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+ Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2011

, 2011, and ending 12162011 12312011 For calendar year 2011, or tax year beginning Employer identification number Name of foundation 27-4375952 The Magic Charitable Foundation Number and street (or P O box number if mail is not delivered to street address) Room/suite В Telephone number (see the instructions) (847) 362-2640 27115 N. Meadowoods Lane State ZIP code City or town If exemption application is pending, check here C Libertyville IL 60048 Initial Return of a former public charity X Initial return G Check all that apply: D 1 Foreign organizations, check here Amended return Final return 2 Foreign organizations meeting the 85% test, check Name change Address change here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization: Other taxable private foundation Ε If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here Accounting method. X Cash Fair market value of all assets at end of year J If the foundation is in a 60-month termination under section 507(b)(1)(B), check here (from Part II, column (c), line 16) Other (specify) 1,045,849. (Part I, column (d) must be on cash basis.) Analysis of Revenue and Part I (d) Disbursements (b) Net investment (c) Adjusted net (a) Revenue and Expenses (The total of amounts in for charitable income expenses per books income columns (b), (c), and (d) may not necespurposes sarily equal the amounts in column (a) (cash basis only) (see instructions)) 1,008,466. Contributions, gifts, grants, etc, received (att sch) if the foundn is not req to att Sch B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents RECEIVED b Net rental income or (loss) SCANNED MAY 2 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a MAY 0 3 2012 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications OGDENI 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit/(loss) (att sch) Other income (attach schedule) 1,008,466. Total. Add lines 1 through 11 Ō. Ō. Ō. 0. 13 Compensation of officers, directors, trustees, etc 0. 0. 0. 0. Other employee salaries and wages 0. 0. 0. 0. 15 Pension plans, employee benefits 0. Ō. 0. 0. 16a Legal fees (attach schedule) 0. 0. 0. 0 **b** Accounting fees (attach sch) 0. Ō. 0 0. c Other prof fees (attach sch) NISTRATIVE 17 Interest 18 Taxes (attach schedule)(see instrs) Depreciation (attach 19 sch) and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses (attach schedule) Total operating and administrative 0. 0 expenses. Add lines 13 through 23 2,373 2,552. Contributions, gifts, grants paid . Total expenses and disbursements. 0 2,552. 0 2,373. Add lines 24 and 25 Subtract line 26 from line 12: a Excess of revenue over expenses 1,006,093. and disbursements 0. **b** Net investment income (if negative, enter -0-) 0. C Adjusted net income (if negative, enter -0-)

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize)

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

5 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30

6 1,006,093.

	(a) List and describe 2-story brick warehous	e the kind(s) of property sold (e g , r se, or common stock, 200 shares ML	eal estate, .C Company)	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	3,					
t	3					
	d					
-						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal		(h) Gain or (e) plus (f) m	
8	<u> </u>					
t	<u> </u>					
	<u> </u>					
		<u></u>				·
		ng gain in column (h) and owned by		()	(I) Gains (Column (I)	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		han -0-) or Losses (fr	
ē						
t					·	
	·			<u> </u>		
						
	<u> </u>	F	enter in Part I, line 7 ter -0- in Part I, line 7		T	
3	, - ,	oss) as defined in sections 1222(5) as, column (c) (see instructions) If (and (6).	3		
Pa		Section 4940(e) for Reduce	d Tax on Net Investme	ent Income	·	
Was If 'Ye	es,' the foundation does not quali	is part blank. Ion 4942 tax on the distributable am fy under section 4940(e) Do not cor I each column for each year, see the	nplete this part		Yes	☐ No
•	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass		(d) Distribution lumn (b) divided	
	2010					
	2009					
	2008					
	2007					
	2006					
2	Total of line 1, column (d)			2		
3		5-year base period — divide the tot has been in existence if less than 5		. 3		
4	Enter the net value of noncharit	able-use assets for 2011 from Part X	K, line 5	4		-
_				_		
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)		6	-	
7	Add lines 5 and 6 .			7		·
8	Enter qualifying distributions fro	m Part XII, line 4		8		
	If line 8 is equal to or greater th Part VI instructions	an line 7, check the box in Part VI,	line 1b, and complete that pa	art using a 1%	tax rate See the	

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or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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X

3Ь

4a

Form 990-PF (2011) The Magic Charital	ble Foundation		27-43	75952	Page 6
Part VII-B Statements Regarding Activiti			uired (continued)		
5a During the year did the foundation pay or incur					
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	(section 4945(e))? .	Yes X	No	
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	ic election (see section tion drive?	4955), or to carry	Yes X	No	
(3) Provide a grant to an individual for travel,		ourposes?	Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	an a charitable, etc, org 4940(d)(2)? (see instru	ganization described ctions) .	Yes X	No	
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	is, charitable, scientific, n of cruelty to children o	literary, or r animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?	he transactions fail to q a current notice regard	ualify under the exception ing disaster assistance .	ons	5b	
Organizations relying on a current notice regar	ding disaster assistance	e check here	. ▶ 🗌		
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure respons	ibility for the grant?		Yes	No	
If 'Yes,' attach the statement required by Regu	lations section 53.4945	·5(d).			
6 a Did the foundation, during the year, receive any on a personal benefit contract?	,		Yes X		
b Did the foundation, during the year, pay premit If 'Yes' to 6b, file Form 8870	ums, directly or indirectl	y, on a personal benefit	contract /	6Ь	X
7a At any time during the tax year, was the foundation	ation a party to a prohib	oited tax shelter transact	ion? . Yes X	No	
b If 'Yes,' did the foundation receive any proceed	ls or have any net incom	ne attributable to the tra	nsaction?	7 b	
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	mployees	,
1 List all officers, directors, trustees, foundation	n managers and their c	ompensation (see instru	ıctions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	
Mona Nicholas					
27115 N. Meadowoods Lane	President				
Mettawa IL 60048	0.00	0.	0.		<u> </u>
Michael J. Nicholas 5732 N. Major	Treasurer				
Chicago IL 60646	0.00	0.	0.		0.
David M. Nicholas					
522 Spruce Lane	Secretary	_	_		
Lisle IL 60532	0.00	0.	0.		0.
See Information about Officers, Directors, Trustees, Etc.					
		0.	0.		0.
2 Compensation of five highest-paid employees	s (other than those incl	uded on line 1— see ins	tructions). If none, ente	r 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	
<u>None</u>					
0			-		
0					
0					
0					
Total number of other employees paid over \$50,000	TEFA0306 1	2/05/11	. ▶	Form 990 -	None PF (2011)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paic and Contractors (continued)	d Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None paid	
Total number of others receiving over \$50,000 for professional services .	None
Part IX:A) Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 Grant, Children's Memorial Hospital, Chicago, IL	
2	2,552.
	- ~ - ~
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 None	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	None
ВАА	Form 990-PF (2011)

Form 990-PF (2011) The Magic Charitable Foundation Parit X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: a Average monthly fair market value of securities 1,008,466. 1 a 1 b b Average of monthly cash balances 0. 0. c Fair market value of all other assets (see instructions) 1 c d Total (add lines 1a, b, and c) 1 d ,008,466. e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1 e 2 2 Acquisition indebtedness applicable to line 1 assets 3 1,008,466. Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 15,127. Net value of noncharitable-use assets, Subtract line 4 from line 3. Enter here and on Part V, line 4 5 993,339. Minimum investment return. Enter 5% of line 5 6 2,041. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) Minimum investment return from Part X, line 6 1 2,041. 0. 2a Tax on investment income for 2011 from Part VI, line 5 2a b Income tax for 2011 (This does not include the tax from Part VI.) 2b 2 c c Add lines 2a and 2b 0. Distributable amount before adjustments Subtract line 2c from line 1 3 2,041. 4 Recoveries of amounts treated as qualifying distributions 5 2,041. Add lines 3 and 4 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 2,041. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes 1 a 2,552. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 **b** Program-related investments — total from Part IX-B 1 b 0. 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) . . 3 a b Cash distribution test (attach the required schedule) 3ь Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 2,552. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 0. Enter 1% of Part I, line 27b (see instructions) 5

