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**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Α	For the	2014 cale	ndar year, or tax year beginning	, 2	2014, and	ending			, 20				
В	Check if	applicable	C Name of organization Magic					D Employ	er identification nu	mber			
	Address	change	Doing business as						942638200				
	Name ch	-	Number and street (or P O box if m	nail is not delivered to street addres	ss) Ro	om/suite		E Telephoi	ne number				
	Initial ret	_	P.O. Box 15894					650-323-7333					
		rn/terminated	City or town, state or province, cou										
$\bar{\Box}$	Amende		Stanford, CA 94309		•			<b>G</b> Gross re	ceipts \$	313,956			
$\bar{\Box}$		on pending	F Name and address of principal offic	er Robin Bayer, same as C	above		H(a) is this a or	Is this a group return for subordinates? Yes No					
_	пррисси	on ponding	,		40000		H(b) Are all subordinates included? Yes No						
_	Tay-ayar	mpt status	501(c)(3) 501(c)	( ) ◀ (insert no ) ☐ 4947(a)	V(1) or	527	<b>⊣</b> ``		list (see instruction				
<u>:</u>	Website		w.ecomagic.org	( / 1 (MOCRETIO) (L) 4947 (a)	<u>,,,,,,,                              </u>	JZ 1	H(c) Group		·				
ĸ			Corporation Trust Associa	ation ☐ Other ►	L Year of	formation	<del></del>	T	of legal domicile	CA			
_	art I	Summ		anon other =	TE Teal of	TOTTIALIO	19/9	III Otato	or legal dolllione	<u>CA</u>			
_	1		escribe the organization's miss	sion or most significant acti	vitios to	furtho	r common	intorocto	of humankind b				
ø)	'	-	<del>-</del>										
Governance		sustaining a residential service learning community by demonstration, teaching, and publishing how people may learn and apply methods and principles of human ecology to more accurately discern and to more effectively realize value.											
Ę													
×e	2		is box ▶☐ if the organization	·	-			25% 01	its net assets	_			
	3		of voting members of the gove					3	· · · · · ·	5			
Activities &	4		of independent voting membe	• • • •		•		4		5			
	5		mber of individuals employed i	-	V, line 2a	.)		5		0			
Ę	6		nber of volunteers (estimate if	= -				6		500			
	7a		elated business revenue from			∄ •		7a		0			
» —	b	Net unre	lated business taxable income	e from Form 99057, fine 34		<u> </u>		7b		0			
J	Į.				ပ္သ	\ \	Prior Ye	ar	Current Ye	ar			
<u>ه</u> د	8	Contribu	tions and grants (Part VIII, line	1h). 5		5		171,214		157,342			
۵.	9		service revenue (Part VIII, line		919 .  v	2}		112,548		155,445			
od ⊥o Revenue	10	Investme	ent income (Part VIII, column (A	A), lines 3, 4, and 7d)	<u> </u>	= 4		7,816		1,169			
Ć	11	Other rev	venue (Part VIII, column (A), lin	es 5, 6d, 8c, 9c (10c Eahd, 1	(e) T			0		0			
$\supset$	12	Total reve	enue-add lines 8 through 11 (	must equal Part-VIII, column	(A), line 1	12)	•	291,578		313,956			
Expenses	13	Grants a	nd simılar amounts paid (Part	IX, column (A), lines 1-3) .				55,941		46,417			
	14	Benefits	paid to or for members (Part I	X, column (A), line 4)		0		0					
₹,,	15	Salaries,	other compensation, employee	benefits (Part IX, column (A),	, lines 5-1	0)		0		0			
Se.	16a		onal fundraising fees (Part IX, o					0		0			
ρē	ь		draising expenses (Part IX, co										
ŭ	17		penses (Part IX, column (A), lir					86,308		236,189			
	18		penses. Add lines 13-17 (must		line 25)		-	142,249		282,605			
	19	-	less expenses. Subtract line	•				149,329		31,351			
- 8	+	110101140	, 1000 0poioo 000uot		<del> </del>	Be	ginning of Cu		End of Ye				
Net Assets or	20	Total ass	sets (Part X, line 16)					3,176,26		3,207,547			
ASS	21		pilities (Part X, line 26)			`		550,000		550,000			
Set	22		ets or fund balances. Subtract	line 21 from line 20		. ⊢		2,626,269		2,657,547			
_	art II		ture Block	mie 21 nom me 20 .	•	•		2,020,203		2,037,347			
			ury, I declare that I have examined this	sotura includina consensativa es	abadulas an	d statem	ante and to t	ho host of	my knowledge, and	holief it is			
			ate Declaration of preparer (other tha						ny knowledge and	Deliei, it is			
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Si	an	Sign	nature of officer				l_		LY 2015				
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ne	er <del>e</del>		<del></del>	0201101117/11		<u> </u>	<u> </u>						
_		<del></del>	e or print name and title	Date			PTIN						
Pá	aid	= ((() ()	/pe preparer's name	Preparer's signature		Vale	•	Check	<b>□</b> "				
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		Firm's	address ►	-1	-A \		Pho	one no		<del></del>			
_			s this return with the preparer		tions) .					No No			
E۵	r Danen	work Redi	iction Act Notice, see the senar	ate instructions		Cat No.	11282Y		Form	990 (2014)			

