fundraising Events. Complete if th | e organization answered | "Yes" on Form 990, Part | t IV, line 18, or reported | more than \$15,000 |
|----|--------|--|-------------------------|----------------------------|----------------------------|-------------------------|
| | | of fundraising event contributions and gro | oss income on Form 990- | EZ, lines 1 and 6b. List e | events with gross receipt | s greater than \$5,000. |
| | | | | | | |

| | | | | | | s greater than \$5,000. | | | | |
|-----------------|------------------------------|--|---|--|--------------------------|--|--|--|--|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events None | (d) Total events (add col. (a) through | | | | |
| Ð | | | (event type) | (event type) | (total number) | col. (c)) | | | | |
| Revenue | 1 | Gross receipts | 173,186. | | | 173,186. | | | | |
| | 2 | Less: Contributions | 126,311. | | | 126,311. | | | | |
| | 3 | Gross income (line 1 minus line 2) | 46,875. | | | 46,875. | | | | |
| | _ | | | | | | | | | |
| | 4 | Cash prizes | | | | | | | | |
| | 5 | Noncash prizes | | | | | | | | |
| senses | 6 | Rent/facility costs | | | | | | | | |
| Direct Expenses | 7 | Food and beverages | | | | | | | | |
| D | 8 | Entertainment | | | | | | | | |
| | 9 | Other direct expenses | 86,086. | | | 86,086. 86,086. | | | | |
| | 10 | | | | | | | | | |
| Pa | | Net income summary. Subtract line 10 from li | | 000 Det N/ Kee 40 - | | -39,211. | | | | |
| Га | | Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Form | 1990, Part IV, line 19, or r | eported more than | | | | | |
| iue | | ····· | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | | | | |
| Revenue | | | | | | | | | | |
| ш | 1 | | | | | | | | | |
| | | Gross revenue | | | | | | | | |
| es | 2 | Gross revenue | | | | | | | | |
| Expenses | 2 3 | | | | | | | | | |
| Direct Expenses | | Cash prizes | | | | | | | | |
| Direct Expenses | 3 4 | Cash prizes | | | | | | | | |
| Direct Expenses | 3 4 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses | % | Yes% | % | | | | | |
| Direct Expenses | 3 4 | Cash prizes Noncash prizes Rent/facility costs | Yes% □% | % | ☐ Yes% | | | | | |
| Direct Expenses | 3 4 5 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | No | | No | | | | | |
| Direct Expenses | 3 4 5 6 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | No | No | No► | | | | | |
| b 6 Direct | 3 4 5 7 8 Ent | Cash prizes | No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these | No No | No ► | | | | | |
| b 6 Direct | 3 4 5 7 8 Ent | Cash prizes | No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these | No No | No ► | | | | | |

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

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Schedule G (Form 990) 2021

| Sch | edule G (Form 990) 2021 | Magis | Americas, | Inc | | 30-0341 | 787 | Page 3 |
|-------|---|------------------|-----------------------|---------------|--|-----------------|----------|-----------------|
| 11 | Does the organization conduct ga | | | | | | Yes | No |
| 12 | Is the organization a grantor, ben | eficiary or trus | stee of a trust, or a | member of a | a partnership or other entity formed | | | |
| | | | | | | | Yes | No |
| | Indicate the percentage of gamin | | | | | 1 | | |
| | | | | | | | | % |
| | | | | | | | | % |
| 14 | Enter the name and address of th | e person who | prepares the organ | nization's ga | aming/special events books and records | : | | |
| | Name 🕨 | | | | | | | |
| | Address 🕨 | | | | | | | |
| 15a | Does the organization have a con | tract with a th | nird party from who | m the organ | ization receives gaming revenue? | | Yes | 🗌 No |
| b | | | | | \$ and the amou | nt | | |
| | of gaming revenue retained by the | | | | | | | |
| С | If "Yes," enter name and address | of the third p | arty: | | | | | |
| | Name | | | | | | | |
| | Address 🕨 | | | | | | | |
| 40 | | | | | | | | |
| 16 | Gaming manager information: | | | | | | | |
| | Name 🕨 | | | | | | | |
| | Gaming manager compensation | ► \$ | | | | | | |
| | danning manager compensation | • | | | | | | |
| | Description of services provided | ▶ | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Director/officer | | /ee | Independ | ent contractor | | | |
| 17 | Mandatory distributions: | | | | | | | |
| а | Is the organization required under | r state law to | make charitable dis | tributions fr | om the gaming proceeds to | | | |
| | retain the state gaming license? | | | | | | Yes | 🗌 No |
| b | | • | | stributed to | other exempt organizations or spent in | the | | |
| Pa | organization's own exempt activit rt IV Supplemental Infor | | | | l by Part I, line 2b, columns (iii) and (v); a | nd Dort III lir | | b 10b |
| 1 4 | 15b, 15c, 16, and 17b, as | | | | | nu Fan III, III | 165 9, 5 | <i>b</i> , 100, |
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| 13208 | 33 10-21-21 | | | | | Schedule G (| Form | 990) 2021 |
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| | Schedule G (Form 990) |
| 132084 11-18-21 | Generale & (Form 990) |

SCHEDULE O

30-0341787

Magis Americas, Inc

Form 990, Part I, Line 1, Description of Organization Mission:

The mission of Magis Americas is to foster, support, and accompany

Jesuit partners in the Global South, especially in Latin America and

the Carribbean, as they strive toward the construction of just,

dignified and equitable societies.

