efile	e GRAPHIC	orint - DO NOT PROCESS As Filed Data -			DL	N: 93	493319042627		
	990	Return of Organization Exempt From	Inco	me	Тах	0	MB No 1545-0047		
-	330	Under section 501(c), 527, or 4947(a)(1) of the Internal Reve					2016		
<u>م</u>		foundations)		•					
	ment of the Treasu l Revenue Service	 Information about Form 990 and its instructions is at <u>www</u> 					Open to Public Inspection		
	or the 2016 c	elendar year, or tax year beginning 01-01-2016 ,and ending 12-3	1-2016						
	ck if applicable	C Name of organization			D Employer	Identif	ication number		
	dress change me change	MAGYAR FOUNDATION OF NORTH AMERICA			47-10021	51			
🗖 Ini	tial return	Doing business as							
	n/terminated	Number and street (or P O box if mail is not delivered to street address) Room/su	lite						
_	nended return plication pending	3033 WILSON BLVD NO 700			(703) 549	-7705			
		City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22201			•				
		F Name and address of principal officer	H(a) I	's this	G Gross recei		,103,477		
		DAVID SATTERFIELD 228 S WASHINGTON ST	5	subord	linates?		🗌 Yes 🗹 No		
		ALEXANDRIA, VA 22314	H(b) ^A	Are all nclude	subordinates ed?		Yes No		
	x-exempt status	□ 501(c)(3)			" attach a list	•			
JW	ebsite: ► WW	W MAGYARFOUNDATION COM	H(C) (Group	exemption nu	mber	•		
K Forr	n of organization	☑ Corporation □ Trust □ Association □ Other ►	L Year of	forma	tion 2014 🛛	State	of legal domicile DC		
Pa		mary cribe the organization's mission or most significant activities							
പ		TE HUNGARIAN CULTURE IN NORTH AMERICA AND TO ENGAGE HUNGARI	AN AMER	ICAN	5 IN HUNGAR	[AN-F	OCUSED ACTIVITIES		
anc									
/em									
Governance		s box \blacktriangleright if the organization discontinued its operations or disposed of m		25%	of its net ass		-		
ಸರ		of voting members of the governing body (Part VI, line 1a)		• •		3	5		
Activities &		nber of individuals employed in calendar year 2016 (Part V, line 2a)			•	5	0		
Activ	6 Total nun	ber of volunteers (estimate if necessary)				6	0		
4		elated business revenue from Part VIII, column (C), line 12		•		7a	0		
	b Net unrel	ated business taxable income from Form 990-T, line 34		Pric	or Year	7b	0 Current Year		
0	8 Contribut	ions and grants (Part VIII, line 1h)			2,105,71	2	2,103,312		
enneven	9 Program	service revenue (Part VIII, line 2g)			(ו	0		
VçA		nt income (Part VIII, column (A), lines 3, 4, and 7d)			10	_	165		
		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,105,81	5	_		
		d similar amounts paid (Part IX, column (A), lines 1–3)			50,00	-	0		
	14 Benefits p	oaid to or for members (Part IX, column (A), line 4)			(ו	0		
3		other compensation, employee benefits (Part IX, column (A), lines 5-10)					0		
Expenses		nal fundraising fees (Part IX, column (A), line 11e)			100,000	ין 	0		
Ä		aising expenses (Part IX, column (D), line 25) ▶0 penses (Part IX, column (A), lines 11a–11d, 11f–24e)			1,595,670	5	875,756		
	18 Total exp	enses Add lines 13-17 (must equal Part IX, column (A), line 25)			1,745,67	5	875,756		
	19 Revenue	less expenses Subtract line 18 from line 12			360,139	-	1,227,721		
Net Assets or Fund Balances			Begir	ining	of Current Yea	r	End of Year		
Bala	20 Total ass	ets (Part X, line 16)			386,76	1	1,614,485		
und		lities (Part X, line 26)				ו	0		
Z⊡. Par		s or fund balances Subtract line 21 from line 20			386,764	1	1,614,485		
Undei	r penalties of p	erjury, I declare that I have examined this return, inclui							
	ledge and belie nowledge	f, it is true, correct, and complete Declaration of prepa							

Sign	Signati	ire of officer							
Here	DAVID	SATTERFIELD TREASURER							
	/	r print name and title rint/Type preparer's signature							
Paic	Δ	NDREW S COOPER ANDREW S COOPER							
		rm's name 🕨 LOBEL COOPER & ASSOCIATES PC							

/								
Paid	Print/Type preparer's name ANDREW S COOPER	Preparer's signatu ANDREW S COOPI						
Preparer	Firm's name 🕨 LOBEL COOPER & ASSOCIATES PC							
Use Only	Fırm's address ► 6309 EXECUTIVE BLVD							
···· ,	NORTH BETHESDA, MD	20852						

May the IRS discuss this return with the preparer shown above? (see instruct For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2016)					Pae	ge 2
Par	t III Statement	of Program Service	e Accomplish	ments			
	Check If Sche	dule O contains a respor	nse or note to a	ny line in this Part III			
1	Briefly describe the o	organization's mission					
TO P EVEN		CULTURE IN NORTH AME	ERICA AND TO I	ENGAGE HUNGARIAN A	AMERICANS IN HUNGARIAN-FOCUS	ED ACTIVITIES AND	
	113						
2	Did the organization	undertake any significar	it program serv	ices during the year wi	hich were not listed on		_
	the prior Form 990 c	or 990-EZ?				🗌 Yes 🗹 No	
	If "Yes," describe the	ese new services on Sche	edule O				
3	Did the organization	cease conducting, or ma	ike significant c	hanges in how it condu	ucts, any program		
		ese changes on Schedule				🗌 Yes 🗹 No	D
4		-		e for onch of its throo	largest program convision as measu	rad by avpances	
-	Section 501(c)(3) ar		ns are required t	to report the amount o	largest program services, as measu if grants and allocations to others, t		
4a	(Code) (Expenses \$	637,879	including grants of \$) (Revenue \$)	
	See Additional Data						
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
							—
4d	Other program servi	ces (Describe in Schedul	e O)				
	(Expenses \$		dıng grants of \$	5) (Revenue \$)	
4e	Total program ser	vice expenses >	637,87	9			
	_					Form 990 (2)	016)

Par	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		No		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No		
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4				
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No		
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable					
		11a		No		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No		
		11c		No		
		11d		No		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No		
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No		
		12a		No		
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		No		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No		
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No		
15	15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for ar foreign organization? If "Yes," complete Schedule F, Parts II and IV					
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		No		
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No		
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		No		
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		No		
		E E	orm 99 1	0 (2016)		

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
с	<i>IV</i>	28b		No
20	officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c		No
29		29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I \cdot	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
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Form	990 (2016)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 13			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
b	this return	2 b		
-	Note . If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2		NL-
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 2h		No
	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country HU			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			<u> </u>
	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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
17-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	a		
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
				0 (2016)

Form	990 (2016)			Page
Par	t VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to l	ines
	Check if Schedule O contains a response or note to any line in this Part VI			\checkmark
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	-		
	members of the governing body?	7a 7b		No No
	persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	120		No
14	Did the organization have a written document retention and destruction policy?	13		No
14	Did the process for determining compensation of the following persons include a review and approval by independent			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🛛 Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION 3033 WILSON BLVD NO 700 ARLINGTON, VA 22201 (703) 549-7705 20

orm	990	(2016)	
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8a, 8b, or 10b below,	describe the circumstances,	processes,	or changes in	Sched	lule C) Se	e in	struc	tion	s	
Check if Schedule O c	ontains a response or note to	o any line ir	n this Part VI								

☑

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

e List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t ch unles ficer	ss pers and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) JO ANNE BARNHART DIRECTOR/PRESIDENT	20 00	х		x				0	0	0
(2) CRAIG ENGLE DIRECTOR	1 00	x						0	0	0
(3) CHRIS LARSON DIRECTOR	1 00	х						0	0	0
(4) DAVID SZABO DIRECTOR	1 00	х						0	0	0
(5) CHARLES KILBOURNE DIRECTOR	1 00	х						0	0	0
(6) DAVID SATTERFIELD TREASURER	3 50			x				0	0	0
(7) CANDICE GREAUX SECRETARY	35 00			x				0	0	0
										Form 990 (2016)

	Form	990	(2016)	
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Par	t VII Section A. Officers, Direct	tors, Trustees	s, Key l	Empl	loye	es,	and	Higł	nest Col	mpensate	d Employees	(conti	nued)	
	(A) Name and Title	(B) Average hours per week (list any hours for related	than c ıs b	ne b	ox, u in ofi	t che inles ficer	and a	son	Repo compo froi organiz	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (w-	(F Estima amount c compen from	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109		2/1099-MISC		organization and related organizations	
					-			-						
								-						
	Sub-Total						•							
	Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)	•				•	► ►			0		0		0
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos				∍) who	rece	eived mo	ore than \$1	00,000			
3	Did the organization list any former in line 1a? <i>If "Yes," complete Schedule 2</i>										employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual	s greater than \$		0? Iḟ							the			
5	Did any person listed on line 1a receiv					- any	unrela	ated	organiza	tion or indi	vidual for	4		No
	services rendered to the organization	If "Yes," comp	lete Sch	edule	e J fo	or su	ich pei	rson	•••			5		No
<u>Se</u>	ection B. Independent Contract Complete this table for your five high		d indep	ender		ntra	octors	that	received	more than	\$100.000 of cor	mnens	ation	
<u> </u>	from the organization Report comper	nsation for the c									ı's tax year			
		(A) and business addre	955								(B)		(C Comper	isation
1717	T FOX LLP K STREET NW HINGTON, DC 20006									SERVICES	PROFESSIONAL			230,000
533 C	KELLY, CLINTON ST ERLY, PA 18471									SOCIAL MED	IA CONSULTING			120,000
	TOL MEDIA PARTNERS									PUBLIC REL	ATIONS			103,750
	S CAMINO REAL SPRINGS, CA 92264													

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 3

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				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<i> </i>	1a Federated campaigns	1a					
ants unt	b Membership dues	1 b					
0 U U U	c Fundraising events	1c					
ifts.	d Related organizations	1d					
, Gi	e Government grants (contributions)	1e	2,103,312				
ons	f All other contributions, gifts, grants, and similar amounts not included	1f					
Contributions, Gifts, Grants and Other Similar Amounts	above g Noncash contributions included in lines 1a-1f \$		L				
Cont	h Total.Add lines 1a-1f		<u> </u>	2,103,312			
RIE	2a		Business	s Code			
Program Service Revenue		-					
ъ.	b						
чи	c	_					
ي م	e ———						
grai	f All other program service revenue	<u></u>					
Å	9 Total. Add lines 2a-2f		•				
	3 Investment income (including divid		nterest, and other	16	55		165
	sımılar amounts)		ond proceeds				102
	5 Royalties		· · · •	}			
	(I) Rea	I	(II) Personal				
	6a Gross rents						
	b Less rental expenses			-			
	c Rental income or			_			
	(loss)						
			· · · •				
	(1) Securi 7a Gross amount	ties	(II) Other	_			
	from sales of assets other						
	than inventory						
	b Less cost or other basis and			7			
	sales expenses			_			
	C Gain or (loss) d Net gain or (loss)		•				
	8a Gross income from fundraising ev	ents					
ue	(not including \$ contributions reported on line 1c)	of					
۲e ۲	See Part IV, line 18	a					
Re	b Less direct expenses						
Other Revenue	c Net income or (loss) from fundrais 9a Gross income from gaming activit		ents 🕨	-1			
ŏ	See Part IV, line 19	les					
		а					
	b Less direct expenses c Net income or (loss) from gaming	b	195				
	10a Gross sales of inventory, less	activit		1			
	returns and allowances						
	b Less cost of goods sold	a b		_			
	c Net income or (loss) from sales of						
	Miscellaneous Revenue	invent	Business Code				
	11a			_			
	b						
	с						
	d All other revenue						
	e Total. Add lines 11a-11d	• •					
	12 Total revenue. See Instructions		· · · •	2 103 4	77		165

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (D) (A) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundraisingexpenses general expenses expenses 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, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . 9 Other employee benefits . . 10 Payroll taxes 11 Fees for services (non-employees) a Management 180,477 180.477 **b** Legal 57,400 57,400 c Accounting . . d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees . g Other (If line 11g amount exceeds 10% of line 25, column 19,308 19,308 (A) amount, list line 11g expenses on Schedule O) 120,543 120,543 12 Advertising and promotion . 13 Office expenses . . 1,502 1,502 25,300 25,300 14 Information technology . 15 Royalties . 12,130 12,130 16 Occupancy . 54,377 54,377 17 Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 210,173 210,173 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates . . . 22 Depreciation, depletion, and amortization . 23 Insurance . 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 100,000 a RESEARCH, PUBLICATIONS 100,000 b PUBLIC RELATIONS 93.000 93,000 1,471 1,471 c BANK FEES 75 75 d LICENSE AND REGISTRATIO e All other expenses 875,756 637,879 237,877 0 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here 🕨 🔲 if following SOP 98-2 (ASC 958-720)

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

Form 990 (2016)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part IX	(A) Beginning of year	•	•••••□ (B) End of year
	1	Cash-non-interest-bearing		286,695	1	1,589,439
	2	Savings and temporary cash investments		100,069	2	25,046
	3	Pledges and grants receivable, net			3	, , , , , , , , , , , , , , , , , , ,
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo			-	
	6	trustees, key employees, and highest compensa II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio	ated employees Complete Part fied persons (as defined under n 4958(c)(3)(B), and		5	
ts	_	contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L			6	
sei	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use	· · ·		8	
	9	Prepaid expenses and deferred charges	, · ·, · ·		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities See Part IV, line	11		12	
	13	Investments—program-related See Part IV, line	211		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11	[15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	386,764	16	1,614,485
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue	· · [19	
	20	Tax-exempt bond liabilities	· · · · [20	
Ś	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
lat		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	Total liabilities.Add lines 17 through 25	Γ	0	26	0
Fund Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestructed net assets		386,764	27	1,614,485
Bal	28	Temporarily restricted net assets	[28	
р	29	Permanently restricted net assets			29	
Fur		Organizations that do not follow SFAS 117	(ASC 958),			
or	30	check here ► □ and complete lines 30 th Capital stock or trust principal, or current funds			30	
ets	31	Paid-in or capital surplus, or land, building or ec			31	
Assets	32	Retained earnings, endowment, accumulated in	· · · _		32	
et 1	33	Total net assets or fund balances	· · -	386,764	33	1,614,485
Net	34	Total liabilities and net assets/fund balances .		386,764	34	1,614,485
	-			· · ·		Form 990 (2016)

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Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	,103,477
2	Total expenses (must equal Part IX, column (A), line 25)	2			875,756
3	Revenue less expenses Subtract line 2 from line 1	3		1	,227,721
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$.	4			386,764
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,614,485
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990 🗹 Cash 🗌 Accrual 🗍 Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C)		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired	Зb		

Additional Data

Software ID: Software Version: EIN: 47-1002151 Name: MAGYAR FOUNDATION OF NORTH AMERICA

Form 990 (2016)

Form 990, Part III, Line 4a:

ACADEMIC RESEARCH AND PUBLICATIONS REGARDING PRESENT AND HISTORICAL HUNGARIAN-AMERICAN RELATIONS, HOSTED CONFERENCES, RECEPTIONS AND PRESS EVENTS REGARDING HUNGARIAN-AMERICAN HISTORY WITH NORTH AMERICA, RESEARCH REGARDING EDUCATIONAL PROGRAMS, SCHOLARSHIPS, AND CIVIC/INTERNATIONAL CULTURAL EVENTS

efile GRAPHIC prin	t - DO NOT PROCESS	As Filed Data -		DLN: 93493319042627
SCHEDULE O Form 990 or 990- EZ)	Complete to pro Form 990 (Information about	ovide information fo or 990-EZ or to prov ▶ Attach to Form	990 or 990-EZ) and its instructions is at	OMB No 1545-0047 2016 Open to Public Inspection
Internal Revenue Service L Name of the organization MAGYAR FOUNDATION OF NO			Employer 47-100215	identification number

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PROVIDED AND REVIEWED BY THE GOVERNING BODY PRIOR TO ITS APPROVAL FOR FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THERE WAS A REVIEW BY A CONSULTANT TO DETERMINE THE COMPENSATION PAID TO THE VENDORS RESPO NSIBLE FOR THE MANAGEMENT OF THE ORGANIZATION'S PROGRAMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL REQUIRED ORGANIZATIONAL DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, SECTION B INDEPENDENT CONTRACTORS	MFNA CONTRACTED WITH ARENT FOX LLP TO SERVE AS GENERAL COUNSEL AND PROVIDING PROGRAMMING ASSISTANCE