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

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

			_1								
A	For the 2	2011 cale	ndar year, or tax year beginning	9	, 2011, and e	ending			, 20		
В	Check if a	pplicable	C Name of organization Magic					D Employer identification number			
	Address c	hange	Doing Business As						942638200		
	Name cha	nge	Number and street (or PO box if n	nail is not delivered to street add	ress) Roo	om/suite		E Telephor	ne number		
	Initial retur	m	P.O. Box 15894						650-323-7333		
	Terminate	d İ	City or town, state or country, and		1						
╗	Amended		Stanford, CA 94309		<b>G</b> Gross re	ceipts \$	339,474				
Ŧ.	Application	,	F Name and address of principal office	er			H(a) is this s		or affiliates? <b>Yes</b>		
_	, фрисцио	in perioning		cluded? Yes	_						
	Tax-exem	nt etatue	Robin Bayer, same as C above  501(c)(3) 501(c)		7(a)(1) or 5	527			list (see instruction		
1	Website:		w.ecomagic.org	( ) 4 (1110011110 ) [ ] 494	/(a)(1) 01 3	121		exemption	,		
<u>,                                     </u>			Corporation Trust Associ	ation ☐ Other ▶	L Year of f	(aa).a.a		<del></del>		CA	
	art I	-		ation Other P	L fear of i	iormation	1979	M State	of legal domicile	<u>CA</u>	
13		Summ	-			. 6		*	-61		
			escribe the organization's miss								
é			ig a residential service learning								
Activities & Governance	_!	may lear	n and apply methods and princi	ples of human ecology to	more accurat	tely disc	ern and to	more eff	ectively realize	: value	
Ë											
Š	2 (	Check th	is box $ ightharpoonup \square$ if the organization	discontinued its operation	ons or dispos	sed of r	nore than	25% of	ıts net assets.		
9	3 1	Number -	of voting members of the gove	erning body (Part VI, line	1a)			3		5	
S	4 1	Number -	of independent voting membe	ers of the governing body	(Part VI, line	e 1b) .		4		5	
Ę	5 7	rotal nur	nber of individuals employed i	ın calendar year 2011 (Pa	art V, line 2a)	)		5		0	
ŧ	6 7	Total nur	nber of volunteers (estimate if	necessary)				6		500	
⋖	1		elated business revenue from	• •				7a		0	
	1		lated business taxable income	, ,.				7b	<u> </u>		
				,			Prior Ye		Current Y	ear	
	8 (	Contribu	tions and grants (Part VIII, line	1h)				149,120		199,911	
Revenue			service revenue (Part VIII, line		147,278		126,769				
Š	1	-	ent income (Part VIII, column (/		7,675		· · · · · ·				
æ	1		-		477			12,685			
			venue (Part VIII, column (A), lin							108	
	<del></del>		enue-add lines 8 through 11 (			2)		304,550		339,474	
			nd similar amounts paid (Part			·		55,181		45,764	
	1		paid to or for members (Part I					0		0	
es			other compensation, employee		(A), lines 5–10	0)		0		0	
Expenses			onal fundraising fees (Part IX, o			٠ ـــــ		, 0		0	
Ř			draisıng expenses (Part IX, co			0					
ш			penses (Part IX, column (A), lir					128,573		169,782	
			enses. Add lines 13-17 ( <u>mus</u>		i), line 25)			183,755		215,546	
	19 F	Revenue	less expenses. Subtract line	18 from line 12				120,795		123,928	
ets or lances		-	12 M	1V 1 0 2040  S		Beg	inning of Cu	rrent Year	End of Ye	ar	
sets ¥and	20 T	Total ass	ets (Part X, line 16)	- 0 2012 1 11			2	,317,550		2,438,828	
Net Asse Fund Bal:	21 7		olities (Part X, line 26)	HS HS				0		0	
훒	22 N		ts or fund balances, Subtage				2	,317,550		2,438,828	
	art II		ture Block	ALUCIV, UI				- '			
		es of periu	ry, I declare that I have examined this	return, including accompanying	schedules and	l statemer	nts, and to t	ne best of n	ny knowledge and	belief, it is	
			ete Declaration of preparer (other that						,		
		N i	LAUIS Junes	m			1	5 MA	12012		
Sig	an l	Sign	ature of officer	-			Da		. 2010		
He		Ň	AUID SCHROM SE	CKETALY /TREASURE	:0						
			or print name and title	INGI I REMOVE	. 1~						
_		,	pe preparer's name	Preparer's signature		Date		1 -	- PTIN		
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	eparer						1_	<u> </u>	noyeu		
Us	e Only							i's EIN ►			
11-	u the IDC		ddress >	ahawa ahawa0 /aaa :	at.an=\		Pho	ne no			
_			s this return with the preparer	`				• •		s No	
For	Panerwo	ork Redu	ction Act Notice, see the separa	ate instructions		Cat No. 1	11282Y		Form 9	<b>990</b> (2011)	

Form 99	0 (2011) Page 2
Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: to further common interests of humankind by sustaining a residential service learning community which communicates by demonstration, teaching and publishing how people may learn and apply methods and principles of human ecology to more accurately discern and to more effectively realize value.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  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 and section 4947(a)(1) trusts are required to report the amount or grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
<b>4</b> a	(Code: 541900 ) (Expenses \$ 79,427 including grants of \$ ) (Revenue \$ 36,812 )  Valuescience (40%)—offered "Valuescience Shedding Illusion to Live Better" at Stanford University spring and autumn quarters in 2011; added ten public domain readings to syllabus; presented valuescience to more than five hundred individuals at Magic and in business, school, and other community settings (e.g. Solar City, Cisco Systems) Residential Education - 25 interns and affiliates from throughout the US, and from Asia, Europe, and South America participated for one to several months; 12 were accepted for longer stays; taught 30 community yoga classes, hosted singer Glenn Smith to lead a Soul Singin' Circle; sponsored documentary film maker, Mark Blacknell, to screen his award-winning film, Woke Up Alive, that describes his encounter with the environmental movement in Israel; hosted Morgan Goodlander, director of the Gestalt Institute of San Francisco and the founder of Lifematrex International, for a conversation about his journey as a mental health professional, his current practice, and our individual concerns and aspirations as we pursue life paths, hosted Stanford PhD student Ashley Micks to present her research about a sewage treatment process that produces nitrous oxide sufficient to power the treatment plant, hosted Stanford student Timothy Huang to present "Parks and Peoples Dilemmas of Protected Area Conservation in East Africa"; sponsored author Pamela Olson to present her recently published book, Fast Times in Palestine, which describes everyday life in Palestine and how we in America are affected by it.
4b	(Code. 541900 ) (Expenses \$ 79,427 including grants of \$ 45,764 ) (Revenue \$ 54,859 ) Cooperation & Individual Well-Being (40%)—Planning for Living, offered two two-week seminars to ten clients. Movement Magic: swimming, running, cycling, and other somatic awareness instruction to twenty-nine clients. For Common Good, assisted one couple in resolving marital and parenting disputes. Liveable City: hosted 32nd annual Evergreen Park Neighborhood Association picnic, continued a vendor donation program through which we collected and processed twenty tons of food from the California Avenue Farmers' Market for use in programs of InnVision, a Palo Alto-based organization that serves very low-income clients Creating Loving Community: delivered quarterly "Creating Loving Community" workshops to seventy people.
4c	(Code 110000 ) (Expenses \$ 39,714 including grants of \$ ) (Revenue \$ 35,098 ) Environmental Stewardship (20%)—Planting for the Second Hundred Years engaged 800 volunteers diverse in age and background, partnered with a half-dozen high and middle schools, Stanford alumni, Stanford Chapter of the American Society of Civil Engineers, Stanford Tzu Chi, Boy Scouts of America, and other groups whose participants contributed more than 3,000 hours of volunteer service seeded 100 oaks in Magic's nursery, transplanted 50 young oaks and 46 other California native trees, shrubs, and vines into public access open space; monitored and nurtured 2,000, and hand-watered 400 previously planted oaks
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 198,568

rait	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
2	complete Schedule A	1	<b>√</b>	
2 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	<b>V</b>	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	·
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>✓</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
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		1
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		1
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		<b>√</b>
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, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		<b>√</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
h	If "Vas" to line 202, did the organization attach a copy of its audited financial atetamente to this return?	206		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		<b>√</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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			1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	25b 26		1
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		<b>→</b>
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).			-
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  Schedule L, Part IV	28a		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b 28c		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
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		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		1
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,			,
38	Part VI	37	<b>✓</b>	<b>/</b>

rait				
	Check if Schedule O contains a response to any question in this Part V	·	Yes	No
12	Enter the number reported in Pay 2 of Form 1006 Enter Out and inchis		105	NO
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ
·	reportable gaming (gambling) winnings to prize winners?			7
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		<b>-</b>
Ła	Statements, filed for the calendar year ending with or within the year covered by this return 2a n/a			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		İ
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		+
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		✓
b	If "Yes," enter the name of the foreign country: ▶ n/a			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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?	6a		✓
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?			-,
L	· · ·	7a		✓_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
·	required to file Form 8282?	7c		./
đ	If "Yes," indicate the number of Forms 8282 filed during the year	70		<u> </u>
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		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b n/a			
''	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   12b   n/a			
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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		ı

rart				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			_
Sacti	Check if Schedule O contains a response to any question in this Part VI	<u>···</u>		<u> </u>
Jecu	on 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   2			ļ
	If there are material differences in voting rights among members of the governing body, or	1		
	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 2	:	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other 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, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	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?	_		,
L	one or more members of the governing body?	7a		<b>-</b>
b	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	/B	ļ	
•	the year by the following:			
а	The governing body?	8a	<i>\( \int \)</i>	
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	-5		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
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	1	<u> </u>
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	1	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	100	/	
13	Did the organization have a written whistleblower policy?	12c	<b>✓</b>	-
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by		· •	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	1	
	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		<b>/</b>
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?	10L		-
Secti	on C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed California			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 5010	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			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest p	olicy,
· `	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: ► David Schrom, 381 Oxford Avenue, Palo Alto, CA 94306: 650-323-7333			

_	
Page 7	

Form		

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

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

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

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 noi	r any relate	d orga	anız	atio	n c	ompe	nsa	ated any currer	t officer, director	r, or trustee.
					C)					
(A)	(B)	(do n	ot ch		ition	e than c	nne	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated
	hours per week		_		_	or/trust		compensation from	compensation from related	amount of other
	(describe hours for	함	l st	Officer	Key employee	ighe	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	dual	혉	4	ğ	st o	ę	(W-2/1099-MISC)		organization
	organizations in Schedule	Individual trustee or director	al tn		) We	ğ				and related organizations
	O)	8	Institutional trustee			Highest compensated employee				-
(1) David Schrom										
Director, Secretary/Treasurer	40+	1		1				0	О	12,000
(2) Robin Bayer										
President	40+	✓	ļ	1				0	0	12,000
(3) Santiago Escruceria										
Director	1	1			<u>L</u>		L	0	0	0
(4) Dinesh Dutt									_	_
Director (term began 1January 2012)	2	<b>✓</b>		<u> </u>	<u> </u>			0	0	0
(5) Brad Zlotnick Director (term began 1January 2012)	2	/				j				•
		<b></b>	<b> </b>		-	<del> </del>		0	0	0
(6)	1									
(7)					!					
(8)	-		•							
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees		nd F C)	lighes	st C	ompensated E	imployees (	continu	ed)		
	(A) Name and title	(B) Average hours per	box,	unles	neck is pe	rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportab	n from	Estir	F) nated unt of	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M	ons	compe fror orgar and i	her ensation in the lization related izations	
(15)														
(16)														
(17)		-												
(18)														
(19)														
(20)		-			-									
(21)														
(22)														
(23)												<u>.</u>		
(24)														
(25)		-												
1b c d	Sub-total	VII, Sectio			ı			<b>&gt; &gt; &gt;</b>	0		0			000,
2	Total number of individuals (including but reportable compensation from the organic	t not limited	d to th				above		1			of	24	,000
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete	ficer, direc	tor, c					emp	ployee, or high	nest compe	ensated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual											,		<u>.</u>
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	dividual			<del>`</del>
Section	on B. Independent Contractors												L	
1	Complete this table for your five highest compensation from the organization. Repyear												n's ta	×
	(A) Name and business add	ress							(B) Description of s	ervices	,	(C) Compens	ation	
		· · · · · · · · · · · · · · · · · · ·						_						
										_				
2	Total number of independent contractor received more than \$100,000 of compens	•	-					L th	nose listed ab	ove) who		<del></del>		<del></del>

Total Provenue   Province   Pr	Part VIII		Statement of Revenue										
18   Federated campaigns   18   0   0   0   0   0   0   0   0   0					(A) Total revenue	exempt function	business	excluded from tax					
Section   Sec	nts its	1a	Federated campaigns 1a	а 0									
Section   Sec	irar	b	Membership dues 11	b 0									
Page 2	S, G	С	Fundraising events 10	С 0									
Section   Sec	Sift ar /	d	Related organizations 10	0 6									
Section   Sec	S, C	е		e 0									
Section   Sec	tion r S	f											
Section   Sec	ğ Ş		and similar amounts not included above 1	f 199,911									
Section   Sec	d of	g	Noncash contributions included in lines 1a-1f.	\$ 147,876									
12,685		h	Total. Add lines 1a-1f		199,911								
12,685	Jue			Business Code									
12,685	ever	2a			36,812	36,812	0	0					
12,685	Ä	b		-	35,098	35,098	0	0					
12,685	Š	С		541900	54,859	54,859	0	0					
12,685	Sel	d	being										
12,685	ram	e											
12,685	rog	†				0	0	0					
and other similar amounts)    12,685   12,685   0   0			I otal. Add lines 2a-2f		126,769								
A   Income from investment of tax-exempt bond proceeds   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		3			12 605	12 605		•					
Second   Control   Contr													
10   10   10   10   10   10   10   10		l	•										
Second Property   Second Pr			(i) Real			- 0	U						
B   Less: rental expenses   0   0   0   0   0   0   0   0   0		62		<del></del>									
C Rental income or (loss)													
A let rental income or (loss)		1		-									
7a   Gross amount from sales of assets other than inventory   0   0   0			Nied were de la reseau en (le res)			 O	0						
B   Less cost or other basis and sales expenses   0   0   0   0   0   0   0   0   0		_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
and sales expenses 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			assets other than inventory	0 0									
C   Gain or (loss)   O   O   O   O   O   O   O   O   O		b	Less cost or other basis										
See Part IV, line 19			and sales expenses .	0 0									
8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18		С	Gain or (loss) .	0 0	Ī								
See Part IV, line 18		d	Net gain or (loss)	▶	0	0	0	0					
C Net income or (loss) from fundraising events . ▶ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ď	8a	events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	. —									
9a Gross income from gaming activities       0         See Part IV, line 19 a       0         b Less: direct expenses b       0         c Net income or (loss) from gaming activities ▶ 0       0         10a Gross sales of inventory, less returns and allowances a       0         b Less: cost of goods sold b       0         c Net income or (loss) from sales of inventory ▶ 0       0         Miscellaneous Revenue       Business Code         11a Misc. income from rummage sale       108         b C       0         d All other revenue       0         d All other revenue       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0	ō	D											
See Part IV, line 19       a       0         b Less: direct expenses       b       0         c Net income or (loss) from gaming activities       ▶       0       0       0       0         10a Gross sales of inventory, less returns and allowances       a       0       0       0       0       0       0       0         b Less: cost of goods sold       b       0 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>0</th> <th>0</th>							0	0					
b Less: direct expenses b		Ja											
c Net income or (loss) from gaming activities . ▶ 0 0 0 0 0       0 0 0 0         10a Gross sales of inventory, less returns and allowances a 0 b Less: cost of goods sold b 0 0 0 0 0 0 0       0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		h											
10a       Gross sales of inventory, less returns and allowances a       0         b       Less: cost of goods sold b       0         c       Net income or (loss) from sales of inventory . ▶ 0       0       0         Miscellaneous Revenue       Business Code         11a       Misc. income from rummage sale       108       108       0       0         b													
c         Net income or (loss) from sales of inventory .         ▶         0         0         0         0         0           Miscellaneous Revenue         Business Code         .		_	Gross sales of inventory, less	3									
c         Net income or (loss) from sales of inventory .         ▶         0         0         0         0         0           Miscellaneous Revenue         Business Code         .		b	Less: cost of goods sold	b 0									
Miscellaneous Revenue         Business Code           11a         Misc. income from rummage sale         108         108         0         0           b					0	o	0	0					
b			Miscellaneous Revenue	Business Code									
c		11a	Misc. Income from rummage sale		108	108	0	0					
d All other revenue       0       0       0       0         e Total. Add lines 11a-11d       ▶       108		b											
e Total. Add lines 11a–11d ▶ 108		С											
		d	All other revenue		0	0	0	0					
12 I otal revenue. See instructions				🟲									
Form 990 (2011)		12	lotal revenue. See instructions.	<u>•</u>	339,474	339,474	0	0					

## 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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX						
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	45,764	45,764			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0			
5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0	
7	Other salaries and wages	0	0	0		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	. 0	
9	Other employee benefits	0	0	0	0	
10	Payroll taxes	0	0	0	0	
11	Fees for services (non-employees)			· · · · · · · · · · · · · · · · · · ·		
а	Management	o	o	0	^	
b	Legal	0	0	0	<u>_</u>	
C	Accounting	0	0	0		
	_	0		<u>`</u>	0	
d	Lobbying		0	0		
e	Professional fundraising services See Part IV, line 17	0			0	
f	Investment management fees	0	0	0	0	
g	Other	67,686	60,917	6,769	0	
12	Advertising and promotion	0	0	0	0	
13	Office expenses	12,991	11,692	1,299	0	
14	Information technology	0	0	0	0	
15	Royalties	0	0	0	0	
16	Occupancy	14,116	12,704	1,412	0	
17	Travel	2,230	2,007	223	0	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0	
19	Conferences, conventions, and meetings .	0	0	0	0	
20	Interest	0	0	0	<u>-</u>	
21	Payments to affiliates	0	0	0	0	
22		20,086			0	
23	Depreciation, depletion, and amortization . Insurance	425	18,077	2,009	0	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	423	383	43	0	
	(A) amount, list line 24e expenses on Schedule O.)					
а	food cash: 3,845, non-cash: 43,228	47,073	42,365	4,707	0	
b	equipment <\$2,500/item c: 841, nc· 1,815	2,656	2,390	266	0	
С	supplies for oak habitat enhancement	1,107	996	111	0	
d	memberships	904	814	90	0	
e	All other expenses fees	508	457	51		
25	Total functional expenses. Add lines 1 through 24e	215,546	198,568	16,978		
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)	0	0	0	0	
	·		·			

Р	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	625,144	2	709,714
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	14,420	4	14,420
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary	per to come or toron or on an anamous assessments or one toron		mn
ţ		employees' beneficiary organizations (see instructions)	0		0
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 1,944,240			non.
		Less accumulated depreciation 10b 286,340	1,677,986		1,657,900
	11	Investments—publicly traded securities	0	11	56,794
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0:		0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,317,550	_	2,438,828
	17	Accounts payable and accrued expenses	0		0
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20 21	Tax-exempt bond liabilities	0		0
<b>'</b> A		Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
ties	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
<u>=</u>		Complete Part II of Schedule L	 0	22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0	_	0
	25	Other liabilities (including federal income tax, payables to related third		27	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X	o		0
		of Schedule D	į	25	· ·
	26	Total liabilities. Add lines 17 through 25	0		0
		Organizations that follow SFAS 117, check here ▶ □ and complete			
ės		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
3ai	28	Temporarily restricted net assets		28	
Б	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► ✓ and complete lines 30 through 34.			
S O	30	Capital stock or trust principal, or current funds	5,000	30	5,000
set	31	Paid-in or capital surplus, or land, building, or equipment fund	2,312,550		2,433,828
As	32	Retained earnings, endowment, accumulated income, or other funds	0		0
let	33	Total net assets or fund balances	2,317,550		2,438,828
2	34	Total liabilities and net assets/fund balances	2,317,550		2,438,828

Form **990** (2011)

Form	990 (2011)			Pa	age <b>12</b>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		<b>7</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		33	9,474
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,546
3	Revenue less expenses. Subtract line 2 from line 1	3			3,928
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			7,550
5	Other changes in net assets or fund balances (explain in Schedule O)	5			2,649
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		2,43	8,829
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 🗆
				Yes	No
1	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," exp Schedule O.	olain	<u>n</u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	-	1
b			. 2b		1
С		ersigi	nt 🗔		
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	? 2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	olaın	ın 🗀	<b> </b>	
	Schedule O.				Ì
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ır wei	re	1	
	issued on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın	İ	
	the Single Audit Act and OMB Circular A-133?		. 3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde	go th	ie 🗀	1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such ai	ıdıts	3ь		

Form **990** (2011)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **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. ▶ See separate instructions.

20**1**1 Open to Public

OMB No 1545-0047

Inspection

Name of the organization Employer identification number Magic, Incorporated 942638200 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🔲 Type I **b** Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No Yes (iii) below, the governing body of the supported organization? . . . . . . . . . 11g(ı) (ii) A family member of a person described in (i) above? . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(m) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization in col (i) listed in your the organization in (described on lines 1-9) organization in col support governing document? col (i) of your above or IRC section (i) organized in the (see instructions)) support? US? Yes Yes No Yes No No (A) (B) (C) (D) (E)

Total

							. 490 =
Part	II Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	/ \ cc=	1 01000		1		T
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants.")						
_	•	<del></del>		1		-	
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			· · · · · · · · · · · · · · · · · · ·	<del> </del>		
	furnished by a governmental unit to the					}	
	organization without charge						
4	Total. Add lines 1 through 3		*				
5	The portion of total contributions by						
Ŭ	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						ļ
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support	4 3 0007			T 49 22 12	1	
	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7		<del></del>					
8	Gross income from interest, dividends,		İ				
	payments received on securities loans, rents, royalties and income from similar						
	sources		ľ				
9	Net income from unrelated business			1			
	activities, whether or not the business						
	is regularly carried on				1		
10	Other income. Do not include gain or		-			1	
	loss from the sale of capital assets						
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10				<u> </u>		
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						on 501(c)(3)
Cooti	organization, check this box and stop her		· · · · ·				· P [
<u>3ecu</u>	on C. Computation of Public Suppor			(4)			0/
15	Public support percentage for 2011 (line 6 Public support percentage from 2010 Sch		-	i i, column (i))		15	% %
16a	331/3% support test—2011. If the organiz	•	•	on line 13 an			
	box and <b>stop here.</b> The organization qual						
b	331/3% support test-2010. If the organ	•	•	•			_
	check this box and stop here. The organi						. ▶ [
17a	10%-facts-and-circumstances test - 20	011. If the orga	anization did n	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization med						
	Part IV how the organization meets the "fa						
	organization						. ▶ [
b	10%-facts-and-circumstances test - 20	10. If the orga	anızation did n	ot check a box	k on line 13, 16	a, 16b, or 17a	, and line
	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m	eets the "fact			he organizatio	n qualifies as a	a publicly
40	supported organization						. ▶ □
18	Private foundation. If the organization did	u not check a	00x on line 13	, 16a, 16b, 17a	a, or 17b, chec	K this box and	see

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

(Complete only if you checked the box on line 9 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.)

	in the organization rails to quality	under the tes	is iisted beit	w, please co	implete rait	1.,	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	352,286	142,138	114,688	149,120	199,911	958,143
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	117,285	147,331	153,084	147,278	126,769	691,747
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	o	o	0	o	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	o	0	o	0
6	Total. Add lines 1 through 5	469,571	289,469	267,772	296,398	326,680	1,649,890
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	278,599	28,550	325	34,465	84,705	426,644
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000					0,730	120,011
	or 1% of the amount on line 13 for the year	43,349	72,408	71,820	49,045	43,991	280,613
	Add lines 7a and 7b	321,948	100,958	72,145	83,510	128,696	707,257
8	Public support (Subtract line 7c from line 6)						942,633
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	469,571	289,469	267,772	296,398	326,680	1,649,890
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	19,314	18,523	6,338	7,675	12,685	64,535
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0,335	0	0	04,333
С	Add lines 10a and 10b	19,314	18,523	6,338	7,675	12,685	64,535
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	296	477	108	881
13	Total support. (Add lines 9, 10c, 11,			<u> </u>			<del></del>
14	First five years. If the Form 990 is for the organization, check this box and stop her			274,406 d, third, fourth, 	<del>-</del>		1,715,307 1 501(c)(3)
Secti	on C. Computation of Public Suppor					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2011 (line 8	, column (f) div	rided by line 1	3, column (f))		15	55 %
16	Public support percentage from 2010 Sch					16	52 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2011 (I	ine 10c, colum	n (f) divided by	line 13, colum	nn (f))	17	4 %
18	Investment income percentage from 2010	Schedule A, F	Part III, line 17			18	0 %
19a	331/3% support tests - 2011. If the organi	zation did not	check the box	on line 14, an	id line 15 is m		
	17 is not more than 331/3%, check this box a	and stop here.	The organization	on qualifies as a	publicly suppo	orted organization	on 🕨 🗸
b	331/3% support tests—2010. If the organization 18 is not more than 331/3%, check this b						3½%, and
20	Private foundation. If the organization did		-			· ·	_
	<del>_</del>						

Schedule A (F	orm 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See	
	instructions).	
Part III, Lin	ne 12. (e) \$108 of miscellaneous income from rummage sale	
(d) \$477 of	miscellaneous income from rummage sale.	
(c) When w	ve closed Magic's checking account in 2009 to open one with more favorable terms, there were unreconciled items from 200	0-
2007 totalıı	ng \$296.25.	
	••••••	
	······································	
•••		
•••••		
	······	

## SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below.
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

		that have NOT filed Form 5768 (elections to Form 990, Part IV, line 5 (Proxy			
	ection 501(c)(4), (5), or (6) orga		iax) or Form 990-E	Z, Fart V, IIIIO SUC (FRUXY To	ak), tileli
Name	ntification number				
Magic	, Incorporated				942638200
Part	I-A Complete if th	e organization is exempt und	er section 501(	c) or is a section 527	organization.
1		the organization's direct and indire			
2	Political expenditures .	~	,		<b>)</b>
3	Volunteer hours				
Part	I-B Complete if th	e organization is exempt und	er section 501(	c)(3).	
1	Enter the amount of any	excise tax incurred by the organization	ation under sectio	n 4955 ▶ \$	3
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	)
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	Yes No
4a	Was a correction made?				🗌 Yes 🔲 No
<u>b</u>	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		tly expended by the filing organiz		•	
_	activities			•	
2		filing organization's funds contrib			
3		expenditures. Add lines 1 and 2			***************************************
	line 17b			<b>&gt;</b> \$	
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	Enter the names, address	ses and employer identification nui	mber (EIN) of all s	ection 527 political organi	zations to which the filing
	organization made paym	ents. For each organization listed,	enter the amount	paid from the filing organ	ızatıon's funds. Also enter
	the amount of political co	ontributions received that were pro	mptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	fund or a political action committe	ee (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Schedule	C (Form	990 0	r 990-	.F7\	2011

Pa	rt II-A Complete if the organization section 501(h)).	n is exempt under section 501(c)(3) and filed	d Form 5768 (elec	tion under					
	Check ▶ ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).								
<u>B</u>	Check 🕨 🗌 if the filing organization ch	ecked box A and "limited control" provisions a	ipply.						
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals					
1	<ul> <li>Total lobbying expenditures to influence</li> </ul>	public opinion (grass roots lobbying)	<500						
	b Total lobbying expenditures to influence	a legislative body (direct lobbying)	<500						
	Total lobbying expenditures (add lines 1)	a and 1b)	<1,000						
	d Other exempt purpose expenditures .		214,546						
	<ul> <li>Total exempt purpose expenditures (add</li> </ul>	I lines 1c and 1d)	215,546						
	f Lobbying nontaxable amount. Enter columns.	the amount from the following table in both	43,109						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:							
	Not over \$500,000	20% of the amount on line 1e							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	1						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000							
_	Over \$17,000,000	\$1,000,000.							
	g Grassroots nontaxable amount (enter 25	% of line 1f)	10,777						
	h Subtract line 1g from line 1a If zero or le	ss, enter -0-	0						
	Subtract line 1f from line 1c. If zero or lea		0						
	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?								

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbyi	ng Expenditures D	uring 4-Year Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) Total
2a	Lobbying nontaxable amount	32,396	36,471	36,751	43,109	148,727
b	Lobbying ceiling amount (150% of line 2a, column (e))					223,091
С	Total lobbying expenditures	<1,000	<1,000	<1,000	<1,000	<4,000
d	Grassroots nontaxable amount	8,099	9,118	9,188	10,777	37,182
е	Grassroots ceiling amount (150% of line 2d, column (e))					55,773
f	Grassroots lobbying expenditures	<500	<500	<500	<500	<2,000

Schedule C (Form 990 or 990-EZ) 2011

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	led I	Form	5768	i	
For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	1)		(b)	
	transfer in the contract of th	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
i	Other activities?					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			-		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					<u> </u>
d	national and the second of the second of the second of the second of the second of the second of the second of		~~~			
Part		(5), c	or se	ction		
-					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		
<u> </u>	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes."  Dues, assessments and similar amounts from members				line 3	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).					-
a	Current year	.	2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure posts used.	ing				
5	and political expenditure next year?	•	4			
Par		•	5			
Comp	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Po, complete this part for any additional information.	art II	-A; a	nd Pari	II-B,	line

Schedule C (For	rm 990 or 990-EZ) 2011	Page <b>4</b>
Part IV	Supplemental Information (continued)	
	······	
	······	·····
	······	

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

2011

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number Magic, Incorporated Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) . 2 Aggregate grants from (during year) . . 3 Aggregate value at end of year . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . . . 2a Total acreage restricted by conservation easements . . . . . . 2b c Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . . . . . ▶ \$ (ii) Assets included in Form 990, Part X . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: \$\_\_\_\_\_

**b** Assets included in Form 990, Part X . . .

\$

Schedule	Di	(Form	990	2011

Part	Organizations Maintaining	Collections of	Art, His	torical 1	Γreasures,	or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply).		her reco	rds, chec	k any of the	e follov	ving that are a	significant use of its
а	☐ Public exhibition		d	□ Loan	or exchange	e prog	rams	
b	☐ Scholarly research							
С	☐ Preservation for future generations	S				••••		
4	Provide a description of the organizat XIV.		and expl	aın how t	hey further t	the org	ganization's exe	mpt purpose in Part
5	During the year, did the organization	solicit or receive	donation	ne of art	historical tra	aacura	e or other eimi	lar
Ū	assets to be sold to raise funds rather							☐ Yes ☐ No
Part								
	line 9, or reported an amour	nt on Form 990, I	Part X, I	ine 21.	, 			
1a	Is the organization an agent, trustee included on Form 990, Part X?							
b	If "Yes," explain the arrangement in P	art XIV and comple	ete the f	ollowing t	able	_	<u> </u>	
								Amount
C	Beginning balance					10		
d	Additions during the year					10	+	
е	Distributions during the year					16	<del></del>	· , , , , , , , , , , , , , , , , , , ,
f	-					1f		
2a	Did the organization include an amount		art X, line	e 21? .				🗌 Yes 🔲 No
	If "Yes," explain the arrangement in P	art XIV.						
Par	V Endowment Funds. Compl				"Yes" to F	orm 9	90, Part IV, Im	
		(a) Current year	(b) Pr	or year	(c) Two years	s back	(d) Three years bad	k (e) Four years back
1a	Beginning of year balance							
b	Contributions			-				
С	Net investment earnings, gains, and							
	losses				1			
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	the current year en	nd baland	e (line 1c	column (a)	) held	 as	
-	Board designated or quasi-endowmen	nt <b>&gt;</b>	%	) (iii) 0	, σοιαττίτ (α)	, noid	us.	
b	Permanent endowment ►	%	'0					
C	Temporarily restricted endowment ▶							
·	The percentages in lines 2a, 2b, and 2		100/					
3a	Are there endowment funds not in the			zation th	at are hold o	and ad	ministored for t	ho
Ja	organization by:	e possession or tr	ie organi	zauon un	at are neru a	anu au	illillistered for t	
	,							Yes No
	(i) unrelated organizations			•	• • •	• •		3a(i)
h	(ii) related organizations			 	ulo DO	• •		3a(ii)
b 4	If "Yes" to 3a(II), are the related organ					•		3b
	Describe in Part XIV the intended uses							
Part	<u> </u>							
	Description of property	(a) Cost or ot (investm		1 ' '	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land				1,447,655			1,447,655
b	Buildings				496,585		286,340	210,245
С	Leasehold improvements	•						
d	Equipment							
е	Other							
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9:	90, Part .	X, columr	n (B), line 10	(c).)	▶	1,657,900

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
	al derivatives			
	-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				<del> </del>
(H)				<del></del>
(I)				
	(b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments-Program Relate	d. See Form 990, Part X	, line 13.	· ,····,
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)				
(2)				
(3)				
(4)				
(5)				<del></del> -
(6)				
				<del></del>
(8)				
(10)		<u> </u>	<del></del>	····
	(b) must equal Form 990, Part X, col. (B) line 13 )			
Part IX	Other Assets. See Form 990, Pa	art X, line 15.		***************************************
		a) Description		(b) Book value
(1)				
(2)				
(3)		<del></del>		
(4)		***		
(5)				
<u>(6)</u> <u>(7)</u>				
(8)				
(9)				
(10)		<del></del>		
	umn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990.	, Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
	I income taxes			
(2)				
(3)			_	
(4)		,,,,,	4	
(5)				
(6)			4	
(8)			-	
(9)			-	
(10)		-	-	
(11)			†	
	(b) must equal Form 990, Part X, col. (B) line 25.)		1	
	ASC 740) Footpote In Part XIV provide	the text of the footpote to	the organization's financial states	ments that reports the

Cornega	5 5 (1 SIM 555) 25 T			rayen
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial State	emen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5	丁	
6	Investment expenses	6	$\neg$	
7	Prior period adjustments	7	İ	
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<u>,                                    </u>	
Part		er R	etur	n
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments		1	
b	Donated services and use of facilities			
c	Recoveries of prior year grants		1	
d	Other (Describe in Part XIV.) 2d	$\dashv$		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	` F	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	·  -	-	
a .	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)		Ì	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		_	uro
1	Total expenses and losses per audited financial statements		1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	·  -	•	
- а	Donated services and use of facilities	ŀ		
b	Prior year adjustments		ļ	
c	Other losses	-	1	
d	Other (Describe in Part XIV.)	$\dashv$		
e	Add to a Co Abratich Cd		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	.  -	<u> </u>	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
_	A 1.11 A 1.41		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	XIV Supplemental Information	•	5	
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4. Dar	4 IV/	lines the and the
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c			
	dditional information.	ompi	olo li	iis part to provide
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Schedule D (Fon	m 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
		•••••••
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SCHEDULE (Form 990)

Part

Part II

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

20

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Schedule I (Form 990) (2011) Open to Public Inspection % □ (h) Purpose of grant or assistance to provide meals and low-income families Employer identification number food assistance for to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. and individuals. ✓ Yes 942638200 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . (g) Description of non-cash assistance -28,755 lbs groceries (f) Method of valuation (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ~45,764 FMV (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► Attach to Form 990. (d) Amount of cash grant Part II can be duplicated if additional space is needed Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501(c)(3) 770033628 (p) EIN 1 (a) Name and address of organization (1) InnVision, 974 Willow Street Department of the Treasury Internal Revenue Service Magic, Incorporated San Jose, CA 95125 Name of the organization

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Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	rait ill call be duplicated il additional space is needed.	space is lieeder				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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2						
_ ო						
4						
.co						
9						
7						
Part IV	Part IV Supplemental Information. Complete this		vide the informatio	n required in Part I,	bart to provide the information required in Part I, line 2, and any other additional information.	Itional information.

salvaged from the California Avenue Farmers' Market and valued at \$45,764, to InnVision. InnVision provides hot meals and groceries for homeless and at-risk families and individuals from Magic normally does not furnish cash grants. In 2011, as noted on Form 990, Part III, Line 4b, and on Schedule I, Part II, Magic granted ~28,755 pounds of produce and other food items,

San Jose to Redwood City.

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

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

OMB No 1545-0047

Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

Magic, Incorporated 942638200 Part I Types of Property (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art . . . 1 2 Art - Historical treasures . . Art-Fractional interests . . . Books and publications . . Clothing and household goods . . . . . . . . . 995 FMV Cars and other vehicles . Boats and planes . . . . 8 Intellectual property 9 Securities-Publicly traded . . 2,408 shares 54,505 FMV Securities—Closely held stock . 10 Securities - Partnership, LLC, 11 or trust interests . . . . . 12 Securities - Miscellaneous Qualified conservation contribution-Historic structures . . . . Qualified conservation contribution-Other 15 Real estate-Residential . . . Real estate - Commercial 17 Real estate-Other . . . Collectibles . . . . 18 19 Food inventory . . ~1.500 88,991 FMV 20 Drugs and medical supplies . . . 21 Taxidermy . . . . . 22 Historical artifacts 23 Scientific specimens . . . . 24 Archeological artifacts . . 25 Other ► ( furniture & applian ) 2,175 FMV 26 Other ► ( equip <\$2,500/item ) 10 760 FMV 450 FMV 27 Other ► ( supplies for oak 2 Other ▶ ( restoration 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Scheanle M (	Page 2
Part II	<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
••••••	

#### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Inspection Name of the organization Employer identification number Magic, Incorporated 942638200

Part VI, Line 11. At the annual meeting where board members and officers are elected, members of Magic's Board of Directors review
estimates of the financial information and drafts of the program descriptions to be entered on form 990 Board members receive quarterly or
when requested more frequent reports of program activities and finances. Directors are given opportunity to review completed Form 990's
and other oversight agency reports before they are submitted.
Part VI, Line 12c: At the annual meeting where board members and officers are elected, members of Magic's Board of Directors sign a
statement certifying that they have received copy of Magic's Conflict of Interest Policy, that they have read and understand this policy, have
been provided with an opportunity to ask questions about the policy, and agree to comply with it, or in the case of board members already
serving that they have complied with it during the prior year. Within a week of the annual meeting Magic officers and key personnel also sign
an identical statement as described above.
Part VI, Line 19. Magic's governing documents and financial statements are available to the public upon request
Part VI, Line 15b & Part VII, Column F: Magic pays no cash salaries. Robin Bayer, President of Magic, and David Schrom, Secretary-
Treasurer of Magic, were provided room and board for all of 2011 at 381 Oxford Avenue, Magic's primary place of business. While receiving
benefits, Bayer and Schrom were delivering Magic services 7 days per week at all hours of the day. This responsibility included supervision
of Magic resident interns and operating personnel. The board oversees this arrangement.
Part IX, Lines 11-24, Column C: We estimate overhead expenses to be approximately 10% of the operating budget.
Part IX, Lines 11-24, Column D. Magic does no fundraising apart from that which is incidental to delivery of program services.
Part XI, Line 5 <sup>-</sup> Magic marks all securities to market value at the end of each year. This unrealized capital loss is reported on line 5.