Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

Open to Public

OMB No 1545-0047

▶ 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.

Inspection

AF	or the	2015 calendar year, or tax year beginning and	ending		
<b>B</b> c	heck if	C Name of organization		D Employer identifica	ation number
	Addres	MAGIC FOUNDATION		]	
	Name change	Doing business as		36-36	73333
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	6645 W NORTH AVENUE		(708)	383-0808
	termin- ated			G Gross receipts \$	911,170.
[	Ameno			H(a) Is this a group ret	urn
	Application			for subordinates?	
L	pendin	SAME AS C ABOVE		H(b) Are all subordinates incl	uded? Yes No
	ax-exe	empt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 527	4 ` <i>'</i>	st (see instructions)
		e: WWW.MAGICFOUNDATION.ORG		H(c) Group exemption	•
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: IL
	rt I	Summary		·	
	1		CATED	TO HELPING C	HILDREN
ခ္		WHOSE PHYSICAL GROWTH IS AFFECTED BY MEDI	CAL PI	ROBLEMS, TO A	SSIST
Governance		Check this box   if the organization discontinued its operations or dispos			ts
ver		Number of voting members of the governing body (Part VI, line 1a)		3	9
တ္တ		Number of independent voting members of the governing body (Part VI, line 1b)		4	5
<b>∞</b> δ		Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	7
ite		Total number of volunteers (estimate if necessary)	-	6	75
Activities &		Total unrelated business revenue from Part VIII, column (@himer=FIVED	1	7a	0.
Ă		Net unrelated business taxable income from Form 990-T, line 34	19l	7b	0.
		- 0040	181 L	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	0-8	949,348.	850,636.
Revenue		Program service revenue (Part VIII, line 2g)	기료/ 🗀	0.	0.
šve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	· \ [	26,911.	32,352.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e	[_	20,226.	28,182.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		996,485.	911,170.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		466,581.	461,479.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.
(be	b	Total fundraising expenses (Part IX, column (D), line 25)	16.		
மி	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		482,037.	528,914.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		948,618.	990,393.
		Revenue less expenses Subtract line 18 from line 12		47,867.	<79,223.>
t Assets or			<u> Be</u>	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		2,364,345.	2,270,692.
t As	21	Total liabilities (Part X, line 26)	_	47,684.	49,437.
Net	22	Net assets or fund balances Subtract line 21 from line 20		2,316,661.	2,221,255.
	ırt II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparer	has any knowledge.	
		Molan Undrews			
~.		Signature of office			

ANDREWS Here Preparer's Print/Type preparer's name Paid JEFF SCHROEDER

Preparer Use Only

SCANNED NOV 0 3 2016

Firm's name SASSETTI LLC

Firm's address 6611 NORTH AVENUE OAK PARK, IL 60302

May the IRS discuss this return with the preparer shown above? (see instruc LHA For Paperwork Reduction Act Notice, see the sep

SEE SCHEDULE O FOR ORGANIZATION MI

Checklist of F		

4. Section 501(k)3 organizations. Dot the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 'S the organization a section 501(k)4, 501(k)5, or 501(k)6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 'Drift the organization in 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 or which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts or which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts or 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 II 'Drift the organization report an amount in Part X, line 21? If 'Yes,' complete Schedule D, Part II 'Drift the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 'Drift the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 'Drift the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 'Drift the organization report an amount for other assets in Part X, line 15? If 'Yes,' complete Schedule D, Part VI 'Drift the organization report an amount for other assets in Part X, line 15? If that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 'Drift the organization report an amount for other assets in Part X, line 15? If 'Yes,' complete Schedule D, Part X 'Drift the organization report an amount for other assets in Part X, line 15? If 'Yes,' complete Schedule D, Pa		•		Yes	No
bit the organization indigured to complete Schedule B, Schedule of Continutors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "res," complete Schedule C, Part I as excition 501(e)(3) organizations. Did the organization and the organization appears in biblying activities, or have a section 501(h) election in effect during the tax year? If "res," complete Schedule C, Part II be the organization a section 501(e)(4), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Review Proceeding 98-19? If "res," complete Schedule C, Part II be the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "res," complete Schedule D, Part II be the organization receive or hold a conservation easement, including assements to preserve open space.  To bot the organization report an amount in Part X, line 21, for eacrow or custodal account lability, serve as a custodian for amounts in clisted in Part X, in provide credit counseling, debt management, credit repair, or debt inegotation services?  The organization developed provides advised organization, hold assets in temporarily restricted endowments, permanent endowments, or quase endowments? If "res," complete Schedule D, Part VII be the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase endowments,	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		
3 Dit 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 if Section 501((3) organizations. Did the organization engage in lobbying activities, or have a section 501((1) election in effect during the tax year" (If "Yes," complete Schedule C, Part II is the organization a section 501((2), 501((3)), 60		_If "Yes," complete Schedule A	1		
Public office? If "Yes," complete Schedule C, Part I  Section 501(K) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  is the organization a section 501(k)I), 501(k)IS, or 501(k)IS,	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 501(k)3 organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization as ection 501(c)(d). 501(c)(s), 501(c)(s) or 501(c)(s) o	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
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## "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? ## "Yes," complete Schedule D, Part V  11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  12 Did the organization report an amount for fand, buildings, and equipment in Part X, line 10? ## "Yes," complete Schedule D, Part VIII  13 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? ## "Yes," complete Schedule D, Part VIII  14 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? ## "Yes," complete Schedule D, Part VIII  15 Did the organization amount for other isasets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? ## "Yes," complete Schedule D, Part VIII  16 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? ## "Yes," complete Schedule D, Part X  17 Did the organization obtain separate in consolidated financial statements for the tax year miclude a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? ## "Yes," complete Schedule D, Part X and ## It lie  18 Did the organization as school described in section 170b)(1)(A)(ii)? ## "Yes," complete Schedule D, Part X and ## It lie  19 Did the organization as school described in section 170b)(1)(A)(ii)? ## "Yes," complete Schedule D, Part X and XII is optional is the organization as school described in section 170b)(1)(A)(ii)? ## "Yes," complete Schedule D, Part X and XII is optional is the organization and an activation and the organization report on Part IX, column (A), line 3, more than \$	9				
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13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14 Did the organization maintain an office, employees, or agents outside of the United States?  15 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  16 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 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  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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II  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 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 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	-		12b		Х
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complete Schedule G. Part III			18		<u>X</u>
	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		j	
Form <b>990</b> (20		comolete Schedule G. Part III		202	<u>X</u>
			Form	990 <sub>(</sub>	2015)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	}	1	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			J
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			ĺ
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		:	1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		ĺ
	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_		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	,	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_^_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	• • •	20		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		х
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-4	Part V, line 1	34		Х
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<del></del> -
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		J
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	~~		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ <del></del>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	L
		Form		2015)

	Check if Schedule O contains a response or note to any line in this Part V			_
	Check if Geriedale & Contains a response of note to any line in this fact v			<del>                                     </del>
4-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
	Effect the harmoet of Forms W 20 molecular line for Effect of it flot applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	X	
	(gambling) winnings to prize winners?	1c		
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 7			
	,	Ob-	X	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a		
	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	4-		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		^
Þ	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)			
<b>-</b> -				Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-3C		
oa	any contributions that were not tax deductible as charitable contributions?	6a		х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Va		
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
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	<u>x</u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		<del></del> -	
·	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>1</del>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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			
а	Initiation fees and capital contributions included on Part VIII, line 12	ł		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Ī	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	}		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (	2015)

532005 12-16-15

36-3673333 MAGIC FOUNDATION Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 5 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 X 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 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply

X Upon request Own website \_\_\_ Another's website

Other (explain in Schedule O)

60302

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

State the name, address, and telephone number of the person who possesses the organization's books and records: DIANNE KREMIDAS - 708/383-0808

OAK PARK

Form **990** (2015)

6645 W. NORTH AVENUE,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax 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 (A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	(40		Pos	itior		200	Reportable	Reportable	Estimated	
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)				s both	ал	compensation	compensation	amount of	
	week	-	T	l			 	from the	from related organizations	other compensation	
	(list any hours for	director				-		organization	(W-2/1099-MISC)	from the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** = * * * * * * * * * * * * * * * * *	organization	
	organizations	I trusi	nal tr.		oyee	dwo:				and related	
	below	Individual trustee or	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	<b>Former</b>			organizations	
	line)	트	_≝_	₹	ž	풀통	Ğ.				
(1) COURTNEY LANCE	2.00	v						0.	0.	0	
DIRECTOR	2 00	X			_	├	_		0.	0.	
(2) JAMES ANDREWS	2.00	x						0.	0.	0.	
OIRECTOR (3) JAMIE HARVEY	40.00					┢┈	-	0.	<u></u>		
DIRECTOR, TECH ED. DIRECTO	40.00	x		ŀ				69,525.	0.	0.	
(4) JUDY LUCAS	2.00	-	<del>                                     </del>	$\vdash$			_	05/0251			
DIRECTOR	2000	х						0.	0.	0.	
(5) KEN DICKARD	2.00					<b>-</b>					
VICE CHAIRMAN		х		X				0.	0.	0.	
(6) MARTIN NYE	2.00										
TREASURER		x		X				0.	0.	0.	
(7) MARY ANDREWS	40.00									- "	
CEO, CO-FOUNDER		X		Х			<u> </u>	119,571.	0.	0.	
(8) RICH BUCKLEY	2.00										
CHAIRMAN		X		Х			L	0.	0.	0.	
(9) TERESA TUCKER	2.00		Ì					44 500			
CO-FOUNDER	40.00	X	_		_		<u> </u>	41,538.	0.	0.	
(10) DIANNE KREMIDAS	40.00	-	ļ	۱,,				100 440	0	0	
EXECUTIVE DIRECTOR		┝	_	Х	-	$\vdash$		100,442.	0.	0.	
		ł									
		├		$\vdash$		$\vdash$					
		1									
		<del> </del>		$\vdash$	-	<u> </u>					
		1									
		$\vdash$		<u> </u>				<del>-</del>			
		1									
	<u> </u>					1	1				
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				<u></u>							
					L	<u> </u>					

Form 990 (2015)

	(A) Name and title	(B) Average hours per	box	not cl unle:	Posi heck r	more rson :	than o s both or/trus	an	( <b>D)</b> Reportable compensation	(E) Reportable compensation	on	1	(F) stimate nount	of
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from relate organizatior (W-2/1099-Mi	าร	fi org an	other pensa om th anizat d relat anizati	ation ne tion ted
		ļ					_						<del></del>	
							-							
				_			<u> </u>				<u> </u>			
											<del></del>			
						<u> </u>								
													<del>-</del>	
	Sub-total Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	331,076.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	331,076. ceived more than \$100,0	000 of reportable	<u>0.</u>		<u> </u>	0.
	compensation from the organization						_						Yes	No No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000 <sup>7</sup> If "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual			4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors							elate	ed organization or individ	ual for services		5		Х
1	Complete this table for your five highest co the organization Report compensation for										pensa	tion fro	m	
	(A) Name and business			ONE		1211	<u> </u>		(B) Description of s		C	(C Compe		
						·							_	
	Total number of independent contractors (i	noludina h. 4 -	nt I	nitos	1 to 1	ther		ted	ahove) who received ma	uro than				
2	\$100,000 of compensation from the organic		JUIT	me		(		.eu	——————————————	ne mall		Form 9		

