efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491135010209

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to *www.irs.gov/Form990PF* for instructions and the latest information.

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation
THE MAGIC PEBBLE FOUNDATION
C/O JOHN F SUBY

A Employer identification number
46-1386584

Number and street (or P O box number if mail is not delivered to street address) Room/suite
2901 W BELTLINE HWY SUITE 201

B Telephone number (see instructions)
(206) 795-3215

City or town, state or province, country, and ZIP or foreign postal code
MADISON, WI 53713

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), *line 16*) ▶$ 5,688,208

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify)
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	1,500,000			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	62,304	62,304		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	364,366			
	b	Gross sales price for all assets on line 6a 1,597,422				
	7	Capital gain net income (from Part IV, line 2)		2		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	1,926,670	62,306		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	29,167			29,167
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits	2,261			2,261
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)	52,420	52,420		
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	899	899		
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	5,316			5,316
	24	**Total operating and administrative expenses.** Add lines 13 through 23	90,063	53,319		36,744
	25	Contributions, gifts, grants paid	1,667,500			1,667,500
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,757,563	53,319		1,704,244
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	169,107			
	b	**Net investment income** (if negative, enter -0-)		8,987		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II **Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	2,232,131	1,071,304	1,071,304
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	2,031,271	3,353,697	4,616,904
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	4,263,402	4,425,001	5,688,208
Liabilities	17	Accounts payable and accrued expenses	8,347	839	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	**Total liabilities**(add lines 17 through 22)	8,347	839	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted	4,255,055	4,424,162	
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	**Total net assets or fund balances** (see instructions)	4,255,055	4,424,162	
	31	**Total liabilities and net assets/fund balances** (see instructions)	4,263,402	4,425,001	

Part III **Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	4,255,055
2	Enter amount from Part I, line 27a	2	169,107
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	4,424,162
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	4,424,162

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	2
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	1,847,551	4,208,098	0 439047
2016	1,529,646	4,317,910	0 354256
2015	1,590,727	5,111,906	0 311181
2014	987,488	3,893,158	0 253647
2013	1,085,630	1,713,918	0 633420

2	**Total** of line 1, column (d)	2	1 991551
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 398310
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	4,815,256
5	Multiply line 4 by line 3	5	1,917,965
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	90
7	Add lines 5 and 6	7	1,918,055
8	Enter qualifying distributions from Part XII, line 4	8	1,704,244

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	180
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	
3	Add lines 1 and 2	3	180
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	180
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018 — 6a		
b	Exempt foreign organizations—tax withheld at source — 6b		
c	Tax paid with application for extension of time to file (Form 8868) — 6c		
d	Backup withholding erroneously withheld — 6d		
7	Total credits and payments Add lines 6a through 6d	7	
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	180
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be **Credited to 2019 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ _____ **(2)** On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶WI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ JOHN F SUBY & ASSOCIATES SC Telephone no ▶ (608) 273-3100

Located at ▶ 2901 W BELTLINE HIGHWAY SUITE 201 MADISON WI ZIP+4 ▶ 53713

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

			Yes	No
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☑ No If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2018 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions	**5b**		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**6b**		No
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	**7b**		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** ***(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services. . . . . ▶		

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3 . . . . . ▶	

Part X **Minimum Investment Return** (All domestic foundations must complete this part Foreign foundations,see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	3,997,004
b	Average of monthly cash balances	1b	891,581
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	4,888,585
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	4,888,585
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	73,329
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,815,256
6	**Minimum investment return.** Enter 5% of line 5	6	240,763

Part XI **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6	1	240,763
2a	Tax on investment income for 2018 from Part VI, line 5 — 2a: 180		
b	Income tax for 2018 (This does not include the tax from Part VI) — 2b		
c	Add lines 2a and 2b	2c	180
3	Distributable amount before adjustments Subtract line 2c from line 1	3	240,583
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	240,583
6	Deduction from distributable amount (see instructions)	6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	240,583

Part XII **Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,704,244
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,704,244
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b See instructions	5	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,704,244

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII **Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				240,583
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 20____ , 20____ , 20____				
3 Excess distributions carryover, if any, to 2018				
a From 2013. 982,942				
b From 2014. 792,830				
c From 2015. 1,335,132				
d From 2016. 1,313,750				
e From 2017. 1,637,158				
f **Total** of lines 3a through e.	6,061,812			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ $ 1,704,244				
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2018 distributable amount.				240,583
e Remaining amount distributed out of corpus	1,463,661			
5 Excess distributions carryover applied to 2018 *(If an amount appears in column (d), the same amount must be shown in column (a))*				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,525,473			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount —see instructions				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .	982,942			
9 **Excess distributions carryover to 2019.** Subtract lines 7 and 8 from line 6a	6,542,531			
10 Analysis of line 9				
a Excess from 2014. . . . 792,830				
b Excess from 2015. . . . 1,335,132				
c Excess from 2016. . . . 1,313,750				
d Excess from 2017. . . . 1,637,158				
e Excess from 2018. . . . 1,463,661				

Part XIV **Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	**(b)** 2017	**(c)** 2016	**(d)** 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter **(1)** Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter **(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV **Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

GORDON AND JUDITH FAULKNER

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

SHANA FAULKNER
2901 W BELTLINE HWY
SUITE 201
MADISON, WI 53713
(608) 273-3100

b The form in which applications should be submitted and information and materials they should include

N/A

c Any submission deadlines

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

N/A

Part XV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	62,304	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					364,366
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				62,304	364,366
13 **Total.** Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)				13	426,670

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge

****** | 2019-05-13 | ******

Signature of officer or trustee | Date | Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ **Yes** ☐ **No**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
MATTHEW J SUBY CPA		2019-05-13		P00455189
Firm's name ▶ JOHN F SUBY AND ASSOCIATES SC				Firm's EIN ▶27-0420681
Firm's address ▶ 2901 W BELTLINE HIGHWAY STE 201 MADISON, WI 53713				Phone no (608) 273-3100

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
SHANA DALL'OSTO 2901 W BELTLINE HWY STE 201 MADISON, WI 53713	PRESIDENT 40 00	29,167	0	0
TARN FAULKNER 2901 W BELTLINE HWY STE 201 MADISON, WI 53713	TREASURER 5 00	0	0	0
KIRA FAULKNER 2901 W BELTLINE HWY STE 201 MADISON, WI 53713	SECRETARY 5 00	0	0	0
JUDITH R FAULKNER 2901 W BELTLINE HWY STE 201 MADISON, WI 53713	VICE PRESIDE 5 00	0	0	0
GORDON T FAULKNER 2901 W BELTLINE HWY STE 201 MADISON, WI 53713	VICE PRESIDE 5 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCESS COMMUNITY HEALTH CENTERS 2901 WEST BELTLINE HIGHWY MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	30,000
ACTION AGAINST HUNGER ONE WHITEHALL ST FL 2 NEW YORK, NY 10004	NO RELATIONSHIP	501(C)(3)	SOCIAL SERVICES	10,000
ADVOCACY AND BENEFITS COUNSELING 32 N BASSET ST MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	HEALTH	15,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIANCE FOR PEACEBUILDING 1800 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	NO RELATIONSHIP	501(C)(3)	SOCIAL SERVICES	10,000
AMERICAN ACADEMY OF PEDIATRICS 141 NORTHWEST POINT BLVD ELK GROVE VILLAGE, IL 60007	NO RELATIONSHIP	501(C)(3)	HEALTH	10,000
AMERICAN ACADEMY OF PEDIATRICS 141 NORTHWEST POINT BLVD ELK GROVE VILLAGE, IL 60007	NO RELATIONSHIP	501(C)(3)	HEALTH	10,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET 18TH FLOOR NEW YORK, NY 10004	NO RELATIONSHIP	501(C)(3)	GENERAL OPERATION	50,000
AMERICAN RED CROSS 4860 SHEBOYGAN AVENUE MADISON, WI 53705	NO RELATIONSHIP	501(C)(3)	HUMANITARIAN EFFORTS	10,000
BADGER CHILDHOOD CANCER NETWORK 517 N SEGOE RD 100 MADISON, WI 53705	NO RELATIONSHIP	501(C)(3)	HEALTH	4,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB2001 TAFT ST MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	15,000
BRADY CTR TO PREVENT GUN VIOLANCE 840 FIRST ST NE STE 400 WASHINGTON, DC 20002	NO RELATIONSHIP	501(C)(3)	SOCIAL JUSTICE	25,000
BRIARPATCH YOUTH SERVICES 2720 RIMROCK RD MADISON, WI 53704	NO RELATIONSHIP	501(C)(3)	SOCIAL JUSTICE	20,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATALYST PROJECT 4207 CLAIRE STREET MADISON, WI 53716	NO RELATIONSHIP	501(C)(3)	HUMAN SERVICES	3,000
CHENREZIG FUND INC 211 CAMPBELL ST MADISON, WI 53711	NO RELATIONSHIP	501(C)(3)	TO SUPPORT SCHOLARSHIPS	54,500
CHILDREN'S HOSPITAL OF WI 1716 FORDEM AVE MADISON, WI 53704	NO RELATIONSHIP	501(C)(3)	HEALTH	10,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN'S DYSLEXIA CENTER 301 WISCONSIN AVE MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	EDUCATION	1,000
CITIZEN ACTION OF WI221 S 2ND ST MILWAUKEE, WI 53204	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	5,000
COMBAT BLINDNESSPO BOX 5332 MADISON, WI 53705	NO RELATIONSHIP	501(C)(3)	ERADICATE AVOIDABLE BLINDNESS	8,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMON THREADS 5979 SIGGELKOW RD MCFARLAND, WI 53558	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUCNTIONS	8,000
COMMUNITY JUSTICE 214 HAMILTON ST STE 101 MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	INCREASE ACCESS TO LEGAL SUPPORT	15,000
COMMUNITY SHARES OF WI 612 W MAIN STREET MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	10,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANE COUNTY LIBRARY SERVICES 1819 ABERG AVE MADISON, WI 53704	NO RELATIONSHIP	501(C)(3)	EDUCATION	3,000
DICKINSON COLLEGEPO BOX 1773 CARLISLE, PA 17013	NO RELATIONSHIP	501(C)(3)	EDUCATION	25,000
DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE 2ND FLR NEW YORK, NY 10001	NO RELATIONSHIP	501(C)(3)	PROVIDE MEDICAL HELP	75,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOMESTIC ABUSE INTERVENTION SERVICE 2102 FORDEM AVENUE MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	GENERAL OPERATIONS	15,000
EDUCATION FUND TO STOP GUN VIOLANCE 805 15TH ST NW 700 WASHINGTON, DC 20005	NO RELATIONSHIP	501(C)(3)	SOCIAL JUSTICE	10,000
END DOMESTIC ABUSE WI 1245 E WASHINGTON AVE MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	SOCIAL JUSTICE	5,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR MADISON'S PUBLIC SCH 101 NOB HILL RD 300 MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	EDUCATION	40,000
FREEDOM FROM RELIGION FOUNDATION PO BOX 750 MADISON, WI 53701	NO RELATIONSHIP	501(C)(3)	PROMOTE FREETHOUGHT	3,000
HANCOCK CENTER DANCEMVMT THERAPY 16 NORTH HANCOCK ST MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	HEALTH	3,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOURNEY MENTAL HEALTH CENTER 625 W WASHINGTON AVE MADISON, WI 53701	NO RELATIONSHIP	501(C)(3)	SUPPORT MENTAL HEALTH SERVICES	20,000
KIDS FORWARD 555 W WASHINGTON AVE 200 MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	WELL BEING OF CHILDREN AND FAMILIES	20,000
LAST MILE HEALTH 205 PORTLAND ST STE 200 BOSTON, MA 02114	NO RELATIONSHIP	501(C)(3)	HEALTH	5,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAGUE OF WOMEN VOTERS OF WI 612 W MADISON ST STE 200 MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	SOCIAL JUSTICE	5,000
LITERACY NETWORK 1118 S PARK STREET MADISON, WI 53715	NO RELATIONSHIP	501(C)(3)	TEACH LITERACY SKILLS	10,000
LUSSIER COMMUNITY EDUCATION CENTER 55 S GAMMON ROAD MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	BUILD COMMUNITY, ENRICH EDUCATION	3,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MADISON FRIENDS OF INTL STUDENTS 716 LANGDON ST RM 223 MADISON, WI 53593	NO RELATIONSHIP	501(C)(3)	EDUCATION	1,000
MADISON METROPOLITAN SCHOOL 545 WEST DAYTON ST MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	EDUCATION	10,000