Form 990, Part VI, Section A, line 4:

The Organization changed its year end to June 30.

Form 990, Part VI, Section B, line 11b:

A copy of the IRS Form 990 is sent to the board chair and the treasurer for review, revisions, and comments prior to electronic filing. Once the 990 is approved, it is then reported to the full board

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy is reviewed annually with the board.

Form 990, Part VI, Section B, Line 15a:

In 2017, the Board of Directors conducted an open hiring process to select

a new Executive Director to lead Magis Americas. Upon completion of the

process, the Board of Directors elected to conduct a formal interview along

with the HR Director. The voting members agreed on their selection, voting

for the hiring of the current Executive Director.

Form 990, Part VI, Section C, Line 19:

 The organization makes its governing documents available to the public upon

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211 11-11-21
 Image: Schedule O (Form 990) 2021

42

| Schedule O (Form 990) 2021 | Page 2 |
|---|---|
| Name of the organization Magis Americas, Inc | Employer identification number 30-0341787 |
| | |
| request. | |
| | |
| Form 990 Part VII Ling 2g | |
| Form 990, Part XII, Line 2c | |
| The board annually approves the independent auditors. | |
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| 132212 11-11-21 | Schedule O (Form 990) 2021 |
| 43 | · · · · · · · · · · · · · · · · · · · |

2021 DEPRECIATION AND AMORTIZATION REPORT

For

| Form 99 | 90 Page 10 | | | | | | | 990 | | | | | | | |
|--------------|-----------------------------------|------------------|--------|------|---------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset No. | Description | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
| 2 | Office Furniture | 12/31/07 | SL | 7.00 | | 16 | 5,856. | | | | 5,856. | 5,856. | | 0. | 5,856. |
| 3 | Macbook Pro | 01/15/20 | SL | 5.00 | | 16 | 1,600. | | | | 1,600. | 467. | | 320. | 787. |
| 4 | Surface Pro #1 | 05/08/20 | SL | 5.00 | | 16 | 1,652. | | | | 1,652. | 385. | | 330. | 715. |
| 5 | Surface Pro #2 | 05/27/20 | SL | 5.00 | | 16 | 1,568. | | | | 1,568. | 314. | | 314. | 628. |
| | * 990 Page 10 Total - | | | | | | 10,676. | | | | 10,676. | 7,022. | | 964. | 7,986. |
| 1 | Website | 12/31/06 | SL | 3.00 | | 16 | 17,000. | | | | 17,000. | 17,000. | | 0. | 17,000. |
| | * 990 Page 10 Total - | | | | | | 17,000. | | | | 17,000. | 17,000. | | 0. | 17,000. |
| | * Grand Total 990 Page 10 Depr | | | | | | 27,676. | | | | 27,676. | 24,022. | | 964. | 24,986. |
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128111 04-01-21

(D) - Asset disposed

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

- NEXT YEAR FEDERAL -

Magis Americas, Inc

| Asset No. | Description | | Date quire | | Method | Life | Unadjusted Cost Or Basis | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Amount Of Depreciation |
|--------------|--------------------------------|----------|---------------|----|--------|------|-----------------------------|----------------------------|---------------------------|-----------------------------|---------------------------|
| 2 | Office Furniture | 12 | 31 |)7 | SL | 7.00 | 5,856. | | 5,856. | 5,856. | 0. |
| | Macbook Pro | 12 01 | 15 | 20 | SL | 5.00 | 1,600. | | 1,600. | | 320. |
| 4 | Surface Pro #1 | 05 | 08 | 20 | SL | 5.00 | 1,652. | | 1,652. | 715. | 330. |
| | Surface Pro #2 | 05 | 27 | 20 | SL | 5.00 | 1,568. | | 1,568. | 628. | 314. |
| | * 990 Page 10 Total - | | | | | | 10,676. | | 10,676. | 7,986. | 964. |
| 1 | Website | 12 | 31 |)6 | SL | 3.00 | 17,000. | | 17,000. | 17,000. | 0. |
| | * 990 Page 10 Total - | | | | | | 17,000. | | 17,000. | 17,000. | 0. |
| | * Grand Total 990 Page 10 Depr | | | | | | 27,676. | | 27,676. | 24,986. | 964. |
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(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone