1	3				** DIIF	LIC DISCLOSUR	F COL	ov **			
	rm 9			Under section	rn of Orga 501(c), 527, or 4	anization Exen 947(a)(1) of the Internal R al security numbers on th	npt Fi Revenue (rom li Code (exc	ept private founda	(itions)	OMB No. 1545-0047
		of the Trea enue Servi			Go to www.irs.c	a security numbers on th gov/Form990 for instructi	is form a	s it may b the latest	e made public.		Open to Public Inspection
Α	For th	e 2017	calenda	ar year, or tax y	ear beginning	JUL 1, 2017			UN 30, 201	18	hispection
в	Check if applicab	le:	Name of	organization					D Employer ider		n number
	Addre chang	ge i	MAGN	IFIED GI	VING						
	chang	ge L	U	isiness as					26	-3519	9081
	return Final return		Number 9940	and street (or P. READING	0. box if mail is not ROAD	t delivered to street address)	R	oom/suite	E Telephone nun 51		3-9727
Γ	termir ated Amen		City or to	wn, state or pro	ovince, country, a OH 45241	nd ZIP or foreign postal co	ode		G Gross receipts \$		469,528
	return Applic tion pendi	ca- F1	Name ar	d address of pr	incipal officer: RC	DGER F. GREIN			H(a) Is this a grou for subordina		
	8	SI		AS C ABO			-		H(b) Are all subordinat	111 11	
				X 501(c)(3)	501(c) ()◀ (insert no.) 494	47(a)(1) or	527	If "No," attac	h a list. ((see instructions)
						IVING.ORG			H(c) Group exemp		
	art I		mary	X Corporation	Trust	Association Other	•	L Year o	of formation: 2008	3 M Stat	te of legal domicile: OI
	1	and the second se		the executivetie					(T) 3 TTT (
Se	1	AND	HTG		การ mission or ma ตาราวรางการ	ost significant activities: AND TO LOCAL	CHAD	JVIDE	GRANTS TO	JUN	IOR HIGH
Activities & Governance	2					continued its operations of					1
ver	3			ng members of	the governing boy					1	1.0
99	4	Numbe	er of inde	ependent voting	members of the	governing body (Part VI, lin			×	3	<u>19</u>
ŝ	5	Total n	umber o	f individuals em	ploved in calenda	ar year 2017 (Part V, line 2a		C.G.		5	
/itie	6	Total n	umber o	f volunteers (est	imate if necessar	y)				6	30
ctiv	7 a	Total u	nrelated	business reven	ue from Part VIII,					7a	0.
	b					m 990-T, line 34		••••••	F	7b	0.
									Prior Year		Current Year
e				nd grants (Part					618,082		452,396.
nuə				e revenue (Part	VIII, line 2g)				7,620		10,568.
Revenue					olumn (A), lines 3,	4, and 7d)			358		6,564.
-						8c, 9c, 10c, and 11e)			-1,462		0.
						al Part VIII, column (A), line	e 12)		624,598		469,528.
					d (Part IX, columr				144,597	•	171,350.
	100003				s (Part IX, column				0	•	0.
ses	15	Salaries	s, other o	compensation, e	mployee benefits	s (Part IX, column (A), lines , line 11e) ine 25) ►5	5-10)		126,936		200,285.
Expenses	16a	Protess	ional fur	ndraising fees (P	art IX, column (A)	, line 11e)			0	•	0.
Exp	17	otal tu	ndraisin	g expenses (Par	t IX, column (D), I	ine 25) 🕨5	2,094	•			
	11 1	Uther e	xpenses	Add lines 10 de	1 (A), lines 11a-11	d, 11f-24e)			85,642		116,321.
	18 19	Povorou	penses.	Add lines 13-1	(must equal Parl	t IX, column (A), line 25)			357,175		487,956.
- Si	15 1	nevenu	e less e	penses. Subtra	ct line 18 from lin	e 12			267,423		-18,428.
Net Assets or Eund Balances	20	Total as	cote (Pa	rt X, line 16)				Begi	nning of Current Yea	r	End of Year
Asse	21			Part X, line 10)					745,812		731,357.
Net	22 1		10000			m line 20			0		0.
	rt II	Sign	ature	Block	bract line 21 irol				745,812	•	731,357.
Jnde	r penal	ties of p	eriurv. I c	leclare that I have	examined this retur	n, including accompanying sc	hedules an	d statemen	to and to the heat of		adapted by the test
rue,	correct	, and co	mplete. D	eclaration of prep	arer (other than offi	cer) is based on all informatio	n of which	nrenarer h	is, and to the best of the same knowledge	IIIY KIIOWI	edge and bellet, it is
				Rother UI		Rez		proparor na		511	
Sign		10-11		of officer					Date	- 1	
lere		\mathbf{R}	OGER /pe or pri	F. GREI	N, PRESII	DENT				1991), (*	
		Print/Ty	pe prepa	er's name		Preparer's signature		Da	te Check		PTIN
Paid				DILLEY		NATOSHA DILLI	EY		/08/19 if self-emp		01225377
repa	arer [Firm's n	ame 🕨	CLARK,	SCHAEFER,				Firm's EIN		-0800053
Jse (Only [Firm's a	ddress 🕨	1 EAST	4TH STREE	3T				<u> </u>	
				CINCINN	ATI, OH 4	15202			Phone no. 5	13-24	41-3111

 May the IRS discuss this return with the preparer shown above? (see instructions)
 Image: Construction instruction instructinstructin instructin instruction instruction instruction instruct

Form	990 (2017) MAGNIFIED GIVING	26-351908	B1 Page 2
	t III Statement of Program Service Accomplishments		3
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		<u>······</u>
•	TO PROVIDE GRANTS TO JUNIOR HIGH AND HIGH SCHOOL STUDENTS	ז סידי מאב ב	OCAL
	CHARITIES THROUGH YOUTH PHILANTHROPY EDUCATION.		
	CHARIITES INCOUGN TOUTH PHILANINCOPI EDUCATION.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	L	Yes 🔀 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by exper	2020
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
		s, the total expens	es, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 372,278. including grants of \$ 171,350.) (Revenue		10,568.)
	TO PROVIDE FUNDS FOR JUNIOR HIGH AND HIGH SCHOOL STUDENTS		
	AND MAKE GRANTS TO NON-PROFIT 501(C)3S THROUGH AN EDUCAT.		
	TO INSPIRE, EDUCATE, AND ENGAGE YOUTH IN PHILANTHROPIC AC	CTIVITIES	ТО
	EMPOWER AND ENCOURAGE LIFELONG PHILANTHROPY.		
4b	(Code:) (Expenses \$) (Revenue	ue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$)
4d	Other program services (Describe in Schedule O.)		
-ru		١	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 372,278.)	
4e		-	orm 990 (2017)
		F	om 330 (2017)
732002	11-28-17 ?		

Form	990	(201)	7

Form 990 (2017) MAGNIFIED GIVING
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
اہ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- 23
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a		12a		x
h	Schedule D, Parts XI and XII	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		x
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		X
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		X
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	17		X
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		X
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		X

Form 990 (2017)

Form	aan	(2017)
FUIII	990	(2017)

MAGNIFIED GIVING Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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		x
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		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		
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		
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			
	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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L. Part II	26		x
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		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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,			
	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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	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		X
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		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	

Form 990 (2017)

	990 (2017) MAGNIFIED GIVING 26-3519	908T	Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	та		
U				
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F -		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	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?	7f		X
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:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
		13a		
а		134		
F	Note. See the instructions for additional information the organization must report on Schedule O.			
u	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 13b	-		
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	990	

Form	990 (2017) MAGNIFIED GIVING 26-3519		Р	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	'No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a19			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
2	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	Х	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	X	
b		12b	Х	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable	Э	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ROGER F GREIN - 513-733-9727			
	9940 READING ROAD, CINCINNATI, OH 45241			
73200	§ 11-28-17	Form	1 990	(2017)
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Form 990 (20	17) MAGNIFIED GIVING	26-3519081	Page 7
Part VII C	Compensation of Officers, Directors, Trustees, Key Employees, Highest (Compensated	
E	Employees, and Independent Contractors		
C	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 endir	ng with or within the organization's t	ax 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 report-able 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. Т

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Form 990 (2017)

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Form 990 (2017) MAGNIFIEI	GIVING	t T							26-351	L908	81 I	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,			ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box, offic	not cl unles	neck r ss per	ition more rson is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	t of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compens from t organiza and rela organiza	he ation ated
(18) MICHAEL SUSSLI	1.00											
BOARD MEMBER	1 0 0	Х						0.).		0.
(19) KATELYN SUSSLI BOARD MEMBER	1.00	x						0.).		0.
(20) KELLY COLLISON	40.00	~						0.		′•		0.
EXECUTIVE DIRECTOR	10000			Х				73,000.).		0.
								(
						(
1b Sub-total								73,000.).		0.
c Total from continuation sheets to Part VI								0.).		0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not set of the set of	ot limited to th		liste	d ab	ove) wh	> re			·•		0.
compensation from the organization						,						0
											Yes	No
3 Did the organization list any former officer,											3	x
 line 1a? If "Yes," complete Schedule J for st For any individual listed on line 1a, is the su and related erganizations greater than \$150 	m of reportabl	e co	mpe	nsa	tion	and	oth	-	he organization		4	X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	ccrue compen	Isatio	on fr	om a	any	unre	late	ed organization or individ	dual for services			
rendered to the organization? <i>If</i> "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or su	<u>ch r</u>	oers	on .				<u> </u>	5	X
 Complete this table for your five highest con the organization. Report compensation for t 	•	•							•	nsatio	n from	
(A) Name and business			ONE					(B) Description of s		Cor	(C) npensati	on
X												
•												
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	l to t	thos C		ted	above) who received me	ore than			

		Check if Schedule O contains a response or note	(A)	(B)	(C)	(D) Revenue exclud
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenuè exclud from tax unde sections 512 - 514
S	1 a	Federated campaigns 1a				
unc	b	Membership dues 1b				
Ĕ	с	Fundraising events 1c				
ar	d	Related organizations 1d				
and Other Similar Amounts	е	Government grants (contributions) 1e				
5	f	All other contributions, gifts, grants, and				
TLIE			396.			
D	g	Noncash contributions included in lines 1a-1f: \$ 37 ,	<u>613</u> .			
an	h	Total. Add lines 1a-1f		,		
			ss Code	10 5 60		
	2 a		10,568.	10,568.		
P	b					
ent	С					
Ae V	d					
Hevenue	e	·····				
		All other program service revenue	10,568.			
-		Total. Add lines 2a-2f	F 10,500.			
	3	Investment income (including dividends, interest, and	▶ 3,708.			3,70
	4	other similar amounts) Income from investment of tax-exempt bond proceeds				5,70
	4	Royalties				
	5		ersonal			
	6 a					
	оа b	Gross rents				
	c	Rental income or (loss)				
		Net rental income or (loss)				
			Dther			
		assets other than inventory 2,856.				
	b	Less: cost or other basis				
		and sales expenses				
	с	Gain or (loss) 2,856.				
		Net gain or (loss)	🕨 2,856.	,		2,85
		Gross income from fundraising events (not				
		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18 a				
	b	Less: direct expenses b				
	с	Net income or (loss) from fundraising events	▶			
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 a				
		Less: direct expenses b				
		Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
	-	and allowances a				
		Less: cost of goods sold b				
┢	С	Net income or (loss) from sales of inventory				
\vdash			ss Code			
	b					
	ر ار					
	d					
		Total. Add lines 11a-11d		10,568.	0	6,56
	12	Total revenue. See instructions.	🗩 407,040.	- TO'DOO'	0.	1 0,00

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Form 990 (2017) MAGNIFIED GIVING

Form 990 (2017) MAGNIFIED GIV
Part IX Statement of Functional Expenses MAGNIFIED GIVING

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor		•	mplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, 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				ł
	and domestic governments. See Part IV, line 21	171,350.	171,350.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	73,783.	66,491.	3,646.	3,646.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	100 506		25 25 0	20 025
7	Other salaries and wages	122,526.	58,343.	35,258.	28,925.
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,976.		3,976.	
10	Payroll taxes	5,970.		5,570.	
11	Fees for services (non-employees):				
a b	Management				
	Legal Accounting	1,710.		1,710.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	8,245.	4,756.	1,494.	1,995.
12	Advertising and promotion	4,983.	4,983.		
13	Office expenses	15,779.	9,805.	2,918.	3,056.
14	Information technology	5,401.	1,154.	2,225.	2,022.
15	Royalties				
16	Occupancy	24,691.	20,400.	3,153.	1,138.
17	Travel	641.	328.	313.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	17 020	F 40C	6 722	4 000
19	Conferences, conventions, and meetings	<u>17,036.</u> 5.	5,496.	6,732.	4,808.
20	Interest	J.		J.	
21 22	Payments to affiliates Depreciation, depletion, and amortization	13,925.	6,963.	1,392.	5,570.
22 23			0,505.	±,554•	5,570•
23 24	Other expenses. Itemize expenses not covered				
24	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.)				
а	TEACHER STIPENDS	17,025.	17,025.		
b	SCHOOL PROGRAM EXPENSES	3,129.	3,129.		
с	DUES & SUBSCRIPTIONS	1,778.	912.	513.	353.
d	MERCHANT SERVICE FEES	581.			581.
е	•	1,392.	1,143.	249.	
25	Total functional expenses. Add lines 1 through 24e	487,956.	372,278.	63,584.	52,094.
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)				Form 990 (2017)

732010 11-28-17

Form **990** (2017)

MAGNIFIED GIVING Part X Balance Sheet

Form 990 (2017)

rai		Dalance 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	285,778.	1	47,525.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	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			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₿	8	Inventories for sale or use		-8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 370,702.			
	b	Less: accumulated depreciation 10b 33,425.	344,741.	10c	337,277
	11	Investments - publicly traded securities	111,075.	11	342,649
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	4,218.	14	3,906
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	745,812.	16	731,357
	17	Accounts payable and accrued expenses		17	
	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	
s	22	Loans and other payables to current and former officers, directors, trustees,			
litie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
ا ت	23	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	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 📃 and			
s		complete lines 27 through 29, and lines 33 and 34.			
2 2	27	Unrestricted net assets		27	
alai	28	Temporarily restricted net assets		28	
9	29	Permanently restricted net assets		29	
<u>Š</u>		Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright X			
5		and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds	0.	30	0.
SSG	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
<	32	Retained earnings, endowment, accumulated income, or other funds	745,812.	32	731,357.
**					
Net Assets or Fund Balances	33	Total net assets or fund balances	745,812.	33	731,357.

Form **990** (2017)

Form	1990 (2017) MAGNIFIED GIVING	26	-35190	81	Pag	_{ge} 12
Pa	rt 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			9,5:	
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		-18	3,42	28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		74	5,8:	12.
5	Net unrealized gains (losses) on investments	5			2 , 1:	<u>19.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		-	L,8	54.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		<u>73</u>	1,3	<u>57.</u>
Pa	rt XII Financial Statements and Reporting		X			
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?			3a		_X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
			I	Form	990 ((2017)
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi or audits, explain why in Schedule O and describe any steps taken to undergo such audits					
	$\wedge \vee$					

Department of the Treasury Internal Revenue Service

(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.

gov/Form990 for instructions and the latest information

OMB No. 1545-0047
2017
Open to Public Inspection

Name of t	the organization			Jiis allu u	ie ialest ii	normation.	Employer	identification number
	-	IFIED GIVI	NG					6-3519081
Part I	Reason for Public (Charity Status	All organizations must co	omplete th	is nart) Se	e instruction		0 3313001
	ization is not a private found						<u>.</u>	
1	A church, convention of ch					I \/ A \/;\		
2	A school described in sect					·//~//י/·		
3	A hospital or a cooperative					i)		4
4	A medical research organiz					-	Viii) Enter	the hospital's name
4	city, and state:			ucscribeu	in Sectio		, mj. Entor	the hospital s hame,
5	An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a do	vernmental u	nit describe	ed in
•	section 170(b)(1)(A)(iv). (0			or operat	ou oy u ge	i on internet a		
6	A federal, state, or local go		nental unit described in	section 17	70(h)(1)(A)	(v)		
7 X	An organization that norma	•					ne general r	oublic described in
. [==]	section 170(b)(1)(A)(vi). (C	-		onn a gove	innontai			
8	A community trust describe		(1)(A)(vi) (Complete Par	+ 11)				
9	An agricultural research org				ed in conii	inction with a	land-grant	college
•	or university or a non-land-g							
	university:	,						
10	An organization that norma	Ilv receives: (1) more	than 33 1/3% of its sup	port from c	ontributio	ns. members	hip fees, an	d aross receipts from
	activities related to its exen	•						•
	income and unrelated busir							
	See section 509(a)(2). (Co		. ,					
11	An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).		
12	An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3). (Check the box in
	lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	_ organization(s). You mus	t complete Part IV,	Sections A and C.					
c	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,
	its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	ith its suppo	rted organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	l an attentiv	/eness
_	requirement (see instruct		-					
e	Check this box if the orga					Туре I, Туре	II, Type III	
	functionally integrated, or		nally integrated supportion	ng organiz	ation.			
	er the number of supported o	•						
	vide the following information i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetany	(vi) Amount of other
,	organization		(described on lines 1-10	in your governi	ng document?	support (see in	-	support (see instructions)
			above (see instructions))	Yes	No			
Total								
	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	r 990-EZ.	732021 10-	06-17 Sche	dule A (For	m 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 MAGNIFIED GIVING

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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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	115,948.	277,214.	651,194.	618,082.	452,396.	2114834.		
2	Tax revenues levied for the organ-								
	ization'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	115,948.	277,214.	651,194.	618,082.	452,396.	2114834.		
	Total. Add lines 1 through 3	115,940.	2//,214.	051,194.	010,002.	452,590.	<u>ZII4034.</u>		
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)						969,241.		
6	Public support. Subtract line 5 from line 4.						1145593.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Amounts from line 4	115,948.	277,214.	651,194.	618,082.	452,396.	2114834.		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots			142.	358.	3,708.	4,208.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on \dots	C							
10	Other income. Do not include gain								
	or loss from the sale of capital				1 - 2		1 = 2		
	assets (Explain in Part VI.)				153.		153.		
	Total support. Add lines 7 through 10						2119195.		
	Gross receipts from related activities,		,				18,188.		
13	First five years. If the Form 990 is for				•				
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage			<u></u>			
	Public support percentage for 2017 (I			olumn (f))		14	54.06 %		
	Public support percentage from 2016					15	54.96 %		
	33 1/3% support test - 2017. If the c					· · · ·			
	stop here. The organization qualifies	0		2			N V		
b	33 1/3% support test - 2016. If the o		-						
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization								
b	b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the)		
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orgar	nization			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	, ▶		
	Schedule A (Form 990 or 990-EZ) 2017								

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Schedule A (Form 990 or 990-EZ) 2017 MAGNIFIED GIVING Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513					0	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf				C	\mathbf{O}	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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			S			
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		0				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organiza	ation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2017 (ine 8, column (f) di	vided by line 13, c	olumn (f))		15	%
	Public support percentage from 2016					16	%
Sec	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20)17 (line 10c, colur	nn (f) divided by lin	ne 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	a publicly suppo	rted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	
73202	23 10-06-17		15		Sch	edule A (Form 990) or 990-EZ) 2017

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 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 12a or 12b 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.)

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

 Schedule A (Form 990 or 990 EZ) 2017
 MAGNIFIED
 GIVING

 Part IV
 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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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 Part VI how the supported organization(s) effectively operated, supervised, or			
	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		
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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	2		
			Yes	No
4	Ware a majority of the argonization's directors or tructops during the tax year also a majority of the directors		165	
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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 Part VI 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 Part VI the role the organization's	•		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		N1 -
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			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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	-		
_	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	<u> </u>		
	activities but for the organization's involvement.	2b		
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		
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.	3b		
732025	5 10-06-17 Schedule A (Form 9	90 or 99	0-EZ)	2017

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1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust o	n Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must comp	olete S	Sections A through E.	
Sect	ion 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		
Sect	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		
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		
е	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		
Sect	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 MAGNIFIED GIVING

Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017 MAGNIFIED GIVING

Par	rt V Type III Non-Functionally Integrated 8	509(a)(3) Supporting Orga	nizations (continued)	
Secti	tion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish				
2	Amounts paid to perform activity that directly furthers ex				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt pur	S			
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	s.			
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to whi	ch th	e organization is responsive	l.	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	tion E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017 (reason	1-			
	able cause required- explain in Part VI). See instructions	S.			
3	Excess distributions carryover, if any, to 2017				
a					
b	From 2013				
C	From 2014				
d	From 2015				
	From 2016				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2017 distributable amount				
i	Carryover from 2012 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount				
5	Remaining underdistributions for years prior to 2017, if				
	any. Subtract lines 3g and 4a from line 2. For result great	ter			
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2017. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in	n			
	Part VI. See instructions.				
7	Excess distributions carryover to 2018. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
е	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 MAGNIFIED GIVING

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Name of the organization

anization type (ch

N

Schedule of Contributors

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

26-3519081

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organization type (check of	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set i

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2017)
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over	identification	number

Name of organization

Employer identification number

26-3519081

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>27,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>20,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01-	-17 23	Schedule B (Form	990, 990-EZ, or 990-PF) (2017)

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MAGNIFIED GIVING

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2017)
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Name of organization

26-3519081

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$25,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncesh Of the Second S
723452 11-01-	-17	Schedule B (Form S	990, 990-EZ, or 990-PF) (2017)

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MAGNIFIED GIVING

Noncash Property (see instructions). Use duplicate copies of Part II if a (b) Description of noncash property given TOCK	(c) FMV (or estimate (See instructions)	(d) Date received
Description of noncash property given	FMV (or estimate		
TOCK			
	1		
	\$25,0	<u>. oo</u>	05/15/18
(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
TOCK			
	\$12,63	13.	09/26/17
(b) Description of noncash property given			(d) Date received
	\$		
(b) Description of noncash property given			(d) Date received
	\$		
(b) Description of noncash property given			(d) Date received
	\$		
(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b)	Description of noncash property given (See instructions) NOCK \$ 12,6 (b) (c) FMV (or estimate (See instructions) (c) FMV (or estimate (See instructions) (b) (c) FMV (or estimate (See instructions)	Description of noncash property given (See instructions.) tocx \$ 12,613. (b) (c) FMV (or estimate) Description of noncash property given \$ (b) (c) Description of noncash property given \$ (b) (c) FMV (or estimate) (b) (c) Description of noncash property given \$ (b) (c) FMV (or estimate) (See instructions.) \$ (b) \$ (c) FMV (or estimate) (see instructions.)

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ame of orç	ganization		Employer identification number		
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Part III	Exclusively religious, charitable, etc., cont	ributions to organizations describe	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for		
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	COIUMNS (a) through (e) and the fol s. charitable. etc., contributions of \$1,000 (IOWING IINE ENTRY. For organizations or less for the vear. (Enter this info. once.) \$		
	Use duplicate copies of Part III if addition	al space is needed.			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(b) Fulpose of girt				
			[
ŀ		(e) Transfer of g			
		(e) transfer of g			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
ľ					
			()		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
ŀ		(e) Transfer of g	ift		
		(1, 1111)			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
ļ					
	(e) Transfer of gift				
			-		
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
		[
) No. rom					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
ŀ		(e) Transfer of g			
		μι.			
	Transferee's name, address, a	nd 7I P + 4	Relationship of transferor to transferee		
ŀ	ו מווזוכוכיכי א ומווופ, מענופטט, מ				
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SCHEDULE D)
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Department of the Treasury

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.



nterna	Revenue Service GO to www.irs.gov/Formas	so for instructions and the latest informatio	<u></u>	mepeenen
Nam	e of the organization MAGNIFIED GIVING			ployer identification number $26 - 3519081$
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or <i>J</i>	Accour	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.		
		(a) Donor advised funds	(b) Fur	nds 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 v	· · · · · · · · · · · · · · · · · · ·	unds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	ally impor	rtant land area
	Protection of natural habitat	Preservation of a certified	historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conserva	tion 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 easements		2b	
с	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure		
	listed in the National Register		_ 2d	
3	Number of conservation easements modified, transferred, rel			during the tax
	year ►			
4	Number of states where property subject to conservation eas	sement is located 🕨		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation ease	ements during the year
	▶)			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easemen	ts during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) abov	re satisfy the requirements of section 170(h)(4)	(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense stat	ement, ar	nd balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the o	organizati	ion's accounting for
D -	conservation easements.		Oires !! -	. Accete
Pai	t III Organizations Maintaining Collections of		Simila	ir Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh		of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	has these items		

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical b 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:

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2017
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pu	rovic	le
	(ii) Assets included in Form 990, Part X		\$
	(i) Revenue included on Form 990, Part VIII, line 1		\$

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Par	t III Organizations Maintaining C	ollections of Art,	Historica	I Trea	asures, or	Other	Similar As	ssets (co	ntinue	ed)
3	Using the organization's acquisition, accession	on, and other records,	check any o	of the fo	ollowing that	are a sig	nificant use o	f its collect	ion ite	ems
	(check all that apply):									
а	Public exhibition	d			ange progra					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain h	now they fur	ther the	e organizatio	n's exem	pt purpose in	Part XIII.		
5	During the year, did the organization solicit o					r similar a	assets			_
D.	to be sold to raise funds rather than to be ma					<u></u>				No No
Par	t IV Escrow and Custodial Arran		e if the orga	nization	n answered ""	Yes" on	Form 990, Pa	rt IV, line 9	, or	
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custodi									┌┐
	on Form 990, Part X?							. L Ye	5	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:							
_	Designing to be a set							Amo	bunt	
C L	Beginning balance									
a	Additions during the year						1d			
e	Distributions during the year						1e 1f			
f 2a	Ending balance Did the organization include an amount on Fe							Ye		No
	If "Yes," explain the arrangement in Part XIII.						y :	[] ie:	5	
Par							<u></u> 0			
	Complete	(a) Current year	(b) Prior y		(c) Two years		d) Three years	hack (e)		ears back
1a	Beginning of year balance	100,578.			(o) two yours	o buok			our ye	
b	Contributions	25,000.	100	578.						
c	Net investment earnings, gains, and losses	17,667.								
d	Grants or scholarships									
	Other expenditures for facilities			-						
	and programs									
f	Administrative expenses									
g	End of year balance	143,245.	100	,578.						
2	Provide the estimated percentage of the curr	ent year end balance (line 1g, colu	ımn (a))	held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment <	%								
с	Temporarily restricted endowment 10	0.00 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organizati	on that are h	neld and	d administere	ed for the	organization	1	_	
	by:							_	Y	es No
	(i) unrelated organizations							<u>3a</u>	(i)	<u> </u>
									(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organization			ile R?				3	b	
4	Describe in Part XIII the intended uses of the		ment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or oth	•	,	or other	• •	cumulated	(d) E	Book v	alue
		basis (investme	51 IL)	basis (,	aep	reciation		20	650
-	Land				9,650.		30 120	-		<u>,650.</u> ,299.
b	Buildings			333	5,141.		30,428	•	503,	,
	Leasehold improvements									
	Equipment				7,325.		2,997		1	,328.
	Other						<u> </u>		-	, <u>328.</u> , 277.
Iota	Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part X,</u>	column (B),	line 10	<u>C.)</u>	<u></u>	P			
							Sch	edule D (F	orm 9	90)2017

Schedule D			MAGNIFIED	GIVING
Part VII	Investn	nents	- Other Securities.	

	Complete if the organization answered "Yes" or					
(a) Descri	ption of security or category (including name of security)	(b) Book value		(c) Method of va	uation: Cost or en	d-of-year market value
(1) Financ	ial derivatives					
(2) Closely	y-held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 12.)					
Part VII	I Investments - Program Related.				()	
	Complete if the organization answered "Yes" or					
	(a) Description of investment	(b) Book value		(c) Method of va	uation: Cost or en	d-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)				<u> </u>		
(6)			_			
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.					
	Complete if the organization answered "Yes" or	n Form 990, Part IV, Description	, line 11d.	See Form 990, P	art X, line 15.	(b) Book value
(4)	(d) D	escription				
<u>(1)</u>						
(2)						
(3)						
(4) (5)						
(6)						
(7)						
(8)						
(9)						
	umn (b) must equal Form 990, Part X, col. (B) line :	15)				
Part X	Other Liabilities.	15.)				
	Complete if the organization answered "Yes" or	n Form 990. Part IV.	. line 11e c	r 11f. See Form	990. Part X. line 25	5.
1.	(a) Description of liability			ook value		
	deral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	umn (b) must equal Form 990, Part X, col. (B) line 2	25)				
	y for uncertain tax positions. In Part XIII, provide th	· ·	ote to the c	prognization's fina	ancial statements t	that reports the
	zation's liability for uncertain tax positions under F					

Schedule D (Form 990) 2017

732053 10-09-17

Sche	dule D (Form 990) 2017 MAGNIFIED GIVING	26-	3519081	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities 2b			
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d			
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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part 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:			
а	Donated services and use of facilities 2a	_		
b	Prior year adjustments 2b	_		
С	Other losses 2c	_		
d	Other (Describe in Part XIII.)			
е	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	4		
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

то	CREATE	SUSTAINABII	ITY FOR	t THE	ORGANIZATION	то	ANNUALLY	SUPPORT	SCHOOL
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PROGRAMS PARTICIPATING IN MG YOUTH PHILANTHROPY EDUCATION WHICH SERVE

LOCAL NONPROFIT ORGANIZATIONS AND PAY STAFF.

732054 10-09-17

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 for		nation.	1	Open to Public Inspection		
Name of the organization MAGNIFIEI) GIVING					~	Employer identification number 26-3519081		
Part I General Information on Grants									
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's p 	istance?				-	stance, and the selection	on X Yes No		
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
recipient that received more than	\$5,000. Part II can				(f) Method of				
1 (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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
LASOUPE 4155 ROUND BOTTOM ROAD									
CINCINNATI, OH 45244	47-4452384	501C3	7,185.	0.			GENERAL PROGRAM		
4 PAWS FOR ABILITY 253 DAYTON AVENUE XENIA, OH 45385	31-1625484	50103	6,450.	0.			GENERAL PROGRAM		
MENTA, ON 45505	51 1025404	C							
		$\langle \rangle$							
	.0								
	S								
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 		•	e line 1 table						
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (2017)		

732102	11-01-17

		Ŷ.		
		S.		
Part IV Supplemental Information. Provide the information requ	uired in Part I, line 2; Part III, columr	h (b); and any other ad	ditional information.	
PART I, LINE 2:	9			
WE REQUEST GRANT APPLICATIONS FROM	ALL CHARITIES CHO	SEN BY THE	STUDENTS	
DIDETATOLETING IN VIGNETED GIVEN				
PARTICIPATING IN MAGNIFIED GIVING.	THE WINNING CHARI	TIES THEN S.	END A FORMAL	
GRANT OUTCOME REPORT WITH THE USE C	F GRANT DOLLARS. N	WE HAVE A L	IST OF	
501(C)3S THAT ARE APPROVED AS LEGAL	NONPROFIT ORGANI	ZATIONS BEF	ORE THEY CAN	
WIN A GRANT FROM OUR PARTICIPATING	SCHOOLS.			

(d) Amount of non-

cash assistance

(e) Method of valuation (book, FMV, appraisal, other)

 Part III
 Grants and Other Assistance to Domestic Individuals.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.

(b) Number of

recipients

(c) Amount of

cash grant

(a) Type of grant or assistance

(f) Description of noncash assistance

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ſ ΖU **Open To Public** Inspection

ame of the organization	
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►

Go to www.irs.gov/Form990 for the latest information.

Nam	e of the organization				Employer iden			ıber
	MAGNIFIED GI	VING			26-3	35190	81	
Pai	t I 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	(d Method of d noncash contrib	eterminin	•	i
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications					Ť		
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	37,613.	EXCHANGE VA	ALUE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()	× ·						
27	Other ► ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	jement 29				
						Y	′es	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	I contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review o	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	v for which column (a) is chec	ked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

732141 09-07-17

Schedule M	l (Form 990) 2017	MAGNIFIED	GIVING	26-3519081	Page 2
Part II	Supplementa is reporting in Par	I Information. P t I, column (b), the n dditional information	rovide the information required by Part I, lines 30 umber of contributions, the number of items rece	0b, 32b, and 33, and whether the organizati eived, or a combination of both. Also compl	on ete
				, G	
			\sim		
			<u>_</u>		
			6		
			\mathbf{V}		
	<u> </u>				
	Ŧ				
732142 09-07-	17			Schedule M (Form S	990) 2017

16580308 758050 4000023-399

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number 26-3519081

OMB No. 1545-0047

MAGNIFIED GIVING

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PHILANTHROPY EDUCATION.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS, FAMIL KATELYN SUSSLI AND MICHAEL SUSSLI, HAVE A

RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE11B:

THE GOVERNING BODY REVIEWS THE 990 BEFORE FILING

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER IS REQUIRED TO REVIEW AND CONFIRM COMPLIANCE WITH THE

POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:

BOARD APPROVAL IS REQUIRED AND COMPARABILITY DATA IS UTILIZED.

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON

REQUEST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	0 PAGE 10	-					990	-		-		-		
Asset No.	Description	Date Acquired	Method	Life	C L o I v	^{ine} Unadjusted ^{Io.} Cost Or Bas	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS										\circ			
15	PAINT AND BUILDING SUPPLIES	05/09/16	150DB	15.00	ну1	7 1,223				1,223.	122.		110.	232.
16	CARPET	05/11/16	150DB	15.00	ну1	7 10,664				10,664.	1,066.		960.	2,026.
17	PLUMBING	05/11/16	150DB	15.00	ну1	7 1,310				1,310.	131.		118.	249.
18	EXIT SIGNS	05/25/16	150DB	15.00	HY1	7 789			O_{\sim}	789.	79.		71.	150.
19	LANDSCAPING	06/03/16	150DB	15.00	нү1	7 2,791				2,791.	279.		251.	530.
20	COUNTERTOPS	06/29/16	150DB	15.00	ну1	7 3,000		5		3,000.	300.		270.	570.
21	DOOR	06/22/16	150DB	15.00	НУ1	7 1,225				1,225.	123.		110.	233.
22	ELECTRONIC SIGNS	06/29/16	150DB	15.00	НУ1	7 14,733				14,733.	1,473.		1,326.	2,799.
23	DRIVEWAY BLACKTOP	06/29/16	150DB	15.00	НУ1	7 22,965				22,965.	2,297.		2,067.	4,364.
24	BUILDING SIGNS	09/20/16	150DB	15.00	ну1	7 341			171.	170.	9.		16.	25.
25	PHONE INSTALLATION	08/16/16	150DB	15.00	нү1	7 1,189			595.	594.	30.		56.	86.
27	ELECTRIC	08/16/16	150DB	15.00	ну1	7 2,867			1,434.	1,433.	72.		136.	208.
29	LIGHTING	04/02/18	200DB	5.00	MQ1	9E 3,300				3,300.			165.	165.
	* 990 PAGE 10 TOTAL BUILDINGS	0				66,397			2,200.	64,197.	5,981.		5,656.	11,637.
	FURNITURE & FIXTURES													
1	OFFICE FURNITURE	03/01/16	200DB	5.00	ну1	7 942				942.	377.		226.	603.
2	COMPUTERS	05/11/16	200DB	5.00	нү1	7 550				550.	220.		132.	352.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FOI

FORM 99	00 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3	LADDER	05/31/16	200DB	5.00	НУ	17	275.				275.	110.		66.	176.
4	OFFICE FURNITURE	05/31/16	200DB	5.00	HY	17	438.				438.	175.		105.	280.
5	LIGHTING	05/31/16	200DB	5.00	HY	17	96.				96.	38.		23.	61.
6	ROUTERS, PHONE SYSTEMS	05/31/16	200DB	5.00	HY	17	448.				448.	179.		108.	287.
7	CABLES	05/31/16	200DB	5.00	ну	17	576.			O	576.	230.		138.	368.
8	PRINTERS	05/31/16	200DB	5.00	HY	17	180.				180.	72.		43.	115.
9	CHAIRS	06/22/16	200DB	5.00	НY	17	327.		5		327.	131.		78.	209.
10	SWITCHER	06/22/16	200DB	5.00	HY	17	119.				119.	48.		28.	76.
11	FURNITURE	07/29/16	200DB	5.00	ну	17	332.			166.	166.	33.		53.	86.
12	SQ RESOURCE	11/17/16	200DB	5.00	HY	17	194.			97.	97.	19.		31.	50.
28	VIDEO SECURITY	04/16/18	200DB	10.00	MQ	190	2,848.				2,848.			71.	71.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						7,325.			263.	7,062.	1,632.		1,102.	2,734.
	LAND														
14	LAND	05/03/16	L				29,650.				29,650.			0.	
	* 990 PAGE 10 TOTAL LAND	0					29,650.				29,650.	٥.		0.	0.
	OTHER														
13	BUILDING	05/03/16	SL	39.00	MM	17	267,330.				267,330.	9,736.		6,855.	16,591.
26	CLOSING COSTS	05/03/16		180M	НУ	43	4,687.				4,687.	470.		312.	782.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FO

FORM 9	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10						272,017.				272,017.	10,206.		7,167.	17,373.
	DEPR & AMORT						375,389.			2,463.	372,926.	17,819.		13,925.	31,744.
											()				
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						369,241.			2,463.	366,778.	17,819.			31,508.
	ACQUISITIONS						6,148.			0.	6,148.	0.			236.
	DISPOSITIONS						0.		5	0.	0.	0.			0.
	ENDING BALANCE						375,389.			2,463.	372,926.	17,819.			31,744.
	ENDING ACCUM DEPR											34,207.			
	ENDING BOOK VALUE											341,182.			
							2								
		Ś													
	\bigcirc														

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

4500	Deprec	iation and Ar	nortizatio	n		OMB No. 1545-0172
Form 4562		g Information on Li	sted Property			2017
Department of the Treasury		Attach to your tax i				Attachment
Internal Revenue Service (99) Go Name(s) shown on return	to www.irs.gov/F	orm4562 for instructio	ns and the latest siness or activity to white			Sequence No. 179 Identifying number
MAGNIFIED GIVING			DRM 990 PZ			26-3519081
Part I Election To Expense Certain Prope	rty Under Section 17	79 Note: If you have any	listed property, c	omplete Part		
1 Maximum amount (see instructions)		·····				510,000.
 Total cost of section 179 property place Threshold cost of section 170 property place 						2,030,000.
3 Threshold cost of section 179 property4 Reduction in limitation. Subtract line 3						2,030,000.
 4 Reduction in limitation. Subtract line 3 5 Dollar limitation for tax year. Subtract line 4 from line 						
6 (a) Description of p			isiness use only)	(c) Elected		
				.,		
7 Listed property. Enter the amount from	n line 29		7			
8 Total elected cost of section 179 prop	erty. Add amounts	in column (c), lines 6 ar	nd 7			
9 Tentative deduction. Enter the smaller						
10 Carryover of disallowed deduction from	n line 13 of your 20	016 Form 4562			10	
11 Business income limitation. Enter the s	smaller of business	s income (not less than z	ero) or line 5 🛄		11	
12 Section 179 expense deduction. Add I	ines 9 and 10, but	don't enter more than li	ne 11		12	
13 Carryover of disallowed deduction to 2	018. Add lines 9 a	and 10, less line 12	🏲 13			
Note: Don't use Part II or Part III below for	,					
Part II Special Depreciation Allowa						
14 Special depreciation allowance for qua	alified property (oth	ner than listed property)	placed in service	during		
the tax year						
15 Property subject to section 168(f)(1) ele	ection					
16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don'					16	
Part III MACRS Depreciation (Don'	r include listed pro	Section A	5.)			
17 MACDS deductions for second placed	in comico in toy vo		17		17	13,377.
17 MACRS deductions for assets placed18 If you are electing to group any assets placed in serv				▶ □	Ξ' - ''	13,317.
		e During 2017 Tax Yea			Lion Svste	m
	(b) Month and	(c) Basis for depreciation	(d) Becovery			
(a) Classification of property	year placed in service	(business/investment use only - see instructions)	period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		3,300	. 5 YRS.	MQ	200DB	165.
c 7-year property						
d 10-year property	•	2,848	. 10 YRS	. MQ	200DB	71.
e 15-year property						
f 20-year property	_					
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
					S/L	
	Placed in Service	During 2017 Tax Year	Using the Alterna	ative Deprec		em
20a Class life			10	+	S/L S/L	
b 12-year	1		12 yrs.	NANA	S/L S/L	
c 40-year Part IV Summary (See instructions.)	/	1	40 yrs.	MM	0/L	
21 Listed property. Enter amount from line	o 28				21	
22 Total. Add amounts from line 12, lines		ues 19 and 20 in column	(a) and line 21		21	
Enter here and on the appropriate lines					22	13,613.
23 For assets shown above and placed in		• •				
portion of the basis attributable to sec	•	, <u>, , , , , , , , , , , , , , , , , , </u>	23			

716251 01-25-18 LHA For Paperwork Reduction Act Notice, see separate instructions. \$39\$

Form 4562 (2017)	MAG	NIFIED	GIVI	NG							26-	3519	081	Page 2
Part V Listed Proper		itomobiles, ce	ertain oth	ner vehic	les, ce	rtain aircr	aft, ce	rtain comp	uters, ar	nd prope				
recreation, or a Note: For any (a) through (c) (vehicle for wh						r dedu	cting lease	expense	e, comp	olete on	l y 24a, 2	24b, colu	mns
		n and Other					nstruc	tions for lir	nits for p	asseng	er auton	nobiles.)		
24a Do you have evidence to s	-					Yes	_	24b If "Y					Yes	No
(a)	(b)	(c)		(d)		(e)		(f)		g)		h)		(i)
Type of property (list vehicles first)	Date placed in service	/Business investment use percenta		Cost or her basis		asis for depre ousiness/inve use only	stment	Recovery period	Met	hod/ ention	Depre	eciation uction	Elec sectio co	n 179
25 Special depreciation allo	owance for qu	ualified listed	property	•		0								
used more than 50% in				<u></u>	<u></u>			<u></u>		25				
26 Property used more that	n 50% in a qu	ualified busine	ess use:					1			1			
	: :		%											
	: :		%											
	: :		%											
27 Property used 50% or le	ess in a qualif	ied business ι	use:					1						
	: :		%						S/L ·			~		
	: :	ç	%						S/L ·					
	: :		%						S/L ·					
28 Add amounts in column										28				
29 Add amounts in column	(i), line 26. E	nter here and	on line 7	⁷ , page 1		<u></u>				<u></u>	<u></u>	29		
		5	Section I	B - Infor	matior	n on Use	of Veh	nicles						
Complete this section for ve	hicles used b	by a sole prop	rietor, pa	artner, or	other	"more tha	an 5%	owner," or	related p	person.	If you pr	rovided \	vehicles	
to your employees, first ans	wer the ques	tions in Sectio	on C to s	ee if you	meet	an excep	tion to	completin	g this se	ction fo	r those v	/ehicles.		
											r			
			(a)		(b)		(c)	(c	4)	(e)	(f)
30 Total business/investment		•	Vel	nicle	V	ehicle	Ň	/ehicle	Veh	icle	Ver	nicle	Vehi	icle
year (don't include commu														
31 Total commuting miles of														
32 Total other personal (no	ncommuting)	miles												
driven														
33 Total miles driven during	g the year.													
Add lines 30 through 32														
34 Was the vehicle available	le for persona	al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
during off-duty hours?														
35 Was the vehicle used pr	rimarily by a r	more												
than 5% owner or relate	d person?													
36 Is another vehicle availa	ble for perso	nal												
use?			·											
	Section C	- Questions f	or Empl	oyers W	ho Pro	ovide Veh	nicles f	for Use by	Their E	mploye	es			
Answer these questions to a	determine if y	ou meet an e	xception	to comp	oleting	Section E	3 for ve	ehicles use	d by em	ployees	who a	r en't mo	re than 5	5%
owners or related persons.					_				-	-				
37 Do you maintain a writte	en policy stat	ement that pr	ohibits a	ll person	al use	of vehicle	es, incl	uding com	muting, I	by your			Yes	No
employees?														
38 Do you maintain a writte	en policy stat	ement that pr	ohibits p	ersonal	use of	vehicles,	except	t commutir	ng, by yo	ur				
employees? See the ins	tructions for	vehicles used	by corp	orate off	icers, d	directors,	or 1%	or more ov	wners					
39 Do you treat all use of v	ehicles by en	nployees as p	ersonal u	use?										
40 Do you provide more that	an five vehicl	es to your em	ployees,											
the use of the vehicles,														
41 Do you meet the require														
Note: If your answer to														
Part VI Amortization														
(a)			(b)		(c)			(d)		(e)			(f)	
Description of	costs	Date	amortization begins		Amortiz amou	able nt		Code section		Amortiza period or per		Ar fo	nortization r this year	
42 Amortization of costs th	at begins du	ring your 2017		Ir:							<u> </u>			
-	~		;;;											
43 Amortization of costs th	at began bef	ore your 2017	' tax yea	r .					·····		43		-	312.
44 Total. Add amounts in c											44		-	312.
716252 01-25-18												F	orm 4562	2 (2017)
					4	0								. /

Form 88	368
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(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identif	ying number	
Type or print	Name of exempt organization or other filer, see inst	Employe	r identificat	ion number (EIN) or			
print	MAGNIFIED GIVING				26-3	519081	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, 9940 READING ROAD	see instruct	tions.	Social security number (SSN)			
return. See instructions.	City, town or post office, state, and ZIP code. For a CINCINNATI, OH 45241	foreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file a separat	te application for each return)			01	
Application	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ			07			
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	-PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
Form 990	T (trust other than above) ROGER F GREIN	06	Form 8870			12	
Teleph ● If the c ● If this i box ▶ [1 I rec for t	boks are in the care of \blacktriangleright <u>9940 READING F</u> one No. \blacktriangleright <u>513-733-9727</u> organization does not have an office or place of busine is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or X tax year beginning JUL 1, 2017	ss in the Unit of Group Exe and atta MAX e organization	Fax No. ►	this is fo all memb	r the whole ers the exte	e group, check this	
2 If th	e tax year entered in line 1 is for less than 12 months, Change in accounting period	check reaso	on: Initial return F	inal retu	'n		
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069, e	enter the tentative tax, less any				
non	refundable credits. See instructions.			<u>3a</u>	\$	0.	
b If th	is application is for Forms 990-PF, 990-T, 4720, or 606	69, enter any	refundable credits and				
<u>esti</u>	mated tax payments made. Include any prior year over	rpayment all	owed as a credit.	3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pusing EFTPS (Electronic Federal Tax Payment System)		, , ,	30	\$	0.	
Caution: instruction	If you are going to make an electronic funds withdraw	al (direct det	bit) with this Form 8868, see Form 84				

723841 04-01-17