					or note to any line	un thin Dort VIII			
	<u>-</u>		Check if Schedule O conti	ams a response c	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2 :	b c d e f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gransimilar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f	20,309. 830,327. Business Code	850,636.	revenue	revenue	512 - 514
er.		e			<del></del>				·
-			All other program service reve Total. Add lines 2a-2f	nue	<b>•</b>	· · · · · · · · · · · · · · · · · · ·			
	3 4 5	<b>3</b> _	Investment income (including other similar amounts) Income from investment of tax Royalties	x-exempt bond pi	st, and  roceeds	21,788.			21,788.
	,	b c	Gross rents Less rental expenses Rental income or (loss)	(ı) Real	(ii) Personal				
			Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities 10,564.	(II) Other				
			Less cost or other basis and sales expenses Gain or (loss)	0. 10,564.		10.54	10.564		····
enne			Net gain or (loss) Gross income from fundraising including \$	of		10,564.	10,564.		
Other Revenue			contributions reported on line Part IV, line 18 Less direct expenses	a b		i			
•	9	а	Net income or (loss) from fund Gross income from gaming ad Part IV, line 19	ctivities See		<u>.                                    </u>		_	
		С	Less direct expenses  Net income or (loss) from gam  Gross sales of inventory, less and allowances	-	<b>&gt;</b>				
			Less cost of goods sold  Net income or (loss) from sale  Miscellaneous Revenu	b s of inventory	Business Code				
		a b c	OTHER INCOME		900099	28,182.	28,182.		
	12	d	All other revenue  Total. Add lines 11a-11d  Total revenue See instructions.	· <del></del>	<u> </u>	28,182.	38,746.	0.	21,788.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, Program service 7b. 8b. 9b. and 10b of Part VIII expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 294,658. 21,851. 14,567. 331,076. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 7,314. 4,876. 110,814. 98,624. persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 19,589. 17,434. 1,293. 862. Other employee benefits 10 Payroll taxes Fees for services (non-employees): a Management Legal 14,100. 14,100. Accounting С Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 62,250. 62,250. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,722. 17,198. 15,476. Office expenses 13 Information technology 14 15 Royalties Occupancy 16 29,412. 3,267. 32,679. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 154,376. 154,376. Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates 27,660. 27,660. Depreciation, depletion, and amortization 22 4,439. 3,329. 888. 222. 23 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 0.) 9,589. 47,947. 38,358. REPAIRS AND MAINTENANCE 42,786. 21,393. 21,393. PUBLIC AWARENESS 29,787. 12,972. 16,815. OTHER С 26,897. 26,897. d REAL ESTATE TAXES 68,795. 32,497. 33,269. 3,029. All other expenses 156,783. 990,393. 785,394. 48,216. Total functional expenses. Add lines 1 through 24e 25 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 Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	200,875.	1	202,316.
2	Savings and temporary cash investments	1,032,407.	_2	278,434
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	69,479
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L	215,968.	5	100,443.
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ys	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
∛   β	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	11,479.	9	0.
10 a	Land, buildings, and equipment cost or other			
1	basis Complete Part VI of Schedule D Less accumulated depreciation  10a 1,632,974.  10b 359,470.			<del>,. , ,</del>
b	Less accumulated depreciation 10b 359,470.	544,462.	10c	1,273,504. 4,471. 342,045.
11	Investments - publicly traded securities	21,672.	11	4,471.
12	Investments - other securities. See Part IV, line 11	337,482.	12	342,045.
13	Investments · program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,364,345.	16	2,270,692. 49,437.
17	Accounts payable and accrued expenses	47,684.	17	49,437.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ທ 22	Loans and other payables to current and former officers, directors, trustees,			
<u>iii</u>	key employees, highest compensated employees, and disqualified persons			
Liabilities	Complete Part II of Schedule L		22	
23   ت	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
- }	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	47,684.	26	49,437.
	Organizations that follow SFAS 117 (ASC 958), check here   X and			
S	complete lines 27 through 29, and lines 33 and 34.	0 016 661		0 001 055
ဋ 27	Unrestricted net assets	2,316,661.	27	2,221,255.
<u>명</u> 28	Temporarily restricted net assets		28	
<u>29</u>	Permanently restricted net assets		29	
Net Assets or Fund Balances 22 28 29 30 31 32 33 33 33 33 33 33 33 33 33 33 33 33	Organizations that do not follow SFAS 117 (ASC 958), check here			
<b>a</b>	and complete lines 30 through 34.			
र्श्च 30	Capital stock or trust principal, or current funds		30	
န္တို 31	Paid in or capital surplus, or land, building, or equipment fund		31	
ਚ ਹ	Retained earnings, endowment, accumulated income, or other funds	0 016 661	32	0 004 6==
ž   33	Total net assets or fund balances	2,316,661.	33	2,221,255.
34	Total liabilities and net assets/fund balances	2,364,345.	34	<u>2,270,692.</u>

Form **990** (2015)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2015)

#### **SCHEDULE A**

Department of the Treasury

(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.

2015

OMB No 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

		MAGI	C FOUNDATIO	NC			1	3	6-3673333	
Pa	rt T	Reason for Public (	Charity Status (	All organizations must co	omplete th	ıs part ) Se	e instructions.			_
	organ	zation is not a private found	ation because it is (F	or lines 1 through 11, c	heck only	one box )	<u></u>		-	
1	$\sqsubseteq$	A church, convention of ch					1)(A)(i).			
2	$\sqsubseteq$	A school described in secti		,						
3		A hospital or a cooperative	•				•			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(	iii). Enter	the hospital's name,	
		city, and state						-		
5		An organization operated for		lege or university owned	l or operat	ed by a go	overnmental uni	t describe	ed in	
_		section 170(b)(1)(A)(iv). (C								
6		A federal, state, or local gov	•							
7	X	An organization that normal section 170(b)(1)(A)(vi). (C	•	ntial part of its support fi	rom a gove	ernmental (	unit or from the	general p	oublic described in	
Я		A community trust describe	-	1)(A)(vi) (Complete Par	t II )					
0	H	•				contributio	ne memberebu	n fees an	d arass receipts from	
9		An organization that normal	•						-	
		activities related to its exem								
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquii	red by the orga	nization a	πer June 30, 1975	
	r	See <b>section 509(a)(2).</b> (Cor	•							
10		An organization organized a								
11		An organization organized a								
		more publicly supported org							Check the box in	
		lines 11a through 11d that of								
а		Type I. A supporting orga	anızatıon operated, sı	upervised, or controlled	by its supp	orted orga	anızatıon(s), typ	ncally by	jiving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees	of the su	pporting	
		organization You must c	omplete Part IV, Se	ctions A and B.						
þ		Type II. A supporting orga	anızatıon supervised	or controlled in connect	ion with its	s supporte	d organization(	s), by hav	ing	
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manage	the supp	orted	
		organization(s) You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	ın connect	tion with, a	and functionally	ıntegrate	d with,	
		its supported organization	-							
d	L_	Type III non-functionally	rintegrated. A supp	orting organization oper	ated in coi	nnection w	ith its supporte	ed organiz	ation(s)	
		that is not functionally into	egrated The organiz	ation generally must sat	ısfy a dıstr	ibution req	urement and a	ın attentıv	eness	
		requirement (see instructi	ons) You must con	nplete Part IV, Sections	A and D,	and Part	V.			
e		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II,	Type III		
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation				_
f	Ente	r the number of supported o	organizations							
g	Prov	ide the following information	about the supporte	d organization(s)						
	(	) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(v) is the o	rganization in your			(vi) Amount of	
		organization		above (see instructions))	governing o		support (s instruction		other support (see instructions)	
_					Yes	No	instruction	115)	instructions)	
									·	
					]			}		
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Tota	1									

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support				· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			_			
	include any "unusual grants ")	714,201.	533,547.	524,765.	702,317.	649,680.	3124510.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	714,201.	533,547.	524,765.	702,317.	649,680.	3124510.
5	The portion of total contributions	1					
	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)						2128599.
6	Public support. Subtract line 5 from line 4						995,911.
Sec	ction B. Total Support				Г	<u></u>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	714,201.	533,547.	524,765.	702,317.	649,680.	3124510.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	79,584.	81,959.	72,224.	64,381.	25,914.	324,062.
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)		1,126.	1,944.	20,226.	28,086.	
11	Total support. Add lines 7 through 10				<u> </u>		3499954.
	Gross receipts from related activities,	•					,111,496.
13	First five years. If the Form 990 is for	r the organization's	first, second, thire	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
α-	organization, check this box and stor	here	contogo			· · · · · · · · · · · · · · · · · · ·	
	ction C. Computation of Publi				<del>.</del>		20 45
	Public support percentage for 2015 (I			olumn (†))		14	28.45 % 35.93 %
-	Public support percentage from 2014				14 00 1/00/	15	
16a	33 1/3% support test - 2015. If the c				14 is 33 1/3% or m	ore, cneck this box	
	stop here. The organization qualifies				luna 45 va 22 4 /20/		<b>▶</b> □
t	33 1/3% support test - 2014. If the c				IIII 15 IS 33 1/3%	or more, check thi	s dox ▶X
	and stop here. The organization qual				10 16a ar 16b a		·
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					it viriow the organ	
_	meets the "facts-and-circumstances"					7a. and line 15 := 1	<b>▶</b> □
t	10% -facts-and-circumstances test						
	more, and if the organization meets the						,
40	organization meets the "facts-and-circ Private foundation. If the organization						
<u> 18</u>	Private roundation. If the organization	ni did riot check a i	DOX OF HITE 13, 10	a, 100, 17a, 01 170			
					эспе	edule A (Form 990	UI 99U-EZ) 2015

### 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)

					·
(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
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			I <u>.</u>	L	
		( ) 0040	( 0 004 4	1 1 2015	
(a) 2011	(b) 2012	(c) 2013	(a) 2014	(e) 2015	(f) Total
				-	
				1	
				]	
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		ļ			
			<u> </u>		<u> </u>
		1	1		
the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	tion,
		<del></del>			<b>&gt;</b>
Support Per	centage				
ne 8, column (f) di	vided by line 13, c	olumn (f))		15	%
Schedule A, Part	III, line 15			16	9/
15 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))	·	17	%
		•		18	%
		on line 14, and line	15 is more than 3	33 1/3%, and line 17	is not
					ightharpoons
					nd
					▶ □
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#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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)

S	ection	Α.	All	S	upporting Organizations	3

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (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
- **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 Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 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
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI 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.
- 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 Part VI, 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)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ)
- 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 Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - 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.)