Part I	Checklist of Required Schedules		·	ugo c
•			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓_	ļ
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	1	
	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
	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		1
	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		1
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
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	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
	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	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		7
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<del>                                     </del>	<del>'</del>

Part	Checklist of Required Schedules (continued)			
	Did the annual transfer of COO of a section of the contract of		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
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		1
b c	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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		1
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 "Yes," 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 Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	_
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	ļ	<b>✓</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

	00 (2014)			Page
Part				
•	Check if Schedule O contains a response or note to any line in this Part V		Yes	. L
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0		163	140
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	-	-1 -
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	"		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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			
	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: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>/</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		١,
<b>L</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>/</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	٠.		
7	gifts were not tax deductible?	6b	··	
7 a	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		-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c	<u>.</u>	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	- <del>`</del>	<u> </u>	<b>  '</b>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	ł		
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	ł		
J			1	
120	against amounts due or received from them.)	10-	}	
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a	<u> </u>	┼
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	-
•	Note. See the instructions for additional information the organization must report on Schedule O.		<del>                                     </del>	<del>                                     </del>
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

Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Enter the amount of reserves on hand . . . . . .

14a

14b

13b

13c

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 2	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		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		<b>→</b>
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<u>√</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1
a	The governing body?	8a	✓	
ь 9	Each committee with authority to act on behalf of the governing body?	8b		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1 - \	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>√</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		•
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-	1
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	<b>√</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	<b>√</b>	
14 15	Did the organization have a written document retention and destruction policy?	14	✓	1
а	The organization's CEO, Executive Director, or top management official	15a	1	-
b	Other officers or key employees of the organization	15b	<b>✓</b>	
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		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► CA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re David Schrom, 381 Oxford Avenue, Palo Alto, CA 94306; 650-323-7333	cords	: ▶	

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Part VII	Compensation of Officers,	<b>Directors, Trustees</b>	, Key Employees,	Highest Compen	sated Employees,	and
	Independent Contractors					

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

Check this box if heither the organization no	i ariy relate	u oiyi	ai iiz	alio	III C	ompe	ıısa	ned any curren	t omcer, airector	i, or trustee.
		(C)								
(A)	(B)	١,.	Position (do not check more than one				(D)	(E)	(F)	
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per	office	officer and a dir					compensation	compensation from	amount of
	week (list any hours for	익호	필 필 요 중		~	9 = 7		from the	related organizations	other compensation
	related	호호	<u>\$</u>	Officer	y e	ghe	Former	organization	(W-2/1099-MISC)	from the
	organizations	cto	ᅙ	٦	Key employee	st c	4	(W-2/1099-MISC)		organization
	below dotted line)	ੋ ਵ	<u>a</u>		oye	흵		]		and related organizations
	""''	Individual trustee or director	Institutional trustee		n	ens				Organizations
		"	e			Highest compensated employee				
				_						
(1) David Schrom	40+	_								
Director, Secretary/Treasurer		<b>✓</b>		✓				0	0	18,000
(2) Robin Bayer	40+									
Director/President		<b>✓</b>		✓				0	0	18,000
(3) Santiago Escruceria	11									
Director		<b>✓</b>						0	0	0
(4) Dinesh Dutt	2									
Director		✓						0	0	0
(5) Bradley Zlotnick	2		!							
Director		✓						0	0	0
(6)		<u> </u>						ļ		
(7)										
								<u> </u>		
(8)										
(9)										
(10)										
		<u></u>								
(11)										
		1	1	ŀ						
(12)										
(13)										
(14)										
	<u> </u>									

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar (0		lighes	et C	ompensated E	mployees (	continue	d)		
	(A) Name and title		Position (do not check more than obox, unless person is bott officer and a director/trus					an ee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compe fror organ and i		1
(15)							<u>u</u>	:						
(16)														
(17)			<del>_</del>											
(18)													<del></del>	
(19)														·
(20)														
(21)														
(22)														
(23)														
(24)														
(25)					_	-								
1b c d	Sub-total  Total from continuation sheets to Part  Total (add lines 1b and 1c)	VII, Sectio		•				<b>&gt; &gt; &gt;</b>						
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc									nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	,000	)? /	f "Ye	s, "	ind other comp complete Sch	pensation from the definition of the definition	om the	4		/
5	Did any person listed on line 1a receive of for services rendered to the organization										dividual	5		1
Section	on B. Independent Contractors													
1														
	(A) Name and business address						(B) Description of s	ervices	С	(C) ompens	ation			
								L						
						-		$\vdash$						
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who			<del></del>	

	90 (201	<u>'</u>				<u> </u>		Page 9
Part	VIII	Statement of Revenue						
	•	Check if Schedule O contains	a res <sub>l</sub>	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 its	1a	Federated campaigns	1a	o			<del></del>	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
s, G Am	С	Fundraising events	1c	0	ľ			
Gift	d	Related organizations	1d	0				
ns, jimi	е	Government grants (contributions)	1e	0				
itior er S	f	All other contributions, gifts, grants,						
혈		and similar amounts not included above	1f	157,342		•		
onti od C	g	Noncash contributions included in lines 1a		122,697				
	h	Total. Add lines 1a-1f		▶	157,342			
ne	_			Business Code				
eve	2a	Valuescience		541900	47,494	47,494	0	0
ě	b	Environmental Stewardship		110000	37,200	37,200	0	0
Ž	C	Coooperation & Individual Well-b	eing	541900	70,752	70,752	0	0
Sc	d				•			<del></del>
Jran	e f	All other program service reven						
Program Service Revenue	g	<b>Total.</b> Add lines 2a–2f		•	155,445			
	3	Investment income (including			133,443			
		and other similar amounts)		. ▶	1,169	1,169	o	0
	4	Income from investment of tax-exe	mpt bo	ond proceeds ▶	0	0	0	0
	5	Royalties	•		0	0	0	0
		(ı) Rea	d .	(iı) Personal				
	6a	Gross rents	0	0				
	b	Less: rental expenses	0	0				
	С	Rental income or (loss)	0	0				
	_d	Net rental income or (loss)		▶	0	. 0	0	0
	7a	Gross amount from sales of (i) Securi		(II) Other				
	١.	assets other than inventory	0	0				
	b	Less. cost or other basis and sales expenses						
	_		0	0				
	C	Gain or (loss)	0	0		_		
	d	Net gain or (loss)	• •	· · · P	0	0	0	0
ne ne	8a	Gross income from fundraising						
Other Revenue		events (not including \$	0					
ě		of contributions reported on line 1	c)					
-		See Part IV, line 18		اه				
Ť	b	Less: direct expenses .	. b	0				
U	С	Net income or (loss) from fundra	aising	events . ►	o		o	O
	9a	Gross income from gaming activ						
		See Part IV, line 19	-	0				
	b	Less: direct expenses		_				
	C	Net income or (loss) from gamir	-	vities ►	О	. 0	0	0
	10a	· · · · · · · · · · · · · · · · · · ·	less					
		returns and allowances .	· a	0				
	l	Less: cost of goods sold .	ь р	_				
	С	Net income or (loss) from sales	ot inve			. 0	0	0
	I	Miscellaneous Revenue		Business Code		1		

0

313,956

11a

12

d All other revenue . . . .

e Total. Add lines 11a-11d . . . . . . . .

Total revenue. See instructions. .

	'Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must con	oplete all columns. A	ll other organization	s must complete col	lumn (A)
	Check if Schedule O contains a respon				
	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 domestic organizations and domestic governments See Part IV, line 21	46,417	46,417		****
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign	J.			
4	Individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	o	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	0	0	0	0
¢	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	0
	(A) amount, list line 11g expenses on Schedule O.)	14,002	12,602	1,400	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	10,478	9,430	1,048	0
14	Information technology	0	0	0	0
15	Royalties	0		0	0
16	Occupancy	37,268	33,541	3,727	0
17	Travel	642	578	64	0
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials		0	0	0
19	Conferences, conventions, and meetings .	3,101	2,791	310	0
20	Interest	0	0	0	0
21 22	Payments to affiliates	0	70.040	0 770	0
23	Depreciation, depletion, and amortization . Insurance	87,722 425	78,949 383	8,772	0
		425	383	43	
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.)				
a	food (cash: 5,422; non-cash: 63,410)	68,833	61,949	6,883	0
þ	supplies - oak habitat enhance (c:1,240; n-c:60)	1,240	1,116	124	0
C	equip., furnishings <\$2,500 (c:643; n-c:11,278)	11,921	10,729	1,192	0
d	memberships	377	339	38	0
e	All other expenses fees	181	163	18	0
25_	Total functional expenses. Add lines 1 through 24e	282,605	254,345	28,261	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   if following SOP 98-2 (ASC 958-720)				

Part X \* Balance Sheet

	· _	Check if Schedule O contains a response or note to any line in this Pai	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments [	84,492	2	203,211
	3	Pledges and grants receivable, net [	0	3	0
	4	Accounts receivable, net	14,420	4	14,420
	5	Loans and other receivables from current and former officers, directors,			1
		trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L	-	_	-
		Loans and other receivables from other disqualified persons (as defined under section	0	5	0
۶	6	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 organizations (see instructions) Complete Part II of Schedule L		6	-
et	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
`	9	Prepaid expenses and deferred charges	0		0
	10a	Land, buildings, and equipment: cost or	U	9	<u></u> <u>V</u>
		other basis. Complete Part VI of Schedule D 10a 3,496,958			
	ь	Less. accumulated depreciation 10b 511,623	3,073,056	10c	2,985,335
	11	Investments – publicly traded securities	4,300	11	4,580
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,176,269	16	3,207,547
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
i	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	
Lia	23	Secured mortgages and notes payable to unrelated third parties .	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	550,000		550,000
	25	Other liabilities (including federal income tax, payables to related third	000,000		000,000
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	550,000	26	550,000
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	_
ᅙ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	5,000	30	5,000
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	2,621,269	31	2,652,547
ţ	32	Retained earnings, endowment, accumulated income, or other funds.	0	32	0
Se	33	Total net assets or fund balances	2,626,269		2,657,547
	34	Total liabilities and net assets/fund balances	3,176,269	34	3,207,547
					Form <b>990</b> (2014)

Part	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)	1		31	3,956
2	Total expenses (must equal Part IX, column (A), line 25)	2		28	2,605
3	Revenue less expenses. Subtract line 2 from line 1	3		3	1,351
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,62	6,269
5	Net unrealized gains (losses) on investments	5			73.65
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2,65	7,547
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		• •		ᆜ
	Assessment and the control of the co			Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other	minim in			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain in			
2-			0-		,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com-		2a		<b>✓</b>
	reviewed on a separate basis, consolidated basis, or both	plied of			
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	20		
	separate basis, consolidated basis, or both:	00 011 U			
	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 or	versiaht			
-	of the audit, review, or compilation of its financial statements and selection of an independent according		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain in			
	Schedule O	•			
За	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				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Forn	n <b>990</b>	(2014

#### 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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public** Inspection

	of the organization					Employer identification	i number	
/lagi						9426		
Pai							ns.	
he o	organization is not a private founda							
1	=							
2	A school described in section		•					
3	A hospital or a cooperative ho							
4	A medical research organization		onjunction with a nosp	oital desc	ribed in s	section 170(b)(1)(A)	(III). Enter the	
5	hospital's name, city, and stat		college or university					
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					ai unit described in	
6	A federal, state, or local gover							
7	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	the general public	
8	A community trust described in	n section 170(b)	<b>(1)(A)(vi).</b> (Complete I	Part II)				
9	☑ An organization that normally	receives. (1) mo	re than 331/3% of its	support	from con	tributions, members	hip fees, and gross	
	receipts from activities related							
	support from gross investme						x) from businesses	
	acquired by the organization a							
	An organization organized and							
11	☐ An organization organized and							
	one or more publicly supported the box in lines 11a through 11							
_			• • • • • • • •	•		•	, •	
а	Type I. A supporting organize the supported organization(s							
	organization. You must con			ci a majo	mity or the	e directors of trustee	es or the supporting	
b	_	-		naction w	uth its su	poorted erganization	o(c) by boying	
J	control or management of th							
	organization(s) You must co			io samo p	)C130113 ti	nat control of manag	je trie supporteu	
С		·		ted in cor	nection	with, and functionall	v integrated with	
•	its supported organization(s)						y miogratou with,	
d	☐ Type III non-functionally in	tegrated. A sup	porting organization o	perated i	n connec	tion with its support	ed organization(s)	
	that is not functionally integr							
	requirement (see instructions							
е	Check this box if the organized functionally integrated, or Ty						I, Type III	
f	Enter the number of supported		oriany mitogratica capp	, c,	ga <u>z</u> ao	•••		
g	Provide the following information	•	oorted organization(s).					
	(i) Name of supported organization	(ii) EIN	(III) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
			(described on lines 1-9		ur governing ment?	support (see	other support (see	
			above or IRC section (see instructions))		····O····	instructions)	instructions)	
				Yes	No			
A)		1						
		_		-				
B)								
C)								
 D)	***						<u> </u>	
E) 								
				]				
ota		1	<b>,</b> , , , , , , , , , , , , , , , , , ,	1 .	1 ,	1		

							9	
Part								
	. (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 unde	er the tests lis	ted below, p	lease comple	ete Part III.)		
	on A. Public Support			, <del></del> .		·		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not							
_	include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> 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		· · · · · · · · · · · · · · · · · · ·		,			
Calen	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc	•	•			12		
13	First five years. If the Form 990 is for the organization, check this box and stop he	_			•		on 501(c)(3) · · · ► □	
Secti	on C. Computation of Public Suppor							
14	Public support percentage for 2014 (line 6					14	%	
15	Public support percentage from 2013 Sch					15	<u>%</u>	
16a	331/3% support test—2014. If the organization qua							
b	331/3% support test—2013. If the organ check this box and stop here. The organ	nization did no	ot check a box	c on line 13 o	r 16a, and line		_	
17a	10%-facts-and-circumstances test—26 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts- acts-and-circ	and-circumsta umstances" tes	inces" test, ch st The organiz	eck this box a	nd <b>stop here.</b> I as a publicly s	Explain in	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization members of the organization members of the organization of the orga	tion meets the	e "facts-and-ci	ircumstances"	test, check to	his box and st	top here.	

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to quality	under the tes	is listed beit	w, please co	inplete Fait i	1./	
<u>Secti</u>	on A. Public Support				····		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees		!				
	received. (Do not include any "unusual grants.")	149,120	199,911	187,067	171,214	157,342	864,654
2	Gross receipts from admissions, merchandise				,		<u> </u>
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	147 270	126 760	105 020	112,548	155,445	647,870
3	Gross receipts from activities that are not an	147,278	126,769	105,830	112,340	133,443	047,070
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	İ					
	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	О	o	o	0
6	Total. Add lines 1 through 5	296,398	326,680	292,897	283,762	312,787	1,512,525
7a	Amounts included on lines 1, 2, and 3						· · · · · · · · · · · · · · · · · · ·
	received from disqualified persons .	34,465	84,705	51,847	75,279	4,599	250,895
_	· · · · ·	34,403	04,703	31,047	75,275	4,000	200,000
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						
	·						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	on B. Total Support	-1					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	296,398	326,680	292,897	283,762	312,787	1,512,525
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	7,675	12,685	4,515	7,816	1,169	33,860
b	Unrelated business taxable income (less			,			
~	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	0	o	0	o	0
•	A 1 1 1 40 1 40 1	7,675	12,685	4,515	7,816	1,169	33,860
	}	7,675	12,005	4,313	7,010	1,103	33,000
11	Net income from unrelated business						
	activities not included in line 10b, whether						_
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	477	108	0	0	0	585
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	304,550	339,474	297,412	291,578	313,956	1,546,970
14	First five years. If the Form 990 is for th	e organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentage	e				
15	Public support percentage for 2014 (line 8	3. column (f) dr	vided by line 1	3, column (f))		15	66 %
16	Public support percentage from 2013 Sch		-			16	64 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2014 (			v line 13. colur	nn (fl)	17	2 %
18	Investment income percentage from 2013					18	3 %
	331/3% support tests—2014. If the organi						
19a	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this beginning the private foundation. If the organization di	= -	=	•			
2∩	- Private toungation. If the organization di	u not check a l	oox on line 14.	. 198. OF 190. C	HECK HIS DOX	and see insiful	มเบทร 🚩 🗀

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	A.	ΑII	Sup	porting	Org	anizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

	77 ( Time 650 6: 550 EE) 2577			ugo o
Part	Supporting Organizations (continued)			
	• • • • • • • • • • • • • • • • • • • •		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	l '		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations	11c		L.—
Secu	on B. Type i Supporting Organizations		Vaa	N <sub>a</sub>
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		l	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1	_	-
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>		•	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	1	-
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			·
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	Νo
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		-	-
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			-
_		2		-
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.		İ	
Sooti	on E. Type III Functionally-Integrated Supporting Organizations	3	<u>.                                    </u>	
				<del> </del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			ļ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	į		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			l
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		[
	activities but for the organization's involvement	2b	<u> </u>	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			[
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	36	Į.	l

1 Check here (the executionally integrated 509(a)(3) Supporting Org			:
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the properties of the containing of the cont	tru: mole	st on Nov. 20, 1970. See	instructions. All
Section A - Adjusted Net Income	n pic	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	W	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ın	tegrated Type III supporti	ng organization (see

Part	V *Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
	on D - Distributions	o, capportung organi	<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	rted		
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
	Total annual distributions. Add lines 1 through 6.		<u></u>	
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount		(::\	/:::\
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014	<u> </u>		
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a	1			
b				
<u>c</u>				
<u>d</u>	5 0040			•
e	From 2013 .			
f	Total of lines 3a through e			
g_	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>+</u>	Carryover from 2009 not applied (see instructions)  Remainder Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2014 from Section			
4	D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
C	Remainder, Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015 Add lines 3j and 4c			
8	Breakdown of line 7:		<del></del>	
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

chedule A (f	hedule A (Form 990 or 990-EZ) 2014 Page <b>8</b>							
Part VI	<b>Supplemental Information.</b> 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

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

► Complete if the organization 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. Open to Public Inspection

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	ection 501(c)(4), (5), or (6) orga	inizations Complete Part III			
Name (	of organization			Employer ide	ntification number
Magic					942638200
Part	I-A Complete if the	e organization is exempt und	er section 501(d	c) or is a section 527	organization.
1		he organization's direct and indire			
2	Political expenditures .				<u> </u>
3	Volunteer hours				
Part		e organization is exempt und			
1		excise tax incurred by the organiza			<u> </u>
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			
2		filing organization's funds contrib			
_		vities			•
3		expenditures Add lines 1 and 2.			
Ŭ	line 17b		Litter fiele and		<b>X</b>
4		n file <b>Form 1120-POL</b> for this year'			Yes No
5		ses and employer identification nur			
3		ents. For each organization listed,			
		ontributions received that were project			
		fund or a political action committee			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) EIIV	(d) Amount paid from filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
		!			political organization If
					none, enter -0-
(1)					
(2)					
(0)	<del></del>				-
(3)					
(4)					
(5)					
(6)					

Sched	ule C (Form 990 or 990-EZ) 2014					Page <b>2</b>					
Par	II-A Complete if the organization section 501(h)).	n is exempt ur	nder section 50	01(c)(3) and filed	d Form 5768 (ele	ction under					
A C	heck ► ☐ if the filing organization bel name, address, EIN, exper					oup member's					
в	check 🕨 🗌 if the filing organization che	ecked box A ar	nd "limited cont	rol" provisions a	pply.						
	Limits on Lobb				(a) Filing	(b) Affiliated					
	(The term "expenditures" me	eans amounts p	aid or incurred.)	<b>(</b>	organization's totals	group totals					
1a	Total lobbying expenditures to influence	public opinion (g	grass roots lobbyi	ing)	<500						
b	Total lobbying expenditures to influence	a legislative bod	ly (direct lobbying	j)	<500						
С	Total lobbying expenditures (add lines 1a	a and 1b)			<1,000						
d	Other exempt purpose expenditures .				>281,605						
е	Total exempt purpose expenditures (add	l lines 1c and 1d	)		282,605						
f	Lobbying nontaxable amount. Enter	the amount fro	m the following	table in both							
	columns.				56,521						
	If the amount on line 1e, column (a) or (b) is:	The lobbying n	ontaxable amount	is:							
	Not over \$500,000	20% of the amo	ount on line 1e								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 1	5% of the excess of	over \$500,000							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 1	0% of the excess of	over \$1,000,000							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5	% of the excess ov	er \$1,500,000							
	Over \$17,000,000	\$1,000,000									
g	Grassroots nontaxable amount (enter 25	% of line 1f)			14,130						
h	Subtract line 1g from line 1a If zero or le	ss, enter -0			0						
i	Subtract line 1f from line 1c If zero or les				0						
j	If there is an amount other than zero				file Form 4720						
	reporting section 4911 tax for this year?	<del>~~~~</del>				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 separate instructions for lines 2a through 2f.)										
	Lobbying	Expenditures D	During 4-Year Av	eraging Period							
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	(e) Total					
2a	Lobbying nontaxable amount	43,109	53,899	28,450	56,521	181,979					
b	Lobbying ceiling amount (150% of line 2a, column (e))			<del></del>		272.969					

	Lobbyi	ng Expenditures D	uring 4-Year Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount	43,109	53,899	28,450	56,521	181,979
b	Lobbying ceiling amount (150% of line 2a, column (e))					272,969
С	Total lobbying expenditures	<1,000	<1,000	<1,000	<1,000	<4,000
d	Grassroots nontaxable amount	10,777	13,475	7,112	14,130	45,495
е	Grassroots ceiling amount (150% of line 2d, column (e))					68,242
f	Grassroots lobbying expenditures	<500	<500	<500	<500	<2,000

Schedule C (Form 990 or 990-EZ) 2014

For o	(election under section 501(h)).	(2	3)	ĺ	(b)	
	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed ption of the lobbying activity.	Yes	No	А	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		-			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			] _	_	
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
9	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
!	Other activities?			ļ		
J	Total. Add lines 1c through 1:					
2a	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					
b	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-			
Part	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (	or se	ction		
·	30 T(C)(0).			<del></del>	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		1
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."  Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?	ing				
5	and political expenditure next year?	•	4			
Part		<u> </u>	_ 5	<u> </u>		
	e the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ısıl aı	t). Pa	rt II-A.	lınes	1 and
	instructions); and Part II-B, line 1. Also, complete this part for any additional information.	<b>JP</b> 0	.,,			
`						
• • • • • • • • • • • • • • • • • • • •						
				••••		
					<b>_</b>	

	m 990 or 990-EZ) 2014	Page 4
Part IV •	Supplemental Information (continued)	
•		
	······	
	<del></del>	•••••••
<b></b>		

#### **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.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Manie U	t the organization		Employer identification number
Magic			942638200
Par			ds or Accounts.
	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		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		·
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in donor advised
3	funds are the organization's property, subject to the		
_			
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene	tit of the donor or donor advisor, or f	
	conferring impermissible private benefit?		U Yes U No
Part			
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	• • • • • • • • • • • • • • • • • • • •	
	Preservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation o	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		2b
C	Number of conservation easements on a certified l		
d	Number of conservation easements included in	• •	
u	historic structure listed in the National Register		· · 2d
3	Number of conservation easements modified, tran-		
3	tax year ►	sierred, released, extiliguistied, or terr	filliated by the organization during the
		mistion assemble to located N	
4	Number of states where property subject to conse		mastine bandline of
5	Does the organization have a written policy re violations, and enforcement of the conservation ea		·
•			Yes No
6	Staff and volunteer hours devoted to monitoring, in	aspecting, and entorcing conservation	easements during the year
_	<u></u>		
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation ease	ements during the year
_	<b>\$</b>		
8	Does each conservation easement reported on line		f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · Yes No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easeme		
Part			Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF	• • • • • • • • • • • • • • • • • • • •	
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the	footnote to its financial statements tha	at describes these items.
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar	r assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide the following amounts relat	-	
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art	, historical treasures, or other simila	r assets for financial gain, provide the
_	following amounts required to be reported under S		
а	Revenue included in Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	Total mondado milionino do pratera de la constanta de la const	· · · · · · · · · · · · · · · · · · ·	Ψ

n		2
rac	ıe	~

Part	Organizations Maintaining	Collections of	Art, Hist	orical 1	Treasures	, or Ot	her Similar <i>A</i>	Assets	'conti	nued)
3.	Using the organization's acquisition, collection items (check all that apply)	accession, and other	her recor	ds, chec	k any of th	e follow	ring that are a	significa	ant us	e of its
а	☐ Public exhibition		d [	☐ Loan	or exchang	je progr	ams			
b	☐ Scholarly research		e [	Othe	r					
С	☐ Preservation for future generations	5				·- <del>-</del>				
4	Provide a description of the organizati	tion's collections a	and expla	in how t	hey further	the org	anization's ex	empt pu	rpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather								Vaa	□ No
Part	V Escrow and Custodial Arra		iiica as p	art Or tire	o organizati	011 3 00	ilection:	<u> </u>	162	
	Complete if the organization 990, Part X, line 21.	answered "Yes'		-	•	•	•		on Fo	rm
1a	Is the organization an agent, trustee included on Form 990, Part X?								Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing t	able <sup>.</sup>		1	Amount		
С	Beginning balance					1c	<del> </del>	·		
d	Additions during the year					1d				
e	Distributions during the year					1e			•	
f						1f	<b>_</b>			
2a	Did the organization include an amoun							ıtv? □	Yes	□No
	If "Yes," explain the arrangement in P							-		ī
Par				1		1				
	Complete if the organization	answered "Yes"	" to Forr	n 990, F	Part IV, line	10.				
		(a) Current year	(b) Pro		(c) Two year		(d) Three years ba	ack (e) F	our yea	rs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships			•						
	Other expenditures for facilities and							<del></del>		
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t			e (line 1g	g, column (a	ı)) held a	as.			
а	Board designated or quasi-endowme		%							
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in th	e possession of th	ne organi	zation th	at are held	and ad	ministered for	the	_	
	organization by:							_	Ye	s No
	(i) unrelated organizations							. 3a		
	(ii) related organizations							. 3a	(ii)	
b	If "Yes" to 3a(II), are the related organ							. 3	<b>b</b>	
_ 4	Describe in Part XIII the intended uses		on's endo	wment f	unds.					
Par										
	Complete if the organization	answered "Yes	" to Forr	n 990, F	Part IV, line	11a. S	See Form 990	), Part )	(, line	10.
	Description of property	(a) Cost or ot (investm			or other basis other)	,	Accumulated epreciation	(d)	Book va	ilue
1a	Land		0		1,447,655				1.	447,655
b	Buildings		0		2,049,303		511,623			537,680
С	Leasehold improvements		0		0		0			0
d	Equipment		0		0		0			0
е	Other		0		0		0			0
Total.	Add lines 1a through 1e. (Column (d) r		90, Part 2	K, columi	n (B), line 10	Oc.)	-		2,	985,335

Part VII	Complete if the organization answers	ered "Yes" to Forr	n 990	), Part IV, line	11b. See Form !	990, Part X, line 12.
	(a) Description of security or category (including name of security)			) Book value	(c) Meth	od of valuation of-year market value
(1) Financial	derivatives					
(2) Closely-h	eld equity interests	[				
(3) Other						
(A)					· · · · · · · · · · · · · · · · · · ·	
(B)						
(C)						
(D)						
(E) (E)						
(F) (G)						· <del></del>
<del></del> (H)		·····				· #\ · # - W
	b) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII	Investments—Program Related.					<del></del>
	Complete if the organization answer	ered "Yes" to Forr	n 990	). Part IV. line	11c. See Form 9	990. Part X. line 13.
	(a) Description of investment			) Book value	(c) Meth	nod of valuation of-year market value
(1)						
(2)						
(3)						
(4)						
(5)	· · · · · · · · · · · · · · · · · · ·					
(6)						
(7)	<del></del>				·	
(8)						
(9)	b) must equal Form 990, Part X, col. (B) line 13)	<del> </del>		+		
Part IX	Other Assets.					
T GITT IA	Complete if the organization answ	ered "Yes" to For	n 990	). Part IV. line	11d. See Form	990. Part X. line 15.
	<del></del>	Description		, ,		(b) Book value
(1)						
(2)		. <u></u>				
(3)						
(4)					-	
(5)						
(6)						
(7)						
(8)						
(9)	mn (b) must equal Form 990, Part X, col	(R) line 15 )				
Part X	Other Liabilities.	(D) IIIIe 13.)				
I dit X	Complete if the organization answ	ered "Yes" to For	n 990	) Part IV line	11e or 11f See	Form 990 Part X
	line 25.	0.00 100 1010		5, 1 dit 14, iii 0	110 01 111. 000	1 01111 000, 1 alt 7,
1.	(a) Description of liability	(b) Book value				
(1) Federal ır	ncome taxes					
(2)						
(3)						
(4)						
(5)						
(6)			<u> </u>			
(7)						
(8)						
(9)	b) must equal Form 990, Part X, col. (B) line 25.)	<del></del>				
	r uncertain tax positions. In Part XIII, provid	e the text of the foots	nte to	the organization	s financial etateme	nts that reports the
- Liability 10	anostani tak positions. In i art kili, provid	2 1110 10AL OF HIS 100HI	J. 10	and organization	o miunoial statellic	ino alactopolio ale

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

l all		•	Tietarri.
4	Complete if the organization answered "Yes" to Form 990, P	<del> </del>	T 4 1
1	Total revenue, gains, and other support per audited financial statements.		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	• 1	
а	Net unrealized gains (losses) on investments	2a	4
b	Donated services and use of facilities	2b	4
C	Recoveries of prior year grants	2c	4
d	Other (Describe in Part XIII.)	2d	4_
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	4
			4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	<u></u>	5
Part	• • • • • • • • • • • • • • • • • • • •		er Return.
	Complete if the organization answered "Yes" to Form 990, P	art IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	_ 1	
a	Donated services and use of facilities	2a	4 1
b	Prior year adjustments	2b	1
C	Other losses	2c	4
d	Other (Describe in Part XIII )	2d	<u> </u>
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII)	4a	4
	Other (Descripe in Part XIII.)		i I
b	Add by a decard 45	4b	┥ │
C	Add lines 4a and 4b		4c
с 5	Add lines <b>4a</b> and <b>4b</b>		4c 5
c 5 Part	Add lines <b>4a</b> and <b>4b</b>		5
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		5 p; Part V, line 4, Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>		5 p; Part V, line 4, Part X, line
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5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		5 p; Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		5 p; Part V, line 4, Part X, line
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5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2l o provide any additional ii	5 p; Part V, line 4, Part X, line of ormation.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	4; Part IV, lines 1b and 2l o provide any additional ii	5 p; Part V, line 4, Part X, line of ormation.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	4; Part IV, lines 1b and 2l o provide any additional ii	5 p; Part V, line 4, Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  It the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part t	4; Part IV, lines 1b and 2l o provide any additional ii	5 p; Part V, line 4, Part X, line information.
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5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  It the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part t	4; Part IV, lines 1b and 2l o provide any additional ii	5 p; Part V, line 4, Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  It the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part t	4; Part IV, lines 1b and 2l o provide any additional ii	5 p; Part V, line 4, Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  It the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part t	4; Part IV, lines 1b and 2l o provide any additional ii	5 p; Part V, line 4, Part X, line information.