MADISON PUBLIC LIBRARY FOUNDATION 201 W MIFFLIN ST MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	SUPPORT MADISON LIBRARIES	5,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MADISON READING PROJECT 101 AGNES COURT MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	EDUCATION	3,000
MIDDLETON OUTREACH MINISTRY 3502 PARMENTER ST MIDDLETON, WI 53562	NO RELATIONSHIP	501(C)(3)	PREVENT HOMELESSNESS	8,000
MOORESTOWN FRIENDS SCHOOL 110 E MAIN ST MOORESTOWN, NJ 08057	NO RELATIONSHIP	501(C)(3)	EDUCATION	50,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORE SMILES WISCONSIN 630 E WASHINGTON AVE MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	HEALTH	8,000
NATIONAL PUBLIC RADIO 1111 NORTH CAPITAL ST NE WASHINGTON, DC 20002	NO RELATIONSHIP	501(C)(3)	FREE SPEECH	25,000
ONE CITY EARLY LEARNING CENTER 2012 FISHER ST MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	EDUCATION	6,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPTIONS FUNDPO BOX 473 EAU CLAIRE, WI 54702	NO RELATIONSHIP	501(C)(3)	GENERAL OPERATIONS	5,000
OREGON BRAVO YOUTH ORCHESTRAS PO BOX 17356 PORTLAND, OR 97217	NO RELATIONSHIP	501(C)(3)	ORCHESTRAL EDUCATION	5,000
OREGON PHYSICIANS FOR SOCIAL RESPON 812 SW WASHINGTON STREET PORTLAND, OR 97205	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	10,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACE ACTION EDUCATION FUND 8630 FENTON ST STE 524 SILVER SPRING, MD 20910	NO RELATIONSHIP	501(C)(3)	PEACE LEGISLATION	10,000
PHYSICIANS FOR HUMAN RIGHTS 256 WEST 38TH ST FL 9 NEW YORK, NY 10018	NO RELATIONSHIP	501(C)(3)	HEALTH/SOCIAL JUSTICE	10,000
PLANNED PARENTHOOD 302 NORTH JACKSON ST MILWAUKEE, WI 53202	NO RELATIONSHIP	501(C)(3)	TO SUPPORT CHARITY FUNCTIONS	300,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUBLIC HEALTH MADISON & DANE CTY 2300 SOUTH PARK ST STE 20 MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	HEALTH	10,000
PUBLIC RADIO INTERNATIONAL 401 2ND AVE NORTH MINNEAPOLIS, MN 55401	NO RELATIONSHIP	501(C)(3)	FREE SPEECH	10,000
RAPE CRISIS CENTER 2801 COHO ST STE 301 MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	HEALTH	8,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REACH DANE2096 RED ARROW TRAIL MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	GENERAL OPERATIONS	10,000
RED CABOOSE CHILD CARE CENTER 654 WILLIAMSON ST MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	EDUCATION	10,000
RISE WISCONSIN1334 DEWEY COURT MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	EDUCATION	10,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK 2802 DAIRY DRIVE MADISON, WI 53718	NO RELATIONSHIP	501(C)(3)	TO SUPPORT FOUNDATION FUNCTIONS	15,000
SIMPSON STREET FREE PRESS 2411 W BROADWAY MONONA, WI 53713	NO RELATIONSHIP	501(C)(3)	STRENGHEN ACADEMIC SKILLS	3,000
ST VINCENT DE PAUL 2033 FISH HATCHERY RD MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	SOCIAL SERVICES	8,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE AHA FOUNDATION 130 7TH AVE STE 236 NEW YORK, NY 10011	NO RELATIONSHIP	501(C)(3)	HEALTH	5,000
THE PLAYING FIELD 3910 MINERAL POINT RD MADISON, WI 53705	NO RELATIONSHIP	501(C)(3)	EDUCATION	10,000
THE PROGRESSIVE 406 EAST MAIN STREET MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	NEWS	4,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROAD HOME 128 EAST OLIN AVENUE MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	SERVE HOMELESS FAMILIES	10,000
UNICEF101 MONTGOMERY ST STE 625 SAN FRANCISCO, CA 94104	NO RELATIONSHIP	501(C)(3)	CHILDRENS RIGHTS AND EMERGENCY RELIE	50,000
UNITED WAY OF DANE COUNTY 2059 ATWOOD AVE MADISON, WI 53704	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	40,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WISCONSIN 1848 UNIVERSITY AVENUE MADISON, WI 53726	NO RELATIONSHIP	501(C)(3)	WAISMAN CENTER ANIV FUND	10,000
UNIVERSITY OF WISCONSIN 1848 UNIVERSITY AVENUE MADISON, WI 53726	NO RELATIONSHIP	501(C)(3)	CARBONE CLINICAL CANCER CENTER	5,000
UNIVERSITY OF WISCONSIN FNDTN 1848 UNIVERSITY AVE MADISON, WI 53726	NO RELATIONSHIP	501(C)(3)	ODYSSEY PROJECT	8,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERA COURT NEIGHBORHOOD CTR 614 VERA COURT MADISON, WI 53704	NO RELATIONSHIP	501(C)(3)	EDUCATION	10,000
WI ALLIANCE FOR INFANT MENTAL HEALT 133 S BUTLER ST STE 340 MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	HEALTH	5,000
WI MEDICAL PROJECT 26 N PROSPECT AVE MADISON, WI 53726	NO RELATIONSHIP	501(C)(3)	HEALTH	5,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINGRA SCHOOL718 GILMORE ST MADISON, WI 53711	NO RELATIONSHIP	501(C)(3)	EDUCATION	20,000
WISCONSIN PUBLIC RADIO 821 UNIVERSITY AVENUE MADISON, WI 53706	NO RELATIONSHIP	501(C)(3)	FREE SPEECH	300,000
WISCONSIN PUBLIC TELEVISION 821 UNIVERSITY AVENUE MADISON, WI 53706	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	25,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WISCONSIN VOICES 633 S HAWLEY RD STE 112 MILWAUKEE, WI 53212	NO RELATIONSHIP	501(C)(3)	SOCIAL JUSTICE	5,000
WOMENS MEDICAL FUNDPO BOX 248 MADISON, WI 53701	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	25,000
WOODLAND MONTESSORI SCHOOL 1124 COLBY ST MADISON, WI 53715	NO RELATIONSHIP	501(C)(3)	EDUCATION	10,000
Total . . . . . ▶ **3a**				1,667,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA MADISON 101 E MIFFLIN ST STE 100 MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	SOCIAL SERVICES	15,000
Total . . . . . ▶ **3a**				1,667,500

