

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury

A For the 2021 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change MAGIC BUS USA Name 27-3053614 Doing business as change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1150 832-775-9000 1080 ELDRIDGE PARKWAY City or town, state or province, country, and ZIP or foreign postal code 1,082,822. **G** Gross receipts \$ Amended 77077 HOUSTON, TX H(a) Is this a group return Applica-tion pending F Name and address of principal officer: AMIT BHANDARI Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.MAGICBUSUSA.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 2010 M State of legal domicile: CA Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 1,738,870. 1,082,648. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 233. 174. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -90,841.-242,475. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,496,628. 991,981. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 845,500. 438,910. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 19,196. 72,871. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 277,019. 228,700. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,141,715. 740,481. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 354,913. 251,500. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 710,800. 782,890. Total assets (Part X, line 16) 189,743. 10,332. 21 Total liabilities (Part X, line 26) 三年 521,057. 772,558 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign AMIT BHANDARI, DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature P01268482 KRISTEN SIMPSON KRISTEN SIMPSON 8/22/22 Paid self-employed Firm's name CARR, RIGGS & INGRAM, LLC Firm's EIN ▶ 72-1396621 Preparer Firm's address TWO RIVERWAY, 15TH FLOOR Use Only Phone no. 713-621-8090 HOUSTON, TX 77056

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Form	1 990 (2021) MAGIC BUS USA 27-30536	14 Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	MAGIC BUS WORKS WITH MARGINALIZED CHILDREN AND YOUTH IN INDIA AND	
	ECOSYSTEM AROUND THEM TO HELP BREAK THE CYCLE OF SOCIAL AND ECONO	
	DEPRIVATION USING SPORT AND ACTIVITY BASED APPROACHES THAT INCLUD	
	MENTORING AS A TOOL AND ARE FOUNDED ON THE PRINCIPLE OF HUMAN RIG	пів,
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	prior Form 990 or 990·EZ? If "Yes," describe these new services on Schedule O.	_ res _A_ No
3		Yes X No
3	If "Yes," describe these changes on Schedule O.	163 [11]140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe	enses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensions	
	revenue, if any, for each program service reported.	333, 41.14
4a	(Code:) (Expenses \$ 413,910 . including grants of \$ 413,910 .) (Revenue \$)
	GRANT TO MAGIC BUS INDIA AND PROGRAM SERVICE EXPENSE.	
4b	(Code:) (Expenses \$ 25,000 • including grants of \$ 25,000 •) (Revenue \$	
40	(Code:) (Expenses \$25,000 • including grants of \$25,000 •) (Revenue \$) GRANT TO MAGIC BUS GLOBAL (UK)	,
	CHERT TO INICIO DOD CHODIN (ON)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
14	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 438,910.	
		orm 990 (2021)

Form 990 (2021) MAGIC BUS USA 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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 Rev. Proc. 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		<u> X</u>
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in 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,	١		₩.
	Part VI	11a		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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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	11d		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			٠,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_	v	
	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,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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
	domestic government on it artize, condimitive, interity if "Yes," complete Schedule I, Parts I and II	41		

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Form 990 (2021) MAGIC BUS USA
Part IV Checklist of Required Schedules (continued)

			Yes	No
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
	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		
	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	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
04	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	34		Х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
D	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O 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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С				
	(gambling) winnings to prize winners?	1c	X	(2021)

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Form	990 (2021) MAGIC BUS USA 27-3053	614	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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	_	37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	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 on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			3,7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			- V
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		X
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		125
b		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD		
	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	"		
·	to file Form 8282?	7c		x
А	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	_
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? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
р	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	-		
	Enter the amount of reserves on hand	144		-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X
	excess parachute payment(s) during the year? If "Ves " see the instructions and file Form 4720. Schedule N.	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.	.,		

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Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	·					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	1a	!	5		
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	!	5		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, 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 99	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		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 ap	point	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, ste	ockho	olders, 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	r by th	e following:			
а	The governing body?			8a	X	
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 reach	hed a	at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)			
					Yes	No
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 characteristics.	apters	s, 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	befo	re filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	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 on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	vith 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	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
	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 ▶CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990)-T (section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict (of interest policy, ar	nd finan	cial	
	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 boo	ks an	d records 🕨			
	ARVIND BRAHMBHATT - 832-775-9009					
	1080 ELDRIDGE PARKWAY SUITE 1175 HOUSTON TX 774	0.7				

