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Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

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Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

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 <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> A amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 5,064,697		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per (a) books	Net investment (b) income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	750,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	983	983		
	4 Dividends and interest from securities	41,028	41,028		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 <input type="checkbox"/> _____	132,268			
	b Gross sales price for all assets on line 6a _____ 1,012,795				
	7 Capital gain net income (from Part IV, line 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	924,279	42,011			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	30,000			30,000
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	7,054			7,054
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).				
	c Other professional fees (attach schedule)	52,418	52,360		58
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	601	601		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	3,115			3,115
	24 Total operating and administrative expenses. Add lines 13 through 23	93,188	52,961		40,227
	25 Contributions, gifts, grants paid	1,550,500			1,550,500
26 Total expenses and disbursements. Add lines 24 and 25	1,643,688	52,961		1,590,727	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-719,409				
b Net investment income (if negative, enter -0-)		0			
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	2,623,732	1,714,784	1,714,784
	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)	2,264,375 <input checked="" type="checkbox"/>	2,453,834	3,349,913
	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)	4,888,107	4,168,618	5,064,697	
Liabilities	17 Accounts payable and accrued expenses	1,900	1,820	
	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)	1,900	1,820	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	4,886,207	4,166,798	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> 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)	4,886,207	4,166,798	
31 Total liabilities and net assets/fund balances (see instructions)	4,888,107	4,168,618		

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	4,886,207
2	Enter amount from Part I, line 27a	2	-719,409
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	4,166,798
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	4,166,798

Part IV Capital Gains and Losses for Tax on Investment Income

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

(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) FMV 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	
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))
2014	987,488	3,893,158	0.253647
2013	1,085,630	1,713,918	0.633420
2012		2,009,039	
2011			
2010			
2 Total of line 1, column (d).			2 0.887067
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.443534
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.			4 5,111,906
5 Multiply line 4 by line 3.			5 2,267,304
6 Enter 1% of net investment income (1% of Part I, line 27b).			6
7 Add lines 5 and 6.			7 2,267,304
8 Enter qualifying distributions from Part XII, line 4.			8 1,590,727

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 page 18 of the 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
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-)
3 Add lines 1 and 2.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.
6 Credits/Payments
a 2015 estimated tax payments and 2014 overpayment credited to 2015
b Exempt foreign organizations—tax withheld at source.
c Tax paid with application for extension of time to file (Form 8868).
d Backup withholding erroneously withheld.
7 Total credits and payments Add lines 6a through 6d.
8 Enter any penalty for underpayment of estimated tax Check here [] if Form 2220 is attached
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.
11 Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded

Part VII-A Statements Regarding Activities

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?
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?
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?
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.
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
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
b If "Yes," has it filed a tax return on Form 990-T for this year?
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
If "Yes," attach the statement required by General Instruction T.
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?
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.
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.
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?
If "Yes," complete Part XIV
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.

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? Website address N/A 13 Yes
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 15
16 At any time during calendar year 2015, 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 Yes No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country

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

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 2015? 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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? 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 2015 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 2015.) 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 2015? 4b No

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

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)? Yes No
 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? Yes 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? 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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) 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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) 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 THE MAGIC PEPPLA FOUNDATION, INC WILL IN FURTHERANCE OF ITS CHARITABLE PURPOSE PROVIDE FUNDS FOR THE PAYMENT OF HEALTH CARE EXPENSES (INCLUDING HEALTH INSURANCE) TO OR FOR THE BENEFIT OF IMPOVERISHED OR INDIGENT INDIVIDUALS AND FOR THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE	
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	3,663,677
b	Average of monthly cash balances.	1b	1,526,075
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	5,189,752
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	5,189,752
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	77,846
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,111,906
6	Minimum investment return. Enter 5% of line 5.	6	255,595

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	255,595
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	255,595
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	255,595
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	255,595

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	1,590,727
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	1,590,727
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	1,590,727

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				255,595
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				
d From 2013.				982,942
e From 2014.				792,830
f Total of lines 3a through e.	1,775,772			
4 Qualifying distributions for 2015 from Part XII, line 4 \blacktriangleright \$ <u>1,590,727</u>				
a Applied to 2014, 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 2015 distributable amount.				255,595
e Remaining amount distributed out of corpus	1,335,132			
5 Excess distributions carryover applied to 2015 <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,110,904			
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 2014 Subtract line 4a from line 2a Taxable amount—see instructions.				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				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 2010 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	3,110,904			
10 Analysis of line 9				
a Excess from 2011.				
b Excess from 2012.				
c Excess from 2013.				982,942
d Excess from 2014.				792,830
e Excess from 2015.				1,335,132

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 2015, 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) 2015	(b) 2014	(c) 2013	(d) 2012	
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 organization 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))

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. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

- 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	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
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				1,550,500
b <i>Approved for future payment</i>				
Total ▶ 3b				

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 2 columns: Yes, No. Rows include 1a(1) Cash, 1a(2) Other assets, 1b(1) Sales of assets, 1b(2) Purchases of assets, 1b(3) Rental of facilities, 1b(4) Reimbursement arrangements, 1b(5) Loans or loan guarantees, 1b(6) Performance of services, and 1c Sharing of facilities.

a Transfers from the reporting foundation to a noncharitable exempt organization of

- (1) Cash.
(2) Other assets.

b Other transactions

- (1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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.

Table with 4 columns: (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) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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.

Sign Here

2016-05-07

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

Table with 6 columns: Print/Type preparer's name, Preparer's Signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
SHANA DALL'OSTO 2901 W BELTLINE HWY STE 201 MADISON, WI 53713	PRESIDENT 40 00	30,000	4,708	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	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
Name and address (home or business)				
a <i>Paid during the year</i>				
ACCESS COMMUNITY HEALTH CENTERS 2901 WEST BELTLINE HIGHWAY MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	30,000
ACLU WISCONSIN FOUNDATION 207 E BUFFALO ST MILWAUKEE, WI 53202	NO RELATIONSHIP	501(C)(3)	TO SUPPORT FOUNDATION FUNCTIONS	20,000
AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET NEW YORK, NY 10004	NO RELATIONSHIP	501(C)(3)	PROTECT CIVIL LIBERTIES	10,000
AMERICAN ACADEMY OF PEDIATRICS 141 NORTHWEST POINT BLVD ELK GROVE VILLAGE, IL 60007	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	10,000
BIG BROTHERS BIG SISTERS 2059 ATWOOD AVE MADISON, WI 53704	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	1,000
BOYS AND GIRLS CLUB 2001 TAFT ST MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	15,000
CHENREZIG FUND INC 211 CAMPBELL ST MADISON, WI 53711	NO RELATIONSHIP	501(C)(3)	TO SUPPORT SCHOLARSHIPS	54,500
CITIZEN ACTION OF WI 221 S 2ND ST MILWAUKEE, WI 53204	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	10,000
COMMON THREADS 5979 SIGGELKOW RD MCFARLAND, WI 53558	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUCNTIONS	25,000
COMMUNITY SHARES OF WI 612 W MAIN STREET MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	10,000
OREGON PHYSICIANS FOR SOCIAL RESPON 812 SW WASHINGTON STREET PORTLAND, OR 97205	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	10,000
PLANNED PARENTHOOD 302 NORTH JACKSON ST MILWAUKEE, WI 53202	NO RELATIONSHIP	501(C)(3)	TO SUPPORT CHARITY FUNCTIONS	200,000
SECOND HARVEST FOOD BANK 2802 DAIRY DRIVE MADISON, WI 53718	NO RELATIONSHIP	501(C)(3)	TO SUPPORT FOUNDATION FUNCTIONS	15,000
UNITED WAY OF DANE COUNTY 2059 ATWOOD AVE MADISON, WI 53704	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	25,000
UNIVERSITY OF WISCONSIN 1848 UNIVERSITY AVENUE MADISON, WI 53726	NO RELATIONSHIP	501(C)(3)	WAISMAN CENTER ANIV FUND	10,000
Total				1,550,500

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
WINGRA SCHOOL 718 GILMORE ST MADISON, WI 53711	NO RELATIONSHIP	501(C)(3)	TO SUPPORT FUNCTIONS	40,000
WISCONSIN PUBLIC RADIO 821 UNIVERSITY AVENUE MADISON, WI 53706	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	300,000
WISCONSIN PUBLIC TELEVISION 821 UNIVERSITY AVENUE MADISON, WI 53706	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	25,000
WOMENS MEDICAL FUND PO BOX 248 MADISON, WI 53701	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	20,000
AMERICAN RED CROSS 4860 SHEBOYGAN AVENUE MADISON, WI 53705	NO RELATIONSHIP	501(C)(3)	HUMANITARIAN EFFORTS	4,000
COMBAT BLINDNESS PO BOX 5332 MADISON, WI 53705	NO RELATIONSHIP	501(C)(3)	ERADICATE AVOIDABLE BLINDNESS	8,000
COMMON WEALTH DEVELOPMENT 1501 WILLIAMSON STREET MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	YOUTH PROGRAMS	3,000
COMMUNITY JUSTICE 214 HAMILTON ST STE 101 MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	INCREASE ACCESS TO LEGAL SUPPORT	15,000
DICKINSON COLLEGE 28 N COLLEGE ST CARLISLE, PA 17013	NO RELATIONSHIP	501(C)(3)	EDUCATION	100,000
DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE 2ND FLR NEW YORK, NY 10001	NO RELATIONSHIP	501(C)(3)	PROVIDE MEDICAL HELP	75,000
FREEDOM FROM RELIGION PO BOX 750 MADISON, WI 53701	NO RELATIONSHIP	501(C)(3)	PROMOTE FREETHOUGHT	3,000
JOURNEY MENTAL HEALTH CENTER 625 W WASHINGTON AVE MADISON, WI 53701	NO RELATIONSHIP	501(C)(3)	SUPPORT MENTAL HEALTH SERVICES	20,000
LEGAL ACTION OF WI 230 W WELLS ST RM 800 MILWAUKEE, WI 53203	NO RELATIONSHIP	501(C)(3)	LEGAL ACTION	15,000
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	7,000
Total			3a	1,550,500

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
MADISON PUBLIC LIBRARY FOUNDATION 201 W MIFFLIN ST MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	SUPPORT MADISON LIBRARIES	5,000
MIDDLETON OUTREACH MINISTRY 3502 PARMENTER ST MIDDLETON, WI 53562	NO RELATIONSHIP	501(C)(3)	PREVENT HOMELESSNESS	8,000
NATIONAL PUBLIC RADIO 1111 NORTH CAPITOL ST NE WASHINGTON, DC 20002	NO RELATIONSHIP	501(C)(3)	JOURNALISM	25,000
ONE WISCONSIN INSTITUTE 152 W JOHNSON ST 214 MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	COMBAT STUDENT LOAN DEBT CRISIS	2,000
OPERATION FRESH START 1925 WINNEBAGO ST MADISON, WI 53704	NO RELATIONSHIP	501(C)(3)	OUTREACH SERVICES	10,000
OREGON BRAVO YOUTH ORCHESTRAS PO BOX 17356 PORTLAND, OR 97217	NO RELATIONSHIP	501(C)(3)	ORCHESTRAL EDUCATION	3,000
PEACE ACTION EDUCATION FUND 8630 FENTON ST STE 524 SILVER SPRING, MD 20910	NO RELATIONSHIP	501(C)(3)	PEACE LEGISLATION	15,000
PUBLIC RADIO INTERNATIONAL 401 2ND AVE NORTH MINNEAPOLIS, MN 55401	NO RELATIONSHIP	501(C)(3)	PUBLIC RADIO	8,000
SIMPSON STREET FREE PRESS 2411 W BROADWAY MONONA, WI 53713	NO RELATIONSHIP	501(C)(3)	STRENGTHEN ACADEMIC SKILLS	1,000
THE PROGRESSIVE 406 EAST MAIN STREET MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	NEWS	4,000
THE ROAD HOME 128 EAST OLIN AVENUE MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	SERVE HOMELESS FAMILIES	10,000
UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	NO RELATIONSHIP	501(C)(3)	CHILDRENS RIGHTS AND EMERGENCY RELIEF	50,000
UW CARBONE CENTER 1848 UNIVERSITY AVENUE MADISON, WI 53726	NO RELATIONSHIP	501(C)(3)	CANCER RESEARCH	5,000
UW FOUNDATION DEPT OF OPHTHALMOLOGY 1848 UNIVERSITY AVENUE MADISON, WI 53726	NO RELATIONSHIP	501(C)(3)	OPHTHALMOLOGY RESEARCH	5,000
WI COUNCIL FOR CHILDREN AND FAMILIE 555 W WASHINGTON AVE 200 MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	WELL BEING OF CHILDREN AND FAMILIES	20,000
Total				1,550,500

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
WI LITERACY 211 S PATERSON STE 260 MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	PROMOTE LITERACY	5,000
WOODLAND MONTESSORI SCHOOL 1124 COLBY ST MADISON, WI 53715	NO RELATIONSHIP	501(C)(3)	MONTESSORI EDUCATION	10,000
DAIS 2102 FORDEM AVE MADISON, WI 53704	NO RELATIONSHIP	501(C)(3)	DOMESTIC ABUSE SUPPORT	15,000
FORWARD LEARNING YOUTH 3 MARSH CT MADISON, WI 53718	NO RELATIONSHIP	501(C)(3)	EDUCATION	6,000
FOUNDATION FOR MADISON'S PUBLIC SCH 101 NOB HILL RD 300 MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	EDUCATION	40,000
INDEPENDENT LIVING 2970 CHAPEL VALLEY RD 203 MADISON, WI 53711	NO RELATIONSHIP	501(C)(3)	HEALTH AND WELLNESS	2,000
LEAGUE OF WOMEN VOTERS OF WI 612 W MADISON ST STE 200 MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	SOCIAL JUSTICE	5,000
WI ALLIANCE FOR WOMEN'S HEALTH 111 KING ST MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	WOMEN'S ECONOMIC SECURITY	1,000
WI DEMOCRACY CAMPAIGN 203 S PATERSON ST 100 MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	SOCIAL JUSTICE	5,000
AMERICAN RED CROSS INTL 2025 E STREET NW WASHINGTON, DC 20006	NO RELATIONSHIP	501(C)(3)	HEALTH	10,000
COMM ADVOCATES PUBLIC POLICY INST 728 N JAMES LOVELL ST MILWAUKEE, WI 53233	NO RELATIONSHIP	501(C)(3)	SOCIAL JUSTICE	10,000
DANE COUNTY LIBRARY SERVICES 201 W MIFFLIN ST MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	EDUCATION	