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Adjusted qualifying distributions. Subtract line 5 from line 4

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2,552.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
Distributable amount for 2011 from Part XI, line 7				2,041.
2 Undistributed income, if any, as of the end of 2011:				
a Enter amount for 2010 only				
b Total for prior years: 20, 20, 20				
3 Excess distributions carryover, if any, to 2011				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010 .				
f Total of lines 3a through e				
4 Qualifying distributions for 2011 from Part				
XII, line 4 ► \$ 2,552.				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years				
(Election required – see instructions) c Treated as distributions out of corpus				
(Election required – see instructions)				2 041
d Applied to 2011 distributable amount .				2,041.
e Remaining amount distributed out of corpus	511.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the				
same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
	511.			
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	J11.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
fill distributed manner for 2011. Subtract lines				
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	511.			
10 Analysis of line 9				
a Excess from 2007 0.	1			
b Excess from 2008 0.	-			
c Excess from 2009 0.	-			
d Excess from 2010 0.				
e Excess from 2011 511.		1	<u></u>	

Form 990-PF (2011) The Magic Charit			L \ (1) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	27-437595	
Part XIV Private Operating Foundat					N/A
1 a If the foundation has received a ruling or do is effective for 2011, enter the date of the r	etermination letter t uling	nat it is a private of	perating foundation,	and the ruling	
b Check box to indicate whether the foundation		ating foundation de	scribed in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
each year listed .					
b 85% of line 2a			ļ		
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test — enter.					
(1) Value of all assets			ļ. <u> </u>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) .	-, ········				
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					. -
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section)			}		
512(a)(5)), or royalties)	.=				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income		<u> </u>		<u> </u>	
Part XV Supplementary Information	(Complete this	part only if the	organization ha	d \$5,000 or mor	e in
assets at any time during th	<u> </u>	structions.)			
1 Information Regarding Foundation Manag a List any managers of the foundation who has		e than 2% of the to	stal contributions rece	awad by the foundat	ion before the
close of any tax year (but only if they have	contributed more the	nan \$5,000) (See s	ection 507(d)(2))	erved by the roundat	ion belore the
Mona Nicholas					
b List any managers of the foundation who or a partnership or other entity) of which the f	wn 10% or more of oundation has a 10	the stock of a corpo % or greater interes	oration (or an equally st	/ large portion of the	ownership of
2 Information Regarding Contribution, Gran	t, Gift, Loan, Schola	ırship, etc, Progran	ns:		
Check here X if the foundation only m requests for funds. If the foundation makes					
complete items 2a, b, c, and d	of the person to	nom applications at	ould be addressed	-	
a The name, address, and telephone number	or the person to wi	пот аррисацопѕ sr	iouia de adaressea		
b The form in which applications should be si	ubmitted and inform	nation and materials	s they should include		
			•		
c Any submission deadlines					
d Any restrictions or limitations on awards, s	uch as by geograph	ical areas charitah	le fields, kinds of ins	titutions, or other fac	ctors.
			,		
				-	200 27 (2011)

3 Grants and Contributions Paid During the Yea	r or Approved for Futu	re Payment	<u> </u>	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year Children's Memorial Hospital 2300 Children's Plaza Chicago IL 60614		501(c)(3)	General purposes	2,373
Total .			▶ 3a	2,373.
b Approved for future payment			- 38	2,3/3.
Total			<u> </u>	

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Part XVI A	Analysis (of Income	-Producing	Activities
------------	------------	-----------	------------	-------------------

inter gross	amounts unless otherwise indicated		ed business income	+	by section 512, 513, or 514	(e)
•		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
•	am service revenue:			code		
a						
f						
g Fees	and contracts from government agencies					
	pership dues and assessments			ļ		
	t on savings and temporary cash investments					
	ends and interest from securities ental income or (loss) from real estate:					
	financed property			State of State	書作品機能の過去を決する。これを作るという。	在1000年11日 11日 11日 11日 11日 11日 11日 11日 11日 11日
	ebt-financed property .					
	ital income or (loss) from personal property .	ļ				
	investment income					
8 Gain oi	(loss) from sales of assets other than inventory					
	ncome or (loss) from special events			ļ		
	s profit or (loss) from sales of inventory					all Aller and the State of the
	revenue			CHIPS		表了2000年至1000000000000000000000000000000000
		 		<u> </u>		
		-				
		_		<u> </u>		
e	-					
	1-1 A 14 - 1 (-) (-)			No.		
iz Subto	otal Add columns (b), (d), and (e)	是在		7.75% IN K.TV		
	Add line 12, columns (b), (d), and (e)		<u> </u>		13	0.
13 Total	• • • • • • • • • • • • • • • • • • • •	ons)			13	0.
13 Total See works	. Add line 12, columns (b), (d), and (e)		ishment of Exemp			0
13 Total See works Part XVI	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works 2art XVI	. Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation	e Accomp		t Purp	oses	
13 Total See works Zart:XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Zart:XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Cart XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Zart:XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Cart XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Zart:XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Cart XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Cart XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Cart XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Cart XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Zart:XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Zart:XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Zart:XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Zart:XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Zart:XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Zart:XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Zart:XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Zart:XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Part:XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Zart:XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Relationship of Activities to the	e Accomp		t Purp	oses	

Form 990-PF (2011) The Magic Charitable Foundation 27-4375952 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

•												1	Yes	No
1 D	id the	organization direc	tly or indirec	tly engage i	n any of t	he follow	ng with a	any oth	er organization	7				
		d in section 501 (o to political organi		e (otner tha	in section	501(c)(3)	organiza	ations)	or in section 5.	27,				1 1
	_	s from the reporti		n to a noncl	haritable e	exempt or	ganizatio	on of:						
	l) Cas	•	ing roundatio			<i></i>	g					1a (1)		X
•	•	er assets										1a (2)		X
•	•	ansactions:					•					1.4 (2)		
		s of assets to a r	oncharitable	evemnt ord	nanization							1 b (1)		X
•	•	chases of assets f		, ,	•		•					1b (2)		X
•	•	tal of facilities, eq				nzation			•			1b (3)		X
•	•	nbursement arran		Other assets	•				•			1b (3)		X
•	•	ns or loan guaran	•			,	•					1b (5)		X
•	•	ormance of service		archin ar fii	ndraisina ndraisina	solicitatio	ne		•			1b (6)	<u> </u>	X
•	•	of facilities, equip		•	-			-				1c	-	X
C S	Harring	or racinities, equip	ment, mann	ig iists, otile	assets,	or paru er	Tiployees	>				10	<u> </u>	
th	ne accor	swer to any of the ls, other assets, o saction or sharing	or services ai	ven by the i	reportina f	oundation	n. If the fo	oundat	ion received les	s than fair	market	value in	of	
(a) Line	-	(b) Amount involved		lame of noncha					Description of tra	· · · · · · · · · · · · · · · · · · ·			aement	
<u> </u>		(5)							<u> </u>	/			-3	
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de	escribe	undation directly of the section 501 (complete the following the followi	c) of the Code	e (other tha	h, or relat n section	ed to, one 501(c)(3)	e or more) or in se	e tax-e: ection 5	xempt organiza 27? .	tions		Yes	x	No
	(a	Name of organiz	zation		(b) Type	e of organ	ızatıon	•	(6) Description	on of rel	ationship		
			 		_ <u> </u>					<u></u>				
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					-,	· <u>-</u>								
	Under p	enalties of perjury, I de and complete Declara	clare that I have	examined this	return, includ	ling accompa	anying sche	dules an	d statements, and to	the best of m	/ knowledd	e and belief, if	t is true.	
	correct,	and complète Déclara	•		payer) is base	ed on all info	rmation of v	which pre	parer has any know	ledge	•			
Sign	\ \ \	Maria	Necha	Onl		1 4						May the I this return	n with th	ie I
Here	P	Tonce	70-01-00	ear _		4-15	-12	_ P _E	resident			preparer (see instr	shown b uctions)	elow
	Signa	ture of officer or trustee	•			Date		Tı	tle				Yes	No
		Print/Type preparer's	name		Preperer s	signature	1/1.0	5	Date	Check	ıf	PTIN		
Paid		H. RANDOLF	H WILLIA	AMS	Hau	cary	wu	lede	04/04/12	self-emp	loyed	P000 2	2682	2
Prepa	rer	Firm's name	WILLIAM	IS & BA	ERSON,	LLC				Firm's EIN				
Use C		Firm's address	ONE NOF	RTH LA S	SALLE S	ST, #1	350							
U	,		CHICAGO			_	II	60	602	Phone no	(312	() 629-	9003	
BAΔ	·			 								Form 99		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545-0047

2011

Name of the organization		Employer identification number
The Magic Charitable Fo	oundation	27-4375952
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not 527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust trea 501(c)(3) taxable private foundation	ated as a private foundation
Check if your organization is covered Note . Only a section 501(c)(7), (8), o	by the General Rule or a Special Rule . r (10) organization can check boxes for both the General I	Rule and a Special Rule See instructions
General Rule X For an organization filing Form 99 contributor. (Complete Parts I and	90, 990-EZ, or 990-PF that received, during the year, \$5,0(d III.)	00 or more (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), ar	on filing Form 990 or 990-EZ that met the 33-1/3% suppornd received from any one contributor, during the year, a congenial Part VIII, line 1h or (ii) Form 990-EZ, line 1 Comple	ontribution of the greater of (1) \$5,000 or
total contributions of more than \$	 organization filing Form 990 or 990-EZ that received fro 1,000 for use exclusively for religious, charitable, scientificen or animals. Complete Parts I, II, and III. 	
If this box is checked, enter here t	 organization filing Form 990 or 990-EZ that received from religious, charitable, etc, purposes, but these contributions that were received during the year functions the parts unless the General Rule applies to this organiza 	for an <i>exclusively</i> religious, charitable, etc,
religious, charitable, etc, contribut	tions of \$5,000 or more during the year	▶ \$
990-PF) but it must answer 'No' on Pa	covered by the General Rule and/or the Special Rules does art IV, line 2, of its Form 990, or check the box on line H of the the filing requirements of Schedule B (Form 990, 90).	of its Form 990-EZ or on Part I, line 2, of its
BAA For Paperwork Reduction Act 990EZ, or 990-PF.	Notice, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2011

Schedule Name of ore	e B (Form 990, 990-EZ, or 990-PF) (2011)	Page	1 of 1 of Part
	agic Charitable Foundation		375952
	Contributors (see instructions) Use duplicate copies of Part I if additional sp	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Mona Nicholas 27115 N. Meadowoods Lane Libertyville IL 60048	\$1,008,466.	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

1 of Part 1

Page

1 to

of Part II

1

Employer identification number

Name of organization

The Magic Charitable Foundation

27-4375952

Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	2,465 shares Allscripts Healthchare; 4,865 shares Continetal Resources		
1	4,865 shares Expeditors Intl Washington; 2,905 shares Gilead Sciences		
	3,695 shares Stericycle Inc; 2,465 shares Suncor Energy Inc.		
		\$ 1,008,466.	12/16/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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		\$	·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
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BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2011)

Form 990-PF, Page 6, Part VIII, Line 1 Information about Officers, Directors, Trustees, Etc.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person X Business Erin Trella 1136 Wincanton Drive Deerfield IL 60015 Person X Business Kelly Colleen Luby	Director 0.00	0.	0.	0.
11 Juel Drive Hawthorn Woods IL 60047	Director 0.00	0.	0.	0.

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Additional Information For Tax Return

The Magic Charitable Foundation

27-4375952

Form 990-PF,p13: Preparer EIN

36-4179134