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

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

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

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

See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	(C)			•		(D)	(E)	(F)		
Name and title	Average		Position					Reportable	Reportable	Estimated	
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of	
	week	offic	cer an	nd a d	irecto	r/trus	tee)	from	from related	other	
	(list any	ctor						the	organizations	compensation	
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the	
	related	stee	ruste			eusa		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	al tru	onal t		oloyee	comb		1099-NEC)		and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) MATTHEW SPACIE	35.00	드	드	5	32	포늄	윤				
DIRECTOR	33.00	х						16,764.	0.	0 .	
(2) AMIT BHANDARI	5.00							20,7020		•	
DIRECTOR		Х						0.	0.	0.	
(3) RAM SHRIRAM	1.00										
DIRECTOR		Х						0.	0.	0 .	
(4) VIK UPPAL	1.00	 						_	_	_	
DIRECTOR	1 00	Х				_		0.	0.	0 .	
(5) KAPIL MATHUR	1.00	3,7							0	0	
DIRECTOR		Х						0.	0.	0 .	
		1									
		-									
		1									
						_					
		-									
		1									
		1									

hours per week (list any hours for related organizations below line) 100 mm 100	.4 Page 8	053	27-3								00 (2021) MAGIC BUS				
Name and title Average hours per week (list any hours for related organizations) Below line) 1b Subtotal C Total from continuation sheets to Part VII, Section A or Total (add lines 1b and 1c) 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC) 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensated employee on Position (do not check more than one book and officers and an electron of the compensation from related organization (W-2/1099-MISC/ 1099-NEC) 1 Delow line) Position (do not check more than one book and officers and a director) the compensation from related organization (W-2/1099-MISC/ 1099-NEC) 1 Delow line) 2 Delow line) 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on	(F)		,		st C	ighe		es, a	oloye		Geodicii Ai Cilicero, Birectoro, Trac	Par			
1b Subtotal	Estimated amount of other	ion ed	Reportable compensation from related	Reportable compensation from	n an	than	sitio k more person	not ch unles:	box,	Average hours per week					
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Job the organization list any former officer, director, trustee, key employee, or highest compensated employee on	compensation from the organization and related organizations	ISC/	(W-2/1099-MI	organization (W-2/1099-MISC/ 1099-NEC)	Former	Highest compensated	Key employee	Institutional trustee	Individual trustee or director	hours for related organizations below					
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Job the organization list any former officer, director, trustee, key employee, or highest compensated employee on															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Job the organization list any former officer, director, trustee, key employee, or highest compensated employee on															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Job the organization list any former officer, director, trustee, key employee, or highest compensated employee on							1		-						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Job the organization list any former officer, director, trustee, key employee, or highest compensated employee on						-	+								
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Job the organization list any former officer, director, trustee, key employee, or highest compensated employee on							+								
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Job the organization list any former officer, director, trustee, key employee, or highest compensated employee on							+								
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Job the organization list any former officer, director, trustee, key employee, or highest compensated employee on									-						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Job the organization list any former officer, director, trustee, key employee, or highest compensated employee on									-						
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on	0.				>										
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on	0.				>										
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on	0	le	000 of reportable	eceived more than \$100,	io re	e) wł	abov	istec	ose	ot limited to th		2			
			•		•			•		-	•	3			
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			ne organization	her compensation from t	oth	n and	sation	nper	le co	m of reportabl	or any individual listed on line 1a, is the su	4			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services		,	dual for services	ed organization or individ	elate	/ unr	n any	n fro	nsatio	ccrue compen	d any person listed on line 1a receive or a	5			
Section B. Independent Contractors										-	n B. Independent Contractors	Sec			
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		npensat	•	n the organization's tax y					•	•	e organization. Report compensation for				
(A) Name and business address NONE (B) Description of services Compensation		С	ervices	1				NE	NC	address					
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization • 0			ore than	d above) who received m	ted	_		nited	ot lin	•		2			

Form 990 (2021) MAGIC B
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
			Officer if Schedule O Contains a response	or note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1	а	Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
e, E		С	Fundraising events1c	223,635.				
ifts Ir A			Related organizations 1d					
n G≒			Government grants (contributions) 1e					
Sic			All other contributions, gifts, grants, and					
uţi e		'		859,013.				
들			similar amounts not included above 1f	037,013.	-			
d d		_	Noncash contributions included in lines 1a-1f 1g		1 000 640			
<u>ŏ</u> ĕ		h	Total. Add lines 1a-1f		1,082,648.			
				Business Code				
ø.	2	а						
ξ		b						
Sel		С						
E S		d						
gra		e						
Program Service Revenue			All other pregram conting revenue					
_			All other program service revenue					
-			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter		1.74			1 17 4
			other similar amounts)	>	174.			174.
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties	>				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c		-			
			Not rental income or (loca)					
	′	а	(7	(ii) Other	-			
			assets other than inventory 7a		-			
		b	Less: cost or other basis					
Revenue			and sales expenses		-			
ě		С	Gain or (loss) 7c					
Be			Net gain or (loss)	>				
her	8	а	Gross income from fundraising events (not					
₽			including \$ 223,635. of					
			contributions reported on line 1c). See					
			Part IV, line 18	0.				
					-			
				0 70,041.	-90,841.			-90,841.
			Net income or (loss) from fundraising events		-30,041.			-30,041.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	а	-			
		b	Less: direct expenses 9	b				
		С	Net income or (loss) from gaming activities_	<u></u>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10	a				
		b	Less: cost of goods sold	b				
			Net income or (loss) from sales of inventory	<u> </u>				
			Net income of (1033) from sales of inventory	Business Code				
S				Dusiness Code				
e eo	11				+			
lan en		b						
g çe		С			-			
Miscellaneous Revenue		d	All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		991,981.	0.	0.	-90,667.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 438,910. individuals. See Part IV, lines 15 and 16 438,910. Benefits paid to or for members Compensation of current officers, directors, 16,764. 16,764. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 54,084. 54,084. Other salaries and wages 7 Pension plan accruals and contributions (include 1,500. 1,500. section 401(k) and 403(b) employer contributions) 523. 523. Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 10,000. 10,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 166,109. 166,109. column (A), amount, list line 11g expenses on Sch O.) 1,161. 1,161. Advertising and promotion 12 31,459. 23,841. 7,618. Office expenses 13 12,278. 12,278. Information technology 14 15 Royalties 16 Occupancy 4,755. 4,755. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 2,938. 2,938. 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) All other expenses 740,481. 438,910. 293,953. 7,618. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

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MAGIC BUS USA

Form 990 (2021) Part X Balance Sheet

Pai	rt X	Balance Sneet				
		Check if Schedule O contains a response or	note to any line in this Part X			(D)
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		633,800.	1	690,234
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		75,000.	4	50,000
	5	Loans and other receivables from any curren				
		trustee, key employee, creator or founder, su	ıbstantial contributor, or 35%			
		controlled entity or family member of any of t	these persons		5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		2,000.	9	42,656
	10a	Land, buildings, and equipment: cost or other	er			
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, li		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		F10 000	15	E00 000
	16	Total assets. Add lines 1 through 15 (must e		710,800.	16	782,890
	17	Accounts payable and accrued expenses		27,443.	17	9,432
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Comple		21		
es	22	Loans and other payables to any current or for				
		trustee, key employee, creator or founder, su			00	
Liabilities		controlled entity or family member of any of t			22	
_	23	Secured mortgages and notes payable to un			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on li of Schedule D	nes 17-24). Complete Part X	162,300.	25	900
	26	Total liabilities. Add lines 17 through 25		189,743.		10,332
	20	Organizations that follow FASB ASC 958, o		100,745	20	10,332
es		and complete lines 27, 28, 32, and 33.	check here			
ŭ	27			317,040.	27	212.247
sale	28	Net assets with donor restrictions		204,017.		212,247 560,311
זםר		Organizations that do not follow FASB AS6		===, ==::		
Fu		and complete lines 29 through 33.				
6	29	Capital stock or trust principal, or current fun	nds		29	
ers	30	Paid-in or capital surplus, or land, building, or			30	
ASS	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		521,057.	32	772,558
	33	Total liabilities and net assets/fund balances		710,800.	33	782,890
						Form 990 (202

27-3053614 Page **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		1,9			
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,4			
3	Revenue less expenses. Subtract line 2 from line 1	3			00.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52	1,0	<u>57.</u>		
5	5 Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	77	2,5	<u>57.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit					
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization MAGIC BUS USA 27-3053614 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	682,140.	1648001.	1415969.	1738870.	1082648.	6567628.				
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										
4	Total. Add lines 1 through 3	682,140.	1648001.	1415969.	1738870.	1082648.	6567628.				
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)						1225297.				
	Public support. Subtract line 5 from line 4.						5342331.				
Sec	tion B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
7	Amounts from line 4	682,140.	1648001.	1415969.	1738870.	1082648.	6567628.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	110.	93.	1,124.	233.	174.	1,734.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						6569362.				
12	Gross receipts from related activities,	•	,			12					
13	First 5 years. If the Form 990 is for the	-		•							
	organization, check this box and stop						>				
	ction C. Computation of Publi						01 20				
14	Public support percentage for 2021 (li					14	81.32 %				
15	Public support percentage from 2020					15	84.00 %				
16a	33 1/3% support test - 2021. If the c	_					, 37				
	stop here. The organization qualifies		•								
b	33 1/3% support test - 2020. If the c										
47.	and stop here. The organization quali										
1/a	10% -facts-and-circumstances test	-									
	and if the organization meets the facts					_	. —				
L-	meets the facts-and-circumstances te	-	•		-	70. and line 15 is 1					
a	10% -facts-and-circumstances test	-					U% Of				
	more, and if the organization meets the				-		▶□				
10	organization meets the facts-and-circu										
<u>18</u>	Private foundation. If the organizatio	n dia not check a l	oox on line 13, 16a	a, 100, 17a, 0r 17b	, check this box ai	iu see instructions					

Schedule A (Form 990) 2021

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

(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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 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 (as 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
0-		
3a		
01-		
3b		
3c		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
ule A (Forn	n 990)	2021

Par	rt 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11.5		
·	detail in Part VI.	11c		
Sec	etion B. Type I Supporting Organizations	1 110		
	<i>y</i>		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or	100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	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 support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	e 1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization operate of 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,			
Sec	supervised, or controlled the supporting organization.	2		
-	The in supporting organizations		V	
_	Wang a majarik, af kha a magainaki mala dimakana an kurakana di mira kha kan magain ika af kha dimakana		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). ction D. All Type III Supporting Organizations	1		
566	All Type III Supporting Significations			T
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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 on line 2, above, 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			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instruction	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b 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		$oxed{oxed}$
b	Did the activities described on line 2a, above, 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 activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	•
Sect	on 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	on 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		
С	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

MAGIC BUS USA

Organization type (check one):

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

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

MAGIC BUS USA 27-3053614

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

MAGIC BUS USA 27-3053614

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	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
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Page 3

Name of organization Employer identification number

MAGIC BUS USA

27-3053614

(a) No. 1	Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Description of noncash property given	No. from		FMV (or estimate)	1
No. from Description of noncash property given (a) No. (b) (c) FMV (or estimate) (See instructions.) (b) No. (c) FMV (or estimate) (See instructions.) (c) No. (d) Description of noncash property given (d) Date received (e) No. (e) (FMV (or estimate) (See instructions.) (form Description of noncash property given (g) No. (h) Description of noncash property given			\ \ \$	
(a) No. from Part I (a) No. description of noncash property given	No. from		(c) FMV (or estimate)	1
No. from Pescription of noncash property given Set instructions.) (a) No. from Poart I See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received See instructions.) (e) FMV (or estimate) (See instructions.) (a) No. from Description of noncash property given See instructions.) (a) No. from Description of noncash property given See instructions.) (a) No. from Description of noncash property given See instructions.) (a) No. from Description of noncash property given See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received See instructions.)			\$	
(a) No. from Part I	No. from		FMV (or estimate)	1
No. from Part I (a) No. from Part I (b) FMV (or estimate) (See instructions.) (a) No. from Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Date received (g) FMV (or estimate) (See instructions.)			\$	
(a) No. from Part I (a) No. from Part I (b) FMV (or estimate) (See instructions.) (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.)	No. from		FMV (or estimate)	
No. from Description of noncash property given Co			\$	
(a) No. from Part I (b) FMV (or estimate) (See instructions.) Date received	No. from		FMV (or estimate)	
No. (b) from Description of noncash property given Part I (C) FMV (or estimate) (See instructions.) Date received			\$	
	No. from		FMV (or estimate)	
			 \$	

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** MAGIC BUS USA 27-3053614 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Schedule B (Form 990) (2021)

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Inspection

Name of the organization

MAGIC BUS USA

Employer identification number 27-3053614

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
	Tatal acceptance at and of consu	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	t funds
·	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important 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 quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	rganization during the tax
4	year ▶ Number of states where property subject to conservation ea:	coment is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>	, ,	3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve 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 conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that describes the
Da	organization's accounting for conservation easements.	Ant Historical Tracerras or Oth	au Ciurilau Aggata
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	, ,	•
	service, provide in Part XIII the text of the footnote to its final		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	exhibition, education, or research in further	rance of public service,
			L \$
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	asures or other similar assets for financial o	
_	the following amounts required to be reported under FASB A		gani, provide
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

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

Par	t III	Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Otner :	Similar	Assets	(conti	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its											
	collection items (check all that apply):											
а		Public exhibition	d	ι 🔲 ι	oan or exc	hange progran	n					
b		Scholarly research	е		Other							
С		Preservation for future generations										
4	Provi	ide a description of the organization's co	llections and explair	n how the	ey further th	ne organization	's exemp	ot purpos	e in Part	XIII.		
5	Durin	ng the year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or other	similar a	ssets		_		
		sold to raise funds rather than to be ma								Yes		No
Par	t IV			ete if the	organizatio	n answered "Y	'es" on F	orm 990,	, Part IV, I	ine 9, or		
		reported an amount on Form 990, Par	t X, line 21.									
1a		e organization an agent, trustee, custodi								,		_
		orm 990, Part X?							L	Yes		No
b	If "Y∈	es," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:							
										Amoun	t	
С	_	nning balance						1c				
d		tions during the year						1d				
е		ibutions during the year						1e				
f		ng balance						1f		1		
		he organization include an amount on Fo					•	/?	L	Yes	F	∐ No
Par		es," explain the arrangement in Part XIII.										
Pai	LV	Endowment Funds. Complete i				(c) Two years			ooro book	(a) Four	rvooro	hook
			(a) Current year	(D) P	rior year	(C) Two years	Dack (C	a) Tillee y	ears back	(e) Fou	years	Dack
		nning of year balance										
b		ributions										
C		nvestment earnings, gains, and losses										
d		ts or scholarships										
е		r expenditures for facilities										
		programs					+					
f		inistrative expenses										
g 2		of year balance ide the estimated percentage of the curr	ont year and halance	lino 1a	column (a	// hold as:						
a		d designated or quasi-endowment	•	% (IIIIe 19	, coluitiii (a)) Held as.						
b		nanent endowment	%	_′0								
C		•										
·		percentages on lines 2a, 2b, and 2c sho										
За		here endowment funds not in the posse	•	ition that	are held ar	nd administere	d for the	organiza	tion			
- Ju	hv.	nore chackment fands not in the posses	oolon or the organiza	ition that	aro mora ar	ia aariii ilotoro	u 101 ti 10	or garnza			Yes	No
	(i) L	Jnrelated organizations								3a(i)		
		Related organizations								3a(ii)		
b	If "Ye	es" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sc	hedule R?					3b		
4		cribe in Part XIII the intended uses of the										
Par	t VI	Land, Buildings, and Equipm										
		Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990, I	Part X, lir	ne 10.				
		Description of property	(a) Cost or o			or other (other)	` '	cumulate eciation	d	(d) Boo	k valu	e
1a	Land	l	-									
		lings										
		ehold improvements										
		pment	l l									
		ır	l l									
		lines 1a through 1e. (Column (d) must e		X. colum	n (B). line 1	0c.)			▶			0.
		3 (SSIGITITE QUITTEST C		.,	,—,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 MAGIC BUS	USA	27	-3053614 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely 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 VIII Investments - Program Related.			
Complete if the organization answered "Ye		<u> </u>	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX Other Assets.			
Complete if the organization answered "Ye		11d. See Form 990, Part X, line 15.	(In) Dead
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)		.	
Total. (Column (b) must equal Form 990, Part X, col. (B) (Part X Other Liabilities.	<u>ine 15.)</u>		
Complete if the organization answered "Ye	s" on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability	5 OTT OTT 000, T art 14, 1110	710 01 711. 000 1 0111 000, 1 are X, iiii 20.	(b) Book value
			(b) Book value
(1) Federal income taxes (2) SBA LOAN			900.
			500.
(3)			
(4)			
<u>(5)</u> (6)			
(7)			
(8)			
(0)			

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

Schedule D (Form 990) 2021

900.

Sche	edule D (Form 990) 2021 MAGIC BUS USA		27-3	3053614	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Rev	venue per Ret	urn.		
	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	1,082,	822.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а					
b					
С	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIII.)	90,841.			
е	Add lines 2a through 2d		2e		841.
3	Subtract line 2e from line 1		3	991,	<u>981.</u>
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				
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	991,	981.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Ex	penses per R	eturn	l -	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	831,	322.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses 2c				
d		90,841.			
е	Add lines 2a through 2d		2e	90,	841.
3	Subtract line 2e from line 1		3	740,	481.
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				
b					
С	Add lines 4a and 4b		4c		0.
5		Г	5	740,	481.
Pa	rt XIII Supplemental Information.				
Prov	ide 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 X	Ι,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information			,	,
PAI	RT X, LINE 2:				
	,				
THE	E FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UN	NDER 501(c)(3	OF TH	E
			- , (-	, , , , , , , , , , , , , , , , , , , ,	
INT	TERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR FE	EDERAL INC	COME	TAX HA	S
	, , , , , , , , , , , , , , , , , , ,				
BEI	EN MADE IN THESE FINANCIAL STATEMENTS.				
тнт	E FOUNDATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS,	WHEN TT	rs M	ORE	
	I TOOKE IT TOOK TOOK ON CHICAGOTTE TOOK I TO	WILLIA II .		IOILE	
т. т т	KELY THAN NOT, THAT SUCH AN ASSET OR A LIABILITY WI	III. BE REZ	ΔΤ.Τ <i>7</i>	ED. AS	OF
	ADDI IIIM NOI, IIMI DOCI IM NODDI OK II DINDIDIII WI		<u> </u>	110	<u> </u>
טאַכו	CEMBER 31, 2021 AND 2020, MANAGEMENT BELIEVES THERE	WERE NO	IINC	יתדביים דוז	
اندر	THE COLUMN TO A COLUMN TANAGEMENT DEDIEVED THERE	- MILLE 140	OIAC	, LIVI TIN	
тΔз	X POSITIONS.				
± 17.2	T TODIIIONO.				

90,841. Schedule D (Form 990) 2021

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Attach to Form 990.

Attach to Form 990.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

	FIC BUS USA				27-305361	
Pai	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
	Form 990, Part IV	/, line 14b.				
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra		
	the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
2	For grantmakers. Desc	ribe in Part V the	e organization's ¡	procedures for monitoring the use of its	grants and other assistance outs	ide the
	United States.					
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and independent contractors	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
		in the region	independent	gram services, investments, grants to	describe specific type	investments
			in the region	recipients located in the region)	of service(s) in the region	in the region
3 a	Subtotal	0	0			0.
	Total from continuation					
	sheets to Part I	0	0			0.
c	Totals (add lines 3a					
J	and 3b)	0	0			0.
	a					

132071 12-20-21

Schedule F (Form 990) 2021

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

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	I ICI REGION	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		SOUTH ASIA - INDIA	PROGRAM SERVICES	413,910.	WIRE TRANSFER	0.				
		EUROPE - UNITED KINGDOM	PROGRAM SERVICES	25,000.	WIRE TRANSFER	0.				

2	Enter total number of recipien	nt organization	ns listed above that are re	ecognized as charities by the f	oreign country, r	recognized as a tax		
	exempt 501(c)(3) organization	by the IRS, c	or for which the grantee o	or counsel has provided a sect	ion 501(c)(3) equ	ivalency letter	 	
3	Enter total number of other or	rganizations o	r entities					

MAGIC BUS USA Schedule F (Form 990) 2021 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (c) Number of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region cash disbursement recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2021 Part IV Foreign Forms 27-3053614 MAGIC BUS USA Page 4

	r or origin r orinic		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	. Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
_	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a	Yes	X No
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	A NO
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes."		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
		Yes	X No
	Foreign Partnerships (see Instructions for Form 8865)	163	110
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713: don't file with Form 990)	Yes	X No

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection											
Name of the organization Employer identification number											
MAGIC BUS USA 27-3053614											
	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
1 Indicate whether th	e organization rais	sed funds through any of the followin	g activ	ities. (Check all that apply.						
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants											
	email solicitations										
c Phone solici		g Special	tunara	using	events						
		or oral agreement with any individual	(includ	ling of	ficers, directors, trust	ees, d	or				
		art VII) or entity in connection with pr				,	Yes	s No			
		viduals or entities (fundraisers) pursua	ant to	agreer	ments under which th	e fund	draiser is to b	е			
compensated at le	east \$5,000 by the	organization.									
(i) Name and addres or entity (fund		(ii) Activity	fundr have co or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (or	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No							
								_			
Total				•							
		on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	xempt from re	gistration			

132081 10-21-21

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

Schedule G (Form 990) 2021

27-3053614 Page 2 MAGIC BUS USA Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF NONE (add col. (a) through TOURNAMENT col. (c)) (event type) (total number) (event type) 223,635 223,635. 1 Gross receipts 223,635 2 Less: Contributions 223,635. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 90,841. 90,841 Other direct expenses 90,841 **10** Direct expense summary. Add lines 4 through 9 in column (d) -90,84111 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities:

Schedule G (Form 990) 2021

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "No," explain: _

b If "Yes," explain: _

132082 10-21-21

Sch	edule G (Form 990) 2021 MAGIC BUS USA 21-	.3033	<u>0 1 4</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatani diatributiana			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		V	□ Na
	retain the state gaming license?	🗀	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P			
га		art III, Iin	es 9, 9	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990)	MAGIC E	BUS	USA	27-3053614	Page 4
Part IV	(Form 990) Supplemental Infor	mation (con	tinued)			
		,				
-						
-						
-						
_						

SCHEDULE O (Form 990)

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 Form 990-FZ

► Attach to Form 990 or Form 990-EZ.

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization MAGIC BUS USA 27-3053614 FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MAGIC BUS WORKS WITH MARGINALIZED CHILDREN AND YOUTH IN INDIA AND ECOSYSTEM AROUND THEM TO HELP BREAK THE CYCLE OF SOCIAL AND ECONOMIC DEPRIVATION USING SPORT AND ACTIVITY BASED APPROACHES THAT INCLUDE MENTORING AS A TOOL. PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROMOTING EDUCATION, HEALTH, GENDER, EQUALITY AND SUSTAINABLE LIVELIHOODS. FORM 990, PART VI, SECTION B, LINE 11B: COMPLETE COPY OF THIS FORM 990 WILL BE PROVIDED TO ALL MEMBERS OF ITS GOVERNING BODY BY ELECTRONIC TRANSMISSION. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS BEING FOLLOWED AS PER THE BYE LAWS AND ANY POSSIBLE EVENT IS BEING DISCUSSED AMONG MEMBERS OF THE GOVERNING BODY AS PER THE ENTITY'S BYELAWS. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 0.

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

Schedule O (Form 990) 2021

163,202.

OMB No. 1545-0047

MANAGEMENT AND GENERAL EXPENSES

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** MAGIC BUS USA 27-3053614 FUNDRAISING EXPENSES TOTAL EXPENSES 163,202. CONSULTING FEE: PROGRAM SERVICE EXPENSES 0. 2,907. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES <u>2,9</u>07. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 166,109.