

Form **990**

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2022 calendar year, or tax year beginning 08/01/22, and ending 07/31/23

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MAGIC BOX PRODUCTIONS INC.		D Employer identification number 20-2924921
	Doing business as		E Telephone number 914-747-0256
	Number and street (or P.O. box if mail is not delivered to street address) 325 EAST 41 STREET #607	Room/suite	G Gross receipts \$ 569,179
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK NY 10017		
F Name and address of principal officer: NELLE STOKES 444 BEDFORD RD PLEASANTVILLE NY 10570			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number
J Website: WWW.MAGICBOXPRODUCTIONS.ORG			L Year of formation: 2005
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> 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)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	217,354	227,995
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	502,272	569,179
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	188,618	219,248
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 28,510		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	227,360	266,976
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	415,978	486,224	
19 Revenue less expenses. Subtract line 18 from line 12	86,294	82,955	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	321,180	403,256
	22 Net assets or fund balances. Subtract line 21 from line 20	879	0
		320,301	403,256

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.

Sign Here	Signature of officer: <i>Nelle Stokes</i>		Date: 09/09/2024	
	NELLE STOKES		EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature: <i>Kristin Krauskopf</i>	Date	Check <input type="checkbox"/> if self-employed
	KRISTIN KRAUSKOPF		09/07/24	P00161963
	Firm's name	Firm's EIN	Phone no.	
PERETZ, RESNICK, KRAUSKOPF & CO., INC.		84-4144634	914-332-5393	
Firm's address		TARRYTOWN, NY 10591		

May the IRS discuss this return with the preparer shown above? See instructions Yes No