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Gain/Loss from Sale of Other Assets Schedule

Name: THE MAGIC PEBBLE FOUNDATION
C/O JOHN F SUBY

EIN: 46-1386584

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
PROVIDENT TRUST COMPANY	2017-12	PURCHASE	2018-10		272,611	251,438			21,173	
PROVIDENT TRUST COMPANY	2017-01	PURCHASE	2018-10		1,147,583	873,330			274,253	
PROVIDENT TRUST COMPANY	2013-12	PURCHASE	2018-03		177,226	108,288			68,938	

TY 2018 Investments Corporate Stock Schedule

Name: THE MAGIC PEBBLE FOUNDATION
C/O JOHN F SUBY

EIN: 46-1386584

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
COMMON STOCK-PROVIDENT TRUST	3,353,697	4,616,904

TY 2018 Other Expenses Schedule

Name: THE MAGIC PEBBLE FOUNDATION
C/O JOHN F SUBY

EIN: 46-1386584

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
OFFICE EXPENSES	544			544
POSTAGE AND SHIPPING	296			296
OTHER EXPENSES	4,476			4,476

TY 2018 Other Professional Fees Schedule

Name: THE MAGIC PEBBLE FOUNDATION
C/O JOHN F SUBY

EIN: 46-1386584

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROVIDENT TRUST	52,420	52,420		

TY 2018 Taxes Schedule

Name: THE MAGIC PEBBLE FOUNDATION
C/O JOHN F SUBY

EIN: 46-1386584

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	893	893		
990-PF EXCISE TAX	6	6		

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to *www irs gov/Form990* for the latest information

OMB No 1545-0047

2018

Name of the organization	**Employer identification number**
THE MAGIC PEBBLE FOUNDATION C/O JOHN F SUBY	46-1386584

Organization type (check one)

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (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 other 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

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

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

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

Name of organization
THE MAGIC PEBBLE FOUNDATION
C/O JOHN F SUBY

Employer identification number
46-1386584

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GORDON JUDITH FAULKNER 2901 W BELTLINE HWY STE 201 MADISON, WI 53713	$ 157,080	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
2	GORDON JUDITH FAULKNER 2901 W BELTLINE HWY STE 201 MADISON, WI 53713	$ 1,342,920	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization	Employer identification number
THE MAGIC PEBBLE FOUNDATION C/O JOHN F SUBY	46-1386584

Part II Noncash Property

(See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	PUBLICLY TRADED STOCK	$ 1,342 920	2018-12-21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization	Employer identification number
THE MAGIC PEBBLE FOUNDATION C/O JOHN F SUBY	46-1386584

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 information once. See instructions.) ▶ $ _____**

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee