

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Dep	artment of	the Treasury ue Service	· I	Security numbers on					Inspec	
A				Form 990 and its instr			ov/torm990)	_	LIOII
			endar year, or tax year beginning		, 2013, a	ind ending	- 1	D Employe	, 20 er identification n	
В		applicable	C Name of organization Magic					D Employe		uniber
	Address	- 1	Doing Business As Number and street (or P O box if ma	al is not delivered to street	addraca)	Room/suite		E Telephor	942638200	
	Name ch	-		iii is not delivered to street	audressj	noomsuite		E releption		
	Initial reti		P O Box 15894 City or town, state or province, coun	to, and 7ID or foreign post	tal ando	L			650-323-7333	
	Terminat			iry, and zir or loreign posi	lai code			• • • • • • •		
	Amended		Stanford, CA 94309 F Name and address of principal office	- C-1- C-				G Gross re		384,437
L	Applicati	on penaing	P Name and address of principal office	Robin Bayer, sami	e as C above	9	1	•	subordinates? Yes	_
	-			\4 (4\ \\ \\		<u> </u>			s included? Yes i list (see instruction	
+	Website	npt status	501(c)(3) 501(c) () ◀ (insert no) ∐	4947(a)(1) or	<u></u> 527	-1			
K .			w.ecomagic org Corporation Trust Associa	tion	I V-			exemption		n/a
, D	art I	Summ		tion Uther P	L Yea	er of formation	1979	M State	of legal domicile	<u>CA</u>
				on or most significan		4 m. Crombba				
a)	1		escribe the organization's missi							
ě			g a residential service learning c							id apply
Ĕ			and principles of human ecology is box ▶ ☐ if the organization of							
ĕ			of voting members of the gove			sposeu oi	more man		its riet assets	_
<u>ت</u> ح	1		of independent voting member	• • •	•	luna 1h\		3 4		5
es	1		mber of individuals employed in					5		5
ξ			nber of volunteers (estimate if i		(ran v, iii le	: Za)	•	6		0
Activities & Governance	1		related business revenue from F	• •	lmo 12			7a		500
•	b		lated business revenue from r	, , , , , , , , , , , , , , , , , , , ,	-	•	•	7a 7b	 	0
_	-	INCL OTHE	iated business taxable income	1101111 01111 990-1, 1111	- 34		Prior Ye		Current Y	n/a
	8	Contribut	tions and grants (Part VIII,-line	1h)						
Revenue	9		service revenue (Part VIII, line		187,067		171,214			
ĕ	10		ent income (Part VIII, column (A	105,830		112,548				
æ	11		venue (Part VIII, column (A), line		4,515		7,816			
	12		enue—add lines 8 through 11 (m		0		204 570			
	13		nd similar amounts/paid (Part I			10 12/		297,412		291,578
	14		paid to or for members (Part IX			-		53,896 0		55,941 0
'n	15		other compensation, employee t			5-10)		0		0
Expenses	1		onal fundraising fees (Part IX, c		(, ,),	· · · · ·		0		0
þed	1		draising expenses (Part IX, cold	7 7 7		· ·	*	- 0		
Ä	17		penses (Part IX, column (A), line					215,599		86,308
	18		penses Add lines 13-17 (must			a · · ·		269,495		142,249
	19		less expenses. Subtract line 1	•	. (, 1), 20	" · -		27.916		149.329
- ×	 			J IL	- · · · ·	Be	ginning of Cu		End of Ye	
ets	20	Total ass	sets (Part X, line 16) .	_				2,476,699		3,176,269
Net Assets or Fund Balances	21		oilities (Part X, line 26)		_		<u>-</u>	0		550,000
ž	22		ts or fund balances Subtract li	ne 21 from line 20		-		2,476,699		2,626,269
Р	art II	Signa	ture Block					1		
Ur	der pena	Ities of perju	iry, I declare that Lhave examined this r	eturn, including accompan	ying schedules	and stateme	ents, and to t	he best of n	ny knowledge and	d belief, it is
			lete Declaration of preparer (other than							
			AMO JAPON	•		***************************************		2 mm	1 (4	
Sig	gn	Sign	nature of officer				Da			
He	re	D.	AUID SCHROM SECT	RETARY / TREAS	URER					
-		Туре	e or print name and title							
Pa	id	Print/Ty	pe preparer's name	Preparer's signature		Date	;	Check	PTIN	
	na epare	r n/a						self-emp		
	se Onl	'	name ►				Firn	n's EiN ▶		
_	,. Jill		address >					ne no		
Ma	y the IF	RS discus	s this return with the preparer s	shown above? (see in	structions)			·	☐ Ye	s 🗌 No
For	Paperv	vork Redu	iction Act Notice, see the separa	te instructions.		Cat No	11282Y			990 (2013)

Form	990	(2013

Part	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to any line 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 demon- stration, 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code 541900) (Expenses \$ 56,900 including grants of \$ 0) (Revenue \$ 28,327)
	Valuescience—offered "Valuescience Shedding Illusion to Live Better" at Stanford University spring and autumn quarters in 2013;
	presented valuescience to more than five hundred individuals at Magic and in business, school, and other community settings (e.g., Santa Clara University, Stanford Structured Liberal Education, Branner Hall, a Stanford student residence with a public service
	theme, Stanford-Thai Exchange Program), hosted former resident and author Pamela Olson to present her recently published book,
	Fast Times in Palestine to an audience of fifty. Residential Education: twenty interns and affiliates from throughout the US, and from
	Asia, Europe, and South America participated for one to several months; eight were accepted for longer stays, Resident Fellows
	provided interns and affiliates more than one thousand hours of guidance in living in valuescience-based service learning community
4b	(Code. 541900) (Expenses \$ 56,900 including grants of \$ 55,941) (Revenue \$ 41,581)
	Cooperation & Individual Well-Being—Planning for Living delivered one two-meeting seminar to six clients, and guarterly sessions
	with weekly follow-up for three months to Magic service-learning community residents. Liveable City hosted 34th annual Evergreen
	Park Neighborhood Association picnic, continued a vendor donation program through which we collected and processed fifteen tons
	of food surplus from the California Avenue Farmers' Market for use in programs of Magic and of Innvision and Community Services
	Agency, local organizations serving low-income clients
4c	(Code: 110000) (Expenses \$ 28,450 including grants of \$ 0) (Revenue \$ 42,640)
	Environmental Stewardship—engaged 700 volunteers diverse in age and background; partnered with a half-dozen high and middle
	schools, Stanford alumni, Stanford service dorm, Stanford Tzu Chi, Brocade Corporation, Youth Community Service, Interact Club, Volunteers in Asia, and other groups whose participants contributed more than 2,100 hours of volunteer service; nurtured 600
	seedling oaks and other native trees in Magic's on-site nursery, transplanted 50 young oaks and 95 other California native trees,
	shrubs, and vines into public access open space; monitored and nurtured 2,000, and hand-watered 400 previously planted oaks
	and other California natives growing on open space used by 600,000 visitors annually.
	•
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	T

Part I	V Checklist of Required Schedules	-		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	<u></u> .
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	L
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		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? <i>If "Yes," complete Schedule C, Part II</i>	4	√	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		· •
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.	10		•
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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 and XII			√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a 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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		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		▼
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20 -	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	-	-
		1 = 22		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a	24a		✓
	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 24c		√
d 25a	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	25b		·
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	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		1
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 b	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	28a		√
С	Schedule L, Part IV	28b 28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	· ·
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	v	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		✓
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
			000	10040

Part				
	Check if Schedule O contains a response or note to any line in this Part V			
4		····	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			į
·	reportable gaming (gambling) winnings to prize winners?			3
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		 -
	Ctotomento filed for the color devices and an other than the second of t			,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.0		-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			<u> </u>
	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			1
_	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	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		_
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			,
	and services provided to the payor?	7a	* *	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓ _
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		-
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			j
	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			ţ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			!
a b	Gross income from members or shareholders			1
-	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		-	
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			1
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			,
C	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		✓
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	. 000	(2013)
		rom	いつづし	(2013)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Νo 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customanly performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? . . . 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such 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? 1 11a 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? . . . 14 14 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? The organization's CEO, Executive Director, or top management official . 15a Other officers or key employees of the organization 15b 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 If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization. David Schrom, 381 Oxford Avenue, Palo Alto, CA 94306, 650-323-7333

Eom	aan	(2013)	

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

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

 \checkmark

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 no	r any relate	d org	anız	atio	n c	ompe	nsa	ited any curren	it officer, director	r, or trustee
				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than one that the second		Reportable	Reportable	Estimated
	hours per					or/trust			compensation from	
	week (list any hours for	익호	2	Q	<u>~</u>	9.∓	7	from the	related organizations	other compensation
	related	dire	Ě	Officer	×	ng ghe	Former	organization	(W-2/1099-MISC)	from the
	organizations	cto	ğ	7	[豊	98 g	۳	(W-2/1099-MISC)		organization
	below dotted	Individual trustee or director	ם		Key employee	ğ				and related organizations
	-,	tee	Institutional trustee		"	Highest compensated employee				
		<u></u>	6			ited				
(1) David Schrom	40+									
Director, Secretary/Treasurer		✓		✓				0	0	18,000
(2) Robin Bayer	40+									
Director, President		✓		✓				o	0	18.000
(3) Santiago Escruceria	1									
Director		✓	<u> </u>					0	0	0
(4) Dinesh Dutt	2						1			
Director		✓						0	0	0
(5) Bradley Zlotnick	2									
Director		✓	<u> </u>					0	. 0	0
(6)										
_(7)			-							······································
(0)		<u> </u>	ļ				<u> </u>		·	
(8)	+									
(9)										
(10)						ļ <u>.</u>	ļ			
(11)										
(12)				-						
(13)	-		┼-	_						
5.77.										
(14)		-								

Compensation of the com	Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
Name and title Name		(4)	(5)			•	•			(0)			,,	_	
Total number of Individuals (including but not Irristed to those listed above) who received more than \$100,000 of compensation from the organization of the organization and interest of the organization and interest in the organization from the organization from the organization and related organization from the organization and related organi			(do not check more than												
rious for protection of the compensation from the organization 1		Nano and the	hours per	officer and a director/ti					compensation	compensation fro	m	amou	int of		
Compensation from the organization Post				9 ह	Ins	Q.	₹ e	Hig	Fo	from the					ก
15 15 15 15 15 15 15 15			related	direc	릁	Cer	y en	ploy] iii	organization			from	the	
(15) (16) (17) (18) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29				or La	iona		힣	8 8	`	(W-2/1099-MISC)					
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (21) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (21) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29			line)	uste	17.		9	nper					organiz	ations	i
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (21) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (27) (27) (27) (28) (29) (29) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (27) (27) (27) (28) (29) (29) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (27) (27) (27) (28) (29) (29) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (27) (27) (27) (28) (29) (29) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (27) (26) (27) (27) (27) (28) (29) (29) (20) (20) (20) (21) (22) (22) (22) (23) (24) (25) (25) (25) (27) (27) (27) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20				ď	stee	Ì		sate							
(19) (20) (21) (22) (23) (24) (25) 1b Sub-total .	/15)					 	<u> </u>	ā							
(17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total (25) (26) (27) (28) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(15)			1											
(17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total (25) (26) (27) (28) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(16)			-					-		<u> </u>	_			
(19) (20) (21) (22) (23) (24) (25) 1b Sub-total	32			1											
(19) (20) (21) (22) (23) (24) (25) 1b Sub-total	(17)														
(20) (21) (22) (23) (24) (25) 1b Sub-total .			ļ		ļ	ļ			_	ļ					
(20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual is each on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation for the calendar year ending with or within the organization's tax year. (B) Compensation for the organization for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation for the organization for the calendar year ending with or within the organization's tax year.	(18)	······	ļ	ļ											
(20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual is each on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation for the calendar year ending with or within the organization's tax year. (B) Compensation for the organization for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation for the organization for the calendar year ending with or within the organization's tax year.	(40)		 	<u> </u>		-									
(21) (22) (23) (24) (25) 1b Sub-total	(19)		 	1											
[21] [22] [23] [24] [25] [26] [26] [27] [28] [28] [28] [28] [28] [29] [29] [29] [29] [29] [29] [29] [29	(20)	····		ļ —		\vdash									
(23) (24) (25) 1b Sub-total .	3			1											
(23) (24) (25) 1b Sub-total .	(21)														
[23] [24] [25] 1b Sub-total .				ļ	<u> </u>	<u> </u>				<u> </u>		ļ			
[25] 1b Sub-total	(22)			}											
[25] 1b Sub-total	(22)			-		├	-								
1b Sub-total .	(20)			1		l									
1b Sub-total .	(24)			-	 				-						
1b Sub-total	22			1											
1b Sub-total	(25)				l										
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual organization or individual organization? If "Yes," complete Schedule J for such person organization or individual organization? If "Yes," complete Schedule J for such person organization or individual organization? If "Yes," complete Schedule J for such person organization or individual organization? If "Yes," complete Schedule J for such person organization or individual organization? If "Yes," complete Schedule J for such person organization or individual organization or individual organization organization? If "Yes," complete Schedule J for such person organization or individual organization organization organization? If "Yes," complete Schedule J for such person organization orga			<u> </u>					<u> </u>	Ļ						
Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation Daniel Fulga P O. Box 471, Redwood Estates, CA 95044			 				•				<u> </u>	_		3	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							•								0
reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Dartiel Fulga Construction 121,84: P O. Box 471, Redwood Estates, CA 95044					1056	e list	· ted	above	e) w		ore than \$100				0,000
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 ✓ Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Daniel Fulga Construction 121,84* P.O. Box 471, Redwood Estates, CA 95044	_				1000		·ca	above	o, ••	ino received in	ore than \$100,	000 0.			
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Daniel Fulga Construction 121,84 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Total number of independent contractors (including but not limited to those listed above) who														Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	Did the organization list any former of	fficer, direc	ctor, o	or tr	rust	ee,	key e	emp	ployee, or high	est compens	ated			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual													3		✓_
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4												1	Ì	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person							,, ,	. 10	٥,	. Complete Scr.	edule J TOT S	ucii		1	./
for services rendered to the organization? If "Yes," complete Schedule J for such person	5						fro	m anv	v ur	related organiz	ation or indivi	dual			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Daniel Fulga Construction 121,84 P O. Box 471, Redwood Estates, CA 95044 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1	_											.	5	-	√
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Daniel Fulga P O. Box 471, Redwood Estates, CA 95044 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1	Section	on B. Independent Contractors													
year. (A) Name and business address Daniel Fulga P O. Box 471, Redwood Estates, CA 95044 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1 (C) Compensation 121,84	1														
(A) Name and business address Daniel Fulga Construction 121,844 P O. Box 471, Redwood Estates, CA 95044 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1			port compe	ensati	on f	or th	ne c	alenc	lar y	year ending wit	h or within the	organ	ızatıo	n's ta	ΙX
Daniel Fulga construction 121,84 P O. Box 471, Redwood Estates, CA 95044 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1		·							1	(D)	- <u>- </u>		(C)		
P O. Box 471, Redwood Estates, CA 95044 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1			dress						1		ervices	Cor		tion	
P O. Box 471, Redwood Estates, CA 95044 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1	 Daniel	Fulga							co	nstruction				12	1.844
received more than \$100,000 of compensation from the organization ▶									1						-
received more than \$100,000 of compensation from the organization ▶											_				
received more than \$100,000 of compensation from the organization ▶															
received more than \$100,000 of compensation from the organization ▶		Total number of independent and in the	oro (melicel	nc -		· · ·	lier.	000		hoop lists to the	010)		·		
	2								J th		ovej wno				
					- 54				_	<u> </u>			Form	990	(2013)

Fall	VIII	Check if Schedule C		nonse or note to	any lina in this	Dort VIII		
		Official in Scriedule C	Cornains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	s 1a	o			-	
Grants nounts	ь	Membership dues	1b	0				i
S, C	С	Fundraising events .	1c	0				1
Giff	d	Related organizations	s 1d	0				
JS,	е	Government grants (con		0				
itio er S	f	All other contributions, g						
ig E		and similar amounts not inc		171,214				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include		86,541				;
	h	Total. Add lines 1a-1	f	<u>.</u> ▶	171,214			
Program Service Revenue				Business Code				
eve	2a	Valuescience		541900	28,327	28,327	0	0
ě	b	Environmental Steward		110000	42,640	42,640	0	0
Ž	ر. د	Cooperation & Individu	uai weii-	541900	41,581	41,581	0	0
Š	d e	being		-				
Jran	f	All other program ser	VICO revenue			0		
o.	g	Total. Add lines 2a-2		•	112,548		0	
	3	Investment income			112,346			
		and other similar amo		•	507	507	0	0
	4	Income from investmen	it of tax-exempt b	ond proceeds ▶	0	0	0	0
	5	Royalties .			0	0	0	0
		•	(ı) Real	(II) Personal				-
	6a	Gross rents .	0	0				,
	b	Less rental expenses	0	0				
	С	Rental income or (loss)		0				
	d	Net rental income or	<u> </u>	•	0	0	0	0
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	100,167	0				i
	b	Less cost or other basis and sales expenses						
		•	92,858		}			!
	C	Gain or (loss) .	7,309			-		
	d	Net gain or (loss) .		· · · · >	7,309	7,309	0	0
er Revenue	8a	Gross income from fu events (not including \$ of contributions reporte See Part IV, line 18	0	0				
Other	ь	Less: direct expenses						
O	l	Net income or (loss) f			0		0	
		Gross income from ga See Part IV, line 19						
		Less: direct expenses Net income or (loss) f			0	. 0	0	- 0
	10a	Gross sales of in returns and allowance		0				
	b	Less: cost of goods s					_	
	c	Net income or (loss) f			0	0	0	0
		Miscellaneous R	Revenue	Business Code		_		
	11a				0	0	0	0
	b							
	C	A.II1						
	d	All other revenue						
	12	Total. Add lines 11a- Total revenue. See ii			0			
	12	Total revenue, 366 II	11311 UCUUI 13.		291,578	291,578	0	Form 990 (2013)

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
8b, 9l	ot include amounts reported on lines 6b, 7b, b, 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	55,941	55,941		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0	, ,	Ţ
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		ļ
4 5	Benefits paid to or for members Compensation of current officers, directors,	0	0		
6	trustees, and key employees	0	0	0	0
_	persons described in section 4958(c)(3)(B)	0	0	0	. 0
7 8	Other salaries and wages Pension plan accruals and contributions (include	0	0	0	0
•	section 401(k) and 403(b) employer contributions)	0	0	0	0
9 10	Other employee benefits	0	0	0	0
11	Fees for services (non-employees):	0	. 0	0	0
a	Management	o	0	o	0
b	Legal	0	0	0	
С	Accounting	0	0	0	0
d	Lobbying [0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	2,105	1,895	211	0
13	Office expenses CASH: 9,176 NC: 500	9,676	0 700	0	0
14	Information technology	9,676	8,708 0	968	0
15	Royalties	0	0	0	0
16	Occupancy	10,764	9,687	1,076	0
17	Travel	225	202	22	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 . [2,800	2,520	280	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	10,086	9,077	1,009	0
23	Insurance	13,134	11,821	1,313	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 (A) amount, list line 24e expenses on Schedule O)				:
а	food (cash 4,902, noncash 28,870)	33,772	30,395	3,377	0
b	supp. oak habitat enhancement (c 1422, Hc: 246)	1,662	1,496	166	0
С	equipment <\$2,500/item (noncash: 990)	990	891	99	0
d	memberships	890	801	89	0
е	All other expenses fees	205	184	20	0
25	Total functional expenses. Add lines 1 through 24e	142,249	133,618	8,631	0
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				
	following SOP 98-2 (ASC 958-720)	0	0	0	0

Form 990 (2013)

Part X Balance Sheet

	artA	Check if Schedule O contains a response or note to any line in this Par	+ Y		
		Chock in ochequie o contains a response of note to any line in this Par	(A)		🗸
			Beginning of year		End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	155,740		84,492
	3	Pledges and grants receivable, net	0	3	0.,.02
	4	Accounts receivable, net	14,420	4	14,420
	5	Loans and other receivables from current and former officers, directors,			,
		trustees, key employees, and highest compensated employees.			;
		Complete Part II of Schedule L	0	5	0
	6	Loans and other 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 employees' beneficiary			;
ts		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use		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 10a 3,496,958			
	b	Less. accumulated depreciation 10b 423,901	2,239,045	10c	3,073,056
	11	Investments—publicly traded securities	67,493		4,300
	12	Investments – other securities. See Part IV, line 11	0		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 17	Total assets. Add lines 1 through 15 (must equal line 34) .	2,476,699	16	3,176,269
	18	Accounts payable and accrued expenses	0	17	0
	19	Grants payable	0		0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0		0
S	22	Loans and other payables to current and former officers, directors,	0		0
Liabilities	22	trustees, key employees, highest compensated employees, and			i ì
ig		disqualified persons. Complete Part II of Schedule L	0	22	
Lia	23	Secured mortgages and notes payable to unrelated third parties .	0		550,000
	24	Unsecured notes and loans payable to unrelated third parties .	0		330,000
	25	Other liabilities (including federal income tax, payables to related third	<u>_</u>		
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	o
	26	Total liabilities. Add lines 17 through 25	0	26	550,000
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
č		complete lines 27 through 29, and lines 33 and 34.	the second contract and a second con-		
lar	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
Ρ̈́	29	Permanently restricted net assets		29	·
ũ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.			1
ō	-00				
Net Assets or Fund Balances	30 31	Capital stock or trust principal, or current funds	5,000		5,000
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds	2,471,699		2,621,269
et.	33	Total net assets or fund balances	2 470 600		0 000 000
Ž	34	Total liabilities and net assets/fund balances	2,476,699		2,626,269
	<u> </u>	Total nabilities and fiel assets/fully palatities	2,476,699	34	3,176,269 Form 990 (2013)

Form 9	90 (2013)		Pa	age 12
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)		29	91,578
2	Total expenses (must equal Part IX, column (A), line 25)		14	12,249
3	Revenue less expenses Subtract line 2 from line 1		14	49,329
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		2,4	76,699
5	Net unrealized gains (losses) on investments			248
6	Donated services and use of facilities			0
7	Investment expenses			7
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		2,6	26,26 <u>9</u>
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>		
			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," explain in			
	Schedule O			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			,
	Separate basis Consolidated basis Both consolidated and separate basis			_
b	Were the organization's financial statements audited by an independent accountant?	2b	<u></u>	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			;
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		-	
	the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Forr	ո 990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization							Employer id	dentificatio	n number		
Magic										38200		
Par			rity Status (All orga			<u>-</u>			nstructi	ons.		
1 2	☐ A church, com☐ A school desc☐ A hospital or a☐ A medical rese	vention of churc ribed in section i cooperative ho earch organization	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun-	churches ch Sched ation des	s describe ule E.) cribed in	ed in sec section	tion 170	(b)(1)(A)(i (A)(iii).)(iii). Enter	the	
5		ne, city, and state	e: the benefit of a colle	oe or un	wereity o	wned or	operated	l by a go	vornmon	tal unit de	occrib	od in
	section 170(b)(1)(A)(iv). (Com	plete Part II.)						verrineri	itai uiiit ut	SSCIIL	ieu iii
8			n section 170(b)(1)(A									
9	receipts from support from acquired by th	activities related gross investme le organization a	receives (1) more that to its exempt funct ant income and unre fter June 30, 1975 Se	ions—su lated bus ee sectio	bject to o siness ta on 509(a)(certain e xable ind 2). (Com	xceptions come (les plete Par	s, and (2) ss sectio t III.)	no mor n 511 ta	e than 33	1/3%	of its
			l operated exclusively									
11	purposes of o	ne or more pub	nd operated exclusive blicly supported organ describes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 50	09(a)(2). Se	ry ou ee se	it the ction
	a 🗌 Type i	b 🗌 Type	II c ☐ Type II	I-Functio	nally inte	grated	d 🔲	Type III-N	Non-func	tionally int	tegrat	ed
е	By checking the other than four or section 509	ndation manage	that the organization ers and other than one	is not co e or more	ntrolled o	lirectly or support	r indirectl	y by one	or more	disqualifie	ed pe	rsons
f			a written determination	on from	the IRS 1	that it is	a Type	I, Type I	II, or Typ	pe III sup	portir	na
	organization, o	check this box										~ _
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	on from a	iny of the)			
	(i) A person v	who directly or i	ndirectly controls, eithody of the supported	her alone organizat	or toget	her with	persons	describe	d in (ii) a	nd 11g(i)	Yes	No
	(ii) A family m	ember of a perso	on described in (i) abo	ove? .						11g(ii)		
	(iii) A 35% cor	ntrolled entity of	a person described in	ı (ı) or (ıı)	above?.					11g(iu)		
h	Provide the fo	llowing informati	on about the support	ed organ	ızatıon(s)							
(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the orga	ou notify nization in of your port?	organizat	Is the tion in col zed in the S?	(vii) Amoun sup	it of mo pport	netary
			· · · · · · · · · · · · · · · · · · ·	Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)			,									
(D)												
(E)												-
				 	 					 		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 **(b)** 2010 (d) 2012 (c) 2011 (e) 2013 (f) Total Gifts, grants, contributions, membership fees received (Do not include any "unusual grants.") . levied for Tax revenues the

	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3.						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	(-) 0000	(1) 0010	4-3-0044	(0 0040	1 1 2 2 2 2 2	
Valen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	,	,			12	501/ \/0\
13	First five years. If the Form 990 is for the organization, check this box and stop he	ne organizatioi ere	n's first, secor	id, third, fourti	n, or fifth tax y	ear as a section	on 501(c)(3) · · · ► □
Secti	on C. Computation of Public Suppo	rt Percentag	· · ·	• •		<u> </u>	
14	Public support percentage for 2013 (line			11. column (fl)	*	14	%
15	Public support percentage from 2012 Sc	• • •				15	%
16a						1/3% or more, c	
	box and stop here. The organization qua	alifies as a pub	licly supported	dorganization			> _
b	331/3% support test—2012. If the organ check this box and stop here. The organ	iization qualifie	es as a publicly	supported or	ganization .		▶ □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "torganization".	ets the "facts- facts-and-circi	and-circumsta	ances" test, ch st. The organiz	eck this box a zation qualifies	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances"	' test, check t The organization	his box and st on qualifies as a	, and line op here
18	Private foundation. If the organization d	id not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, ched		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.)

O 4:	if the organization falls to qualify	under the tes	is isted beit	w, please co	mpiete Part i	1.)	
	on A. Public Support	() 0000	#1.0040	() 0014	4 0 0040	4.3.0040	(0 T-4-1
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities	114,688	149,120	199,911	187,067	171,214	822,000
3	furnished in any activity that is related to the organization's tax-exempt purpose. Gross receipts from activities that are not an	153,084	147,278	126,769	105,830	112,548	645,509
3	unrelated trade or business under section 513	0	0	0	0	0	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	o	0	o	0	0	0
6	Total. Add lines 1 through 5	267,772	296,398	326,680	292,897	283,762	1,467,509
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	325	34,465	84,705	51,847	75,279	246,621
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	•	71,820	49,045	43,991	44,103	48,837	257,796
8	Add lines 7a and 7b Public support (Subtract line 7c from	72,145	83,510	128,696	95,950	124,116	504,417
	line 6)	,	,		î	* * * * * * * * * * * * * * * * * * * *	963,092
	on B. Total Support	r	·				
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	267,772	296,398	326,680	292,897	283,762	1,467,510
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources						
_	′	6,338	7,675	12,685	4,515	7,816	39,029
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						•
С	40 40	0	<u>0</u> 7,675	12.005	0 4,515	7,816	39,029
11	Net income from unrelated business	6,338	7,073	12,685	4,515	7,816	39,029
	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	- U	U				
	(Explain in Part IV)	296	477	108	О	0	881
13	Total support. (Add lines 9, 10c, 11, and 12.)	274,406	304,550		297,412	291,578	1,507,420
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization			, or fifth tax ye		
Secti	on C. Computation of Public Suppor		 e		· · · · · · · · · · · · · · · · · · ·	-	
15	Public support percentage for 2013 (line 8			3. column (fl)		15	64 %
16	Public support percentage for 2013 (interaction 2012 Sch		•			16	65 %
	on D. Computation of Investment In			· · · · ·	•	1 .0	95_70
17	Investment income percentage for 2013 (v line 13. colur		17	3 %
18	Investment income percentage from 2012			-		18	3 %
19a	331/3% support tests—2013. If the organ 17 is not more than 331/3%, check this box	ization did not	check the box	k on line 14, ar	nd line 15 is m	ore than 331/39	%, and line
b	331/2% support tests—2012. If the organize line 18 is not more than 331/2%, check this	zation did not c	heck a box on	line 14 or line 1	9a, and line 16	s is more than 3	331/3%, and
	Private foundation If the erganization di		-				

	(Form 990 or 990-EZ) 2013 Page 4							
Part IV	Supplemental Information. 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).							

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

is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. ► Complete if the organization is described below. 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

• Se	ction 501(c)(3) organizations	that have NOT filed Form 5768 (election	n under section 501	(h)) Complete Part II-B Do n	ot complete Part II-A
	•	," to Form 990, Part IV, line 5 (Proxy			
• Se	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III			
Name (of organization			Employer iden	tification number
Magic					942638200
Part	I-A Complete if the	e organization is exempt unde	er section 501(d	c) or is a section 527 of	organization.
1	Provide a description of t	the organization's direct and indire	ct political campa	ign activities in Part IV	
2	Political expenditures			▶ \$	
3	Volunteer hours .				
Part		e organization is exempt und			
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part		· · · · · · · · · · · · · · · · · · ·		
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz	ation for section	•	
_				· · · · · • • •	
2		filing organization's funds contrib	_		
	527 exempt function acti			> \$	
3		expenditures Add lines 1 and 2	Enter here and	on Form 1120-POL,	
	line 17b		· · · ·		·····
4		n file Form 1120-POL for this year		• • •	Yes No
5		ses and employer identification nur			
		ents For each organization listed,			
		ontributions received that were pro I fund or a political action committe			
	as a separate segregated	1	e (i AO) ii addillo	That space is freeded, prov	lde information in Fait IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds If none, enter -0-	promptly and directly
					delivered to a separate political organization If
					none, enter -0-
	<u></u>				
(1)					
			-		
(2)		}			
'0 \					
(3)					
(4)					
/E\					
(5)					
(6)					
(0)					

	name, address, EIN, expenseck ► ☐ if the filing organization che	ses, and share of excess lobbying expenditur	es).	up member's									
- Oh	eck 🕨 🗌 if the filing organization che			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).									
B Che			ipply.	Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.									
		ring Expenditures	(a) Filing	(b) Affiliated									
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals									
1a	Total lobbying expenditures to influence p	oublic opinion (grass roots lobbying) .	<500										
ь.	Total lobbying expenditures to influence a	a legislative body (direct lobbying)	<500										
C	Total lobbying expenditures (add lines 1a	and 1b)	<1,000										
d (Other exempt purpose expenditures		>141,249										
e ·	Total exempt purpose expenditures (add	lines 1c and 1d)	142,249										
	, .	ne amount from the following table in both											
- (columns		28,450										
<u> </u>	f 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	ĺ										
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000											
	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											
-	Grassroots nontaxable amount (enter 259	•	7,112										
	Subtract line 1g from line 1a. If zero or les	•	0										
	Subtract line 1f from line 1c If zero or les		0										
	If there is an amount other than zero of reporting section 4911 tax for this year?	on either line 1h or line 1i, did the organization	file Form 4720	Yes No									

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.)

	Lobbyir	ng Expenditures D	uring 4-Year Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount	36,751	43,109	53,899	28,450	162,209
b	Lobbying ceiling amount (150% of line 2a, column (e))					243,314
С	Total lobbying expenditures	<1,000	<1,000	<1,000	<1,000	<4,000
d	Grassroots nontaxable amount	9,188	10,777	13,475	7,112	40,552
е	Grassroots ceiling amount (150% of line 2d, column (e))					60,828
f	Grassroots lobbying expenditures	<500	<500	<500	<500	<2,000

Schedule C (Form 990 or 990-EZ) 2013

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	ed F	orm	5768		
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)			(b)	
	d-4	es	No	Aı	nount	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?	ľ	1	1	ž (· '
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	\neg		85, 1		· - :
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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?	_				
1	Other activities?	_				
j	Total. Add lines 1c through 1i	` .	· - ` `			
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912	+				-
C	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912		3.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- -	= "-			
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	i). o	r se	ction		•
	501(c)(6).	,, -				
					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		
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."), o (b)	Part	ill-A,	line :	3, is
1 2	Dues, assessments and similar amounts from members		1			
2	political expenses for which the section 527(f) tax was paid).	"	1.1			
а	Current year	-	20			
b	Carryover from last year	H	2a 2b	-		
C	Total	ŀ	2c		-	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ŀ	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	╻┝	1.77			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyin		.:			
	and political expenditure next year?	٦	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	ŀ	5			
Par				-		
Provid	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group	list)	. Par	t II-A. I	ne 2:	and
	-B, line 1. Also, complete this part for any additional information.	,	,		,	
						-
						-

m 990 or 990-EZ) 2013	Page 4
Supplemental Information (continued)	
	·
	Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number Magic Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 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 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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 conferring impermissible private benefit? Conservation Easements. Part II 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 Total number of conservation easements . 2a Total acreage restricted by conservation easements 2b 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 historic structure listed in the National Register 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) (i) and section 170(h)(4)(B)(ii)? In Part XIII, 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 XIII, 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 Revenues included in Form 990, Part VIII, line 1 \$_____

b Assets included in Form 990, Part X . .

Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures	, or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and of						
а	☐ Public exhibition		d l	Loan	or exchang	je prog	rams	
b	☐ Scholarly research		e	🗌 Othe	r			
С	☐ Preservation for future generations							
4	Provide a description of the organization of t	tion's collections :	and expla	in how t	hey further	the org	ganization's exe	empt purpose in Part
5	During the year, did the organization							ılar
	assets to be sold to raise funds rather		ained as p	art of the	e organizati	on's co	ollection?	· 🗌 Yes 🗌 No
Part				000 5		^		
	Complete if the organization 990, Part X, line 21.	ranswered res	to For	n 990, P	art iv, iine	9, or 1	reported an ai	mount on Form
1a	Is the organization an agent, trustee	custodian or oth	ner interm	ediary fo	or contribut	ions of	other assets	not
14	included on Form 990, Part X? .							·
b	If "Yes," explain the arrangement in P							
	, , , , , , , ,	-						Amount
С	Beginning balance					10	;	
d	Additions during the year					10	1	
е	Distributions during the year			•		16		
f	Ending balance					11	:	
2a	Did the organization include an amoun					٠.	· · · ·	☐ Yes ☐ No
	If "Yes," explain the arrangement in P Endowment Funds.	art XIII Check her	e if the ex	planatio	n has been	provid	ed in Part XIII	<u> Ll</u>
Par	Complete if the organization	answered "Ves	" to Forr	n 990 E	Part IV line	10		
	Complete if the organization	(a) Current year	(b) Pro		(c) Two year		(d) Three years ba	ick (e) Four years back
1a	Beginning of year balance .		(-7	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(-,	(-),, ,
b	Contributions							
С	Net investment earnings, gains, and	·						
	losses							
d	Grants or scholarships			·				
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses		ļ				- -	
g	End of year balance		1		1	<u> </u>		
2	Provide the estimated percentage of t Board designated or quasi-endowmer			e (line 1g	g, column (a	ı)) neid	as [.]	
a b	Permanent endowment	%	%					
C	Temporarily restricted endowment ▶							
•	The percentages in lines 2a, 2b, and 2		00%.					
3a	Are there endowment funds not in th			zation the	at are held	and ad	ministered for	the
	organization by							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(iı)
b	If "Yes" to 3a(II), are the related organ							. 3b
4	Describe in Part XIII the intended uses		on's endo	wment f	unds			
Pari			" to Form	~ 000 F	مصدا ۱۷ اسم	. 44 (Saa Farm 000	N Dowl V Ivan 10
	Complete if the organization Description of property	(a) Cost or o			or other basis		Accumulated	(d) Book value
	Description of property	(a) Cost of o			other)		epreciation	(d) Book value
1a	Land		0		1,447,655	· ·	• ; ; ;	1,447,655
b	Buildings		0		2,049,303		423,901	1,625,401
С	Leasehold improvements		0		0		0	0
d	Equipment		0		0		0	0
e	Other	<u>·</u>	0		0		0	0
Total.	Add lines 1a through 1e (Column (d) r	nust equal Form 9	190, Part)	(, columi	<u>n (B), line 10</u>)(c).)	🕨	3,073,056

Part VII	Investments - Other Securities				
	Complete if the organization ans	swered "Yes" to For	m 990, Part IV, line	1b. See Form 9	990, Part X, line 12.
	(a) Description of security or categor(including name of security)	ry	(b) Book value		od of valuation of-year market value
(1) Financial	derivatives				
	held equity interests				
(3) Other					
(A)					
(B)				<u> </u>	
(C)				 	
(D) (E)					
(F)					
(G)					
···(H)					
	(b) must equal Form 990, Part X, col (B) line 12) ▶	·			
Part VIII	Investments-Program Relate		<u> </u>		
	Complete if the organization ans		m 990, Part IV, line	I1c. See Form 9	990, Part X, line 13.
	(a) Description of investment		(b) Book value		od of valuation of-year market value
(1)					
(2)		· · · · · · · · · · · · · · · · · · ·			
(3)					·· <u>·</u>
(4)					
(5)					
(6)					
(7)					 .
(8)					
(9)	(b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.	·		 -	
raitix	Complete if the organization and	swered "Yes" to For	m 990 Part IV line	11d See Form 9	990 Part X line 15
		(a) Description	111 000, 1 411 17, 1110	114. 666 1 61111	(b) Book value
(1)			·		
(2)					
(3)					
(4)					
(5)					
(6)					
_(7)					
(8)					····
(9) Tetal (Cat	(h) must savel Form 000 Fort V	aal (D) line 15)			
	umn (b) must equal Form 990, Part X, on Other Liabilities.	coi. (B) line (5.) .		. •	
Part X	Complete if the organization and	pworod "Voe" to For	m 000 Part IV line:	110 or 11f Soo	Form 000 Bort V
	line 25.	sweled res to ror	ili 990, Fait IV, ilile	i le oi i ii. See	roiiii 990, rait A,
1.	(a) Description of liability	(b) Book value			
	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	21				
	(b) must equal Form 990, Part X, col (B) line 25)				
Liability fo	or uncertain tax positions. In Part XIII, pro	vide the text of the footi	note to the organization's	s tinancial stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

2	Reconciliation of Revenue per Audited Financial Statemed Complete if the organization answered "Yes" to Form 990, Footal revenue, gains, and other support per audited financial statements amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments. Soonated services and use of facilities			1	
2	otal revenue, gains, and other support per audited financial statements amounts included on line 1 but not on Form 990, Part VIII, line 12 let unrealized gains on investments	2a 2b 2c			
a M b E c F d C e A 3 S	Net unrealized gains on investments	2b 2c			
b C F d C e A 3 S 4 A	Oonated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2b 2c			
c F d C e A 3 S 4 A	Recoveries of prior year grants	2c			
d (e / 3 S 4 /	Other (Describe in Part XIII.)	-		15 1/2 5 1	
e / 3 5 4 /	Add lines 2a through 2d	2d		J - 1	
3 S	Subtract line 2e from line 1			<u> </u>	
4 /		•		2e	
				3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1			1. '1	
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		<u></u>	
	Other (Describe in Part XIII.)	4b		↓	
	Add lines 4a and 4b	40.1		4c	
	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part X	· · · · · · · · · · · · · · · · · · ·			er Heturn.	
4 7	Complete if the organization answered "Yes" to Form 990, F	art IV	, line 12a.		
	otal expenses and losses per audited financial statements .	•		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25: Conated services and use of facilities	امما		4,	
	Prior year adjustments	2a		- ^	
	Other losses	2b 2c		- ' -	
	Other (Describe in Part XIII)	2d		- 1	
	Add lines 2a through 2d	Zu		2e	
	Subtract line 2e from line 1	•		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		-3-1	
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII)	4b		┤ ;;;;	
	Add lines 4a and 4b			4c	
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)		5	
art X			· · · · · · · · · · · · · · · · · · ·	1 - 1	
rovide ; Part >	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and (I, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	d 4, Pa	art IV, lines 1b and 2l vide any additional ii	b, Part V, line	4, Part X, line
				·	·

Schedule D (Fo	om 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
	······	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Complete of the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 2013

▶ Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Publio Inspection

Employer identification number 942638200

Magic							942638200
Part I General Information on Grants and Assistance	n on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ain records to sub	stantiate the amor	unt of the grants or	assistance, the g	rantees' eligibility f	or the grants or assistanc	e, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	nization's procedu	res for monitoring	the use of grant fur	nds in the United	States		
Part II Grants and Other As	ssistance to Go	vernments and	l Organizations i	n the United St	ates. Complete	if the organization answ	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ny recipient that	received more t	han \$5,000. Part	Il can be duplica	ated if additional	space is needed.	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) InnVision, 974 Willow Street San Jose, CA 95125	770033628	501(c)(3)	0	~16,313 FMV	FMV	~8,574 pounds groceries	to provide meals and food
(2)							assistance for low-income
(6)							families and individuals
(4) Community Services Agency 204 Sterlin Rd., Mountain View, CA	941422465	501(c)(3)	0	~39,628 FMV		~20,829 pounds groceries	to provide meals and food
(5) 94043							assistance for low-income
(9)							families and individuals
<u>(7)</u>							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	n 501(c)(3) and gov	vernment organiza	tions listed in the li	ne 1 table			~ •
3 Enter total number of other organizations listed in	organizations listed	in the line 1 table		٠	•		0 ▲.

Schedule I (Form 990) (2013)

Schedule I (Fo	Schedule I (Form 990) (2013)		nited States Com	niete if the organiz	ot "Yes" to	Page 2
rattill	Part III can be duplicated if additional space is		med States, con	piete ii tile Olganiz	ation answered Tes to	י מוון פסט, רמוניוי, וווס בב.
	(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
-						
2						
ဗ						774
4						
5						
9						
7						
Part IV Magic norm	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Magic normally does not furnish cash grants. In 2013, as noted on Form 990, Part III, Line 4b, and on Schedule I, Part II, Magic granted ~29,403 pounds of produce and oth	the information re noted on Form 990, I	quired in Part I, lin Part III, Line 4b, and o	e 2, Part III, column n Schedule I, Part II, M	(b), and any other additing and any other additing agic granted ~29,403 pounds	nation required in Part I, line 2, Part III, column (b), and any other additional information.
salvaged fr	salvaged from the California Avenue Farmers' Market and valued at		o InnVision and Comr	nunity Services Agenc	y This food which was deen	\$55,941, to InnVision and Community Services Agency. This food which was deemed surplus or unsaleable by market
vendors wa	vendors was given to Magic without cash payment. InnVision and Community Services Agency provide hot meals and groceries for homeless and at-risk families and individuals from	sion and Community	Services Agency pro	wide hot meals and gro	ceries for homeless and at-r	isk families and individuals from
San Jose to	San Jose to Redwood City					
		1				

Schedule I (Form 990) (2013)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

► Attach to Form 990

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Magic						9426382	200		
Part	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repoi Form 990, Part V	ted on	Method noncash co			~
1	Art – Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	✓			500	FMV			
6	Cars and other vehicles .								
7	Boats and planes								
8	Intellectual property								
9	Securities-Publicly traded	1			29,579	FMV			
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC, or trust interests								
12	Securities-Miscellaneous .								
13	Qualified conservation contribution—Historic								
	structures								
14	Qualified conservation contribution—Other								
15	Real estate-Residential .								· · · · · · · · · · · · · · · · · · ·
16	Real estate - Commercial						T.		
17	Real estate—Other								
18	Collectibles								
19	Food inventory	✓	~1,500		84,811	FMV			
20	Drugs and medical supplies								
21	Taxidermy		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (equip. <2,500/item)	✓	6		990	FMV			
26	Other ► (oak restoration sup)	✓	2		240	FMV			
27	Other ► ()			•					
28	Other ► (-				
29	Number of Forms 8283 received	by the org	ganization during the tax y	ear for contribu	tions for				
	which the organization completed	Form 8283	I, Part IV, Donee Acknowle	dgement		29			
								Yes	No
30a									
	it must hold for at least three year					uired to be			i '
	used for exempt purposes for the		ing period?				30a		1
b	If "Yes," describe the arrangemen								
31	Does the organization have a contributions?	gift accep	tance policy that require	s the review o	f any no	n-standard 	31	1	
32a	Does the organization hire or use					ell noncash	1		$\overline{}$
	contributions?						32a		/
	If "Yes," describe in Part II.	ama:+	action (a) for a time of time	annada, formula almis					
33	If the organization did not report a	i amount in	column (c) for a type of pro	perty for which c	oiumn (a)	is cnecked,	1		1

describe in Part II.

Şchedule M (Form 990) (2013)
Part II	Supplemental Information. 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.
	of 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

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

OMB No 1545-0047 2013

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number 942638200 Magic

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 a 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 2013 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. Although food and lodging provided Bayer and Schrom remain unchanged, the monetary
value attributed to these was increased in 2013 to reflect inflation.
Part VIII, Line 7a-c(i): During 2013 Magic sold \$99,839 worth of securities to finance a new building to be occupied by a residential service-
learning community sponsored by Magic in furtherance of its charitable mission. The \$100,167 reported on Line 7a includes the \$99,839 of
securities sold plus \$328 of capital gains distributions.
Part VIII, Line 7b(i) Because Magic marks all securities to market value at the end of each year the cost basis on line 7b(i) reflects market
value at the beginning of the year.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
Magic	942638200
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 o	delivery of program services.
Part X, Line 10a&c The amount reflected here includes costs incurred in construction of a new b	uulding at 373 Oxford Avenue, Pale Alte te be
occupied by a residential service-learning community sponsored by Magic in furtherance of its c	haritable mission. This asset transfer is
reflected also in Schedule D, Part VI	
Part XI, Line 5: Magic marks all securities to market value at the end of each year. This unrealized	l capital gain is reported on Line 5
•	
	·