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
•		
•		
·		
	······································	
	······································	
••••••		
		***************************************
<del></del>		

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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

2014

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Magic Part   General Information on Grants and Assistance	on Grants and	Assistance					942638200
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?	award the grants	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility f	or the grants or assistance	e, and
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do recipient that	es for monitoring mestic Organiz received more the	ations and Dom ations and Dom an \$5,000. Part	lestic Governm lestic Governm Il can be duplica	ents. Complete intenditional	If the organization answ space is needed.	Grants of the organization's procedures for monitoring the use of grant funds in the United States  Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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.
(a) Name and address of organization or government	(b) 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) Community Services Agency 204 Stierlin Rd., Mountain View, CA	941422465	501(c)(3)	0	-\$46,417 FMV	FMV	-26,777 pounds groceries	to provide food assistance
(2) 94043							for low-income families
(6)							and individuals.
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	501(c)(3) and gov rganizations listed	rernment organizate In the line 1 table	ions listed in the li	ne 1 table			- O
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		S	Cat No 50055P		Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

salvaged from the California Avenue Farmers' Market and valued at ~\$46,417, to Community Services Agency. This food which was deemed surplus or unsaleable by market vendors was Magic normally does not furnish cash grants. In 2014, as noted on Form 990, Part III, Line 4b, and on Schedule I, Part II, Magic granted -26,777 pounds of produce and other food items, (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. given to Magic without cash payment. Community Services Agency provides meals and groceries for homeless and at-risk families and individuals (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III Part IV N က 4 S 9

Schedule I (Form 990) (2014)

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No 1545-0047

2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Employer identification number

viagic					94263820	)0		
Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art – Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests		-					
4	Books and publications							
5	Clothing and household							
	goods	✓		1,482	FMV			
6	Cars and other vehicles			•				-
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock .							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous				<u> </u>			
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate-Residential							
16	Real estate—Commercial .							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	<b>✓</b>	~1,500	109,827	FMV			
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ( equip. <\$2,500/item )	✓	9	11,278	FMV			
26	Other ► ( supply: oak enhance)	<b>✓</b>	1	60	FMV			
27	Other ► ( supply landscape )	<b>✓</b>	1	50	FMV			
28	Other ► (							
29	Number of Forms 8283 received							
	which the organization completed	Form 8283	s, Paπ IV, Donee Acknowle	eagement	29	0	<del></del>	
							Yes	No
30a	During the year, did the organiza					'		
	28, that it must hold for at least the							
	to be used for exempt purposes		e notaing period?			30a	_	<b>✓</b>
b	If "Yes," describe the arrangemen		damas mallau disat us l	Alex various: -4				
31	Does the organization have a							:
00-	contributions?					31	<b>✓</b>	
32a	Does the organization hire or use							,
	contributions?					32a		✓_
b	If "Yes," describe in Part II.		anduma (a) for a time of	anadu far which column = /->	الحداجمطمية			
33	If the organization did not report a	n amount in	column (c) for a type of pro	operty for which column (a)	is checked,	'		

#### SCHEDULE O (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 20**14** 

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

w.irs.gov/form990. Inspection
Employer identification number

Magic	942638200
Part VI, Line 11: At the annual meeting where board members and officers are elected, members of Ma	gic's Board of Directors review
estimates of the financial information and drafts of the program descriptions to be entered on Form 99	0. Board members receive quarterly
or when requested more frequent reports of program activities and finances. Directors are given oppo	rtunity to review completed Form 990's
before they are submitted.	
Part VI, Line 12c: At the annual meeting where board members and officers are elected, members of M	agic's Board of Directors sign a
statement certifying that they have received a copy of Magic's Conflict of Interest Policy, that they have	e 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 Mag	ic 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 upo	on request.
Part VI, Line 15 & Part VII, Column F: Magic pays no cash salaries. Robin Bayer, President of Magic, ar	nd David Schrom, Secretary-Treasurer
of Magic, were provided room and board for all of 2014 at 381 Oxford Avenue, Magic's primary place o	f business. While receiving benefits,
Bayer and Schrom were delivering Magic services 7 days per week at all hours of the day. This respon	sibility included supervision of Magic
resident interns and operating personnel.	
Part IX, Lines 11-24, Column C: We estimate overhead expenses to be approximately 10% of the opera	ting budget.
Part IX, Lines 11-24, Column D: Magic does no fundraising apart from that which is incidental to delive	ery of program services.
Part X, Line 10a&c: The amount reflected here includes costs incurred in construction of a new building	ng at 373 Oxford Avenue, Palo Alto,
occupied by a residential service-learning community sponsored by Magic in furtherance of its charita	able mission. This asset transfer is
reflected also in Schedule D, Part VI.	

ichedule O (Form 990 or 990-EZ) (2014) lame of the organization	Page 2  Employer identification number
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art XI, Line 5: Magic marks all securities to market value at the end of e	ach year. This unrealized capital loss is reported on Line 5.
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