	Yes	No
1		
<u> </u>	<u> </u>	
2		
3a		
		J
3b		
3c		
	-	
4a		— - 1
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	- Check here if the organization satisfied the Integral Part Test as a qualifyir			uctions. All
	other Type III non-functionally integrated supporting organizations must co			
Sect	ron A - Adjusted Net Income	(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		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	·	
	ion 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)			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			<u> </u>
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		
	ion 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		ed Type III supporting orga	nization (see
•	instructions)			,

Schedule A (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	<del>"</del>						
Secti	on D - Distributions			Current Year						
	Amounts paid to supported organizations to accomplish exer	mpt purposes								
	Amounts paid to perform activity that directly furthers exempt purposes of supported									
•	organizations, in excess of income from activity									
3										
4										
5	Qualified set-aside amounts (prior IRS approval required)			· · · · · · · · · · · · · · · · · · ·						
6	Other distributions (describe in Part VI). See instructions									
7	Total annual distributions. Add lines 1 through 6									
8	Distributions to attentive supported organizations to which the	ne organization is responsive								
	(provide details in Part VI) See instructions.	<u> </u>								
9	Distributable amount for 2015 from Section C, line 6	. <u></u> .,								
10	Line 8 amount divided by Line 9 amount									
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distrıbutable Amount for 2015						
1	Distributable amount for 2015 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2015									
	(reasonable cause required-see instructions)									
3	Excess distributions carryover, if any, to 2015									
а										
b										
С										
d	From 2013									
е	From 2014			· · · · · · · · · · · · · · · · · · ·						
f	Total of lines 3a through e									
g	Applied to underdistributions of prior years									
h	Applied to 2015 distributable amount	<u>"-</u>								
i	Carryover from 2010 not applied (see instructions)									
	Remainder Subtract lines 3g, 3h, and 3i from 3f									
4	Distributions for 2015 from Section D,									
	line 7\$									
а	Applied to underdistributions of prior years									
	Applied to 2015 distributable amount									
c	Remainder Subtract lines 4a and 4b from 4									
5	Remaining underdistributions for years prior to 2015, if									
	any Subtract lines 3g and 4a from line 2 (if amount									
	greater than zero, see instructions).									
6	Remaining underdistributions for 2015 Subtract lines 3h									
	and 4b from line 1 (if amount greater than zero, see									
	instructions)									
7	Excess distributions carryover to 2016. Add lines 3j									
	and 4c									
8	Breakdown of line 7									
а										
b										
c	Excess from 2013									
	Excess from 2014									
	Evenes from 2016									

Schedule A (Form 990 or 990-EZ) 2015

## **SCHEDULE D**

(Form 990)

C 11 1

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 36-3673333

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on 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 held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7  1 Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of the for public use (e.g., recreation or education)  Preservation of autural habitat  Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement to the last day of the tax year  a Total number of conservation easements  5 Dotal acreage restricted by conservation easements  6 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  8 Number of states where property subject to conservation easement is located   4 Number of states where property subject to conservation easement is located   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
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C Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
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Isted in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Number of states where property subject to conservation easement is located   Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
year ►  Number of states where property subject to conservation easement is located ►  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
<ul> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> </ul>
violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
<ul> <li>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> </ul>
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)?  And section 170(h)(4)(B)(ii)?  Yes No.
and section in o(i)(-i)(-i)(-i)
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sneet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for
Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,
the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts
relating to these items
• · · · · · · · · · · · · · · · · · · ·
the state of the s
2 If the organization received or held works of art, historical treasures, or other similar assets for illiancial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule D (Form 990) 201

Sche	dule D (Form 990) 2015 MAGIC F	OUNDATION						36-3 <del>6</del>	7333	<u>З</u> Р	age 2	
Par	t III Organizations Maintaining C	ollections of Art	, Histo	rical Tre	asures, or Oth	er Si	mila	r Asset	s (conti	nued)		
3	'Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	ollowing that are a	sıgnıfi	cant u	ise of its	collection	ıtems	3	
	(check all that apply)											
a <sub>.</sub>	Public exhibition	d	L	_oan or excl	hange programs							
b	Scholarly research	е		Other								
С	Preservation for future generations											
4	Provide a description of the organization's co							se in Parl	XIII			
5	During the year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or other simi	lar ass	ets		_			
	to be sold to raise funds rather than to be ma		_						Yes		No	
Par	TIV Escrow and Custodial Arran	-	te if the	organizatio	n answered "Yes"	on For	m 990	), Part IV,	line 9, or			
	reported an amount on Form 990, Par											
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for c	ontributions	s or other assets no	ot inclu	uded	_	_	,	-	
	on Form 990, Part X?							L	_ Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing ta	able		ı						
									Amount			
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f		<del></del>		<del></del>	
2a	Did the organization include an amount on Fe							L	_ Yes	<u> </u>	_i No	
	If "Yes," explain the arrangement in Part XIII											
Par	t V   Endowment Funds. Complete						Th		(.) [		haal.	
		(a) Current year	(b) Pi	rior year	(c) Two years back	(a)	Inree	ears back	(e) Fou	r years	раск	
1a	Beginning of year balance								<del> </del>			
b	Contributions		·			+-						
С	Net investment earnings, gains, and losses					+-			+			
d	Grants or scholarships					+-			<del>                                     </del>			
е	Other expenditures for facilities											
	and programs					+-			_			
f	Administrative expenses					+			<del>                                     </del>			
g	End of year balance		. () 4	l	\				<u> </u>			
2	Provide the estimated percentage of the curr	ent year end balance		, column (a)	neid as							
a	Board designated or quasi-endowment	0/	_%									
b	Permanent endowment	%										
C	Temporarily restricted endowment	%										
_	The percentages on lines 2a, 2b, and 2c sho		tion that	are held on	d administered for	tha ar	'aaniz	ation				
За	Are there endowment funds not in the posse	SSION OF the Organiza	mon mai	ale lielu al	ia administered for	ti le Oi	yanız	ation		Yes	No	
	by								3a(i)	163	140	
	(i) unrelated organizations								3a(ii)			
_	(ii) related organizations If "Yes" on line 3a(ii), are the related organizations	tione lietad as requir	ad on So	hadula R2					3b			
	Describe in Part XIII the intended uses of the								SD			
Par	t VI Land, Buildings, and Equipm		Willellt IC	1103								
<u> </u>	Complete if the organization answere		. Part IV.	line 11a S	ee Form 990. Part	X. lıne	10					
	Description of property	(a) Cost or o				Accu		ed	(d) Boo	k valu	——— е	
	becomplied of property	basis (investr		· · ·		depred			(,		•	
1a	Land	224,	237.	<del></del>					22	4,2	<del>37.</del>	
	Buildings	1,161,				20	3,70	65.		8,1		
c	Leasehold improvements											
d	Equipment	246,	841.			15	5,7	05.	9:	1,1	36.	
	Other											
Tatal		aval Form CCO. Dort	V	- (D) (rec. 1)	00.)				1.27	3.50	04.	

Schedule D (Form 990) 2015

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	ATION		30	-36/3333	Page
		441 0 5 000 5			
				of year market y	rali io
	(b) BOOK Value	(C) Method of va	aluation. Cost of end	-or-year market v	alue
				<del> </del>	
held equity interests	<u>,</u>			<del></del>	
CITATION MEDIA DEED HIDIDA	147 606	END OF VI	TAD MADVET	17	
TUAL FUNDS	194,339	END-OF-11	SAK MAKKEI	VALUE	
		-			
		<del> </del>		<del></del>	
(1) 15 000 Part V and (P) Inc. 10 \	3/12 0/15	<del>.   </del>	· · · · · · · · · · · · · · · · · · ·		
	342,043	<u>' • . </u>			-
	F 000 Bt IV II-	11a Cao Farm 000 F	ant V. lina 12		
				-of-vear market v	alue
(a) Description of investment	(D) BOOK VAIGE	(c) Method of Ve	ilidationi. Cool of one	or your market v	
				<del></del>	
(h) must squal Form 000 Part V cal (R) line 13 \					
	on Form 990, Part IV, Iu	ne 11d. See Form 990. F	Part X. line 15.		
				(b) Book va	alue
	<del> </del>				-
	<del></del>				
uma (b) must equal Form 990. Part X. col. (B) line	e 15.)		<b></b>		
Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, III	ne 11e or 11f See Form	990, Part X, line 25.		
(a) Description of liability		(b) Book value			
deral income taxes					
	Investments - Other Securities.  Complete if the organization answered "Yes" blion of security or category (including name of security) all derivatives sheld equity interests  CCHANGE TRADED FUNDS  TUAL FUNDS  Investments - Program Related.  Complete if the organization answered "Yes"  (a) Description of investment  (b) must equal Form 990, Part X, col. (B) line 12.)  Other Assets.  Complete if the organization answered "Yes"  (a)  Other Liabilities.  Complete if the organization answered "Yes"  (a)  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Investments - Other Securities.  Complete if the organization answered "Yes" on Form 990, Part IV, Invition of security or category (including name of security)  all derivatives substituted in the defendance of security of category (including name of security)  all derivatives substituted in the defendance of security (b) Book value substituted in the defendance of security of category (including name of security)  all derivatives substituted in the defendance of security (b) Book value substituted in the defendance of security in the security of security of security in the security	Investments - Other Securities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Form 990, Part IV, line 11b See Form 990, Part IV, line 11d See Form	Investments - Other Securities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 titlon of security or category (sealuring rame of security) all derivatives held equity interests  CCHANGE TRADED FUNDS  147,686. END-OF-YEAR MARKET 194,359. END-OF-YEAR MARKET 194,359. END-OF-YEAR MARKET (b) Book value  b) must equal Form 990, Part X, col. (B) line 12.)  Jinvestments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment  (b) Book value  (c) Method of valuation. Cost or end  (b) Book value  (c) Method of valuation. Cost or end  (d) Description  D) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.  (a) Description	Investments - Other Securities

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

U 11 .

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2015

Open To Public Inspection

Name of the organization	AAGIC FOU	NDATION								ident	ification	on nu	mber
		•		-	on 501(c)(4), and 501	-							
		wered "Yes" on F Relationship betv			urt IV, line 25a or 25b					b	(4)	Corre	cted?
(a) Name of disqualified p	person	person and or			(c	(c) Description of trans				saction			No
					<del> </del>								
2 Enter the amount of tax	incurred by the o	organization mana	agers (	or disq	jualified persons duri	ng the year ι	ınder		<b>•</b> •				
section 4958  3 Enter the amount of tax,	if any, on line 2.	above, reimburse	ed by	the ord	ganization				<b>S</b>		-		
											-		
		erested Pers											
	_	wered "Yes" on F ), Part X, line <u>5,</u> 6			, Part V, line 38a or F	orm 990, Pa	rt IV, line	e 26, d	or if th	e orga	nizatio	n	
(a) Name of	(b) Relationship		(d) Lo	an to or	(e) Original	(f) Balance	due	(g	) In	(h) Ap	proved (i) Written		
interested person			from the organization?		principal amount			default? comm			nittee?   ayreement,		ment?
TAMES AND DELIS	DOADD ME	BUSINESS	То	From	200,000.	100,4	1/3	Yes	No X	Yes	No	Yes X	No
JAMES ANDREWS	BOARD ME	POSINESS		X	200,000.	100,4	43.				-	Λ	
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Tabal	<u> </u>	<u> </u>		<u> </u>	<u> </u>	100,4	143.						
Part III   Grants or As	ssistance Bei	nefiting Inter	estec	Per			101						
Complete if the	organization ans	wered "Yes" on F	orm 9	90, Pa	art IV, line 27	<del></del>							
(a) Name of interested person (b) Relationship between interested person and					(c) Amount of assistance	,	<b>d)</b> Type ssistant			•	) Purpe assista		f
the organization													
			-										
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

SEE PART V FOR CONTINUATIONS

## **SCHEDULE O**

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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

Name of the organization

MAGIC FOUNDATION

**Employer identification number** 36-3673333

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FAMILIES OF AFFLICTED CHILDREN AND TO EDUCATE THE PUBLIC
,
FORM 990, PART VI, SECTION A, LINE 2:
THE EXECUTIVE DIRECTOR, CEO AND ONE DIRECTOR ARE IMMEDIATE FAMILY MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11:
THE FORM WAS MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION OF ALL EMPLOYEES IS DISCUSSED AND APPROVED AT BOARD OF
DIRECTOR MEETINGS.
FORM 990, PART VI, SECTION C, LINE 18:
ALL FORMS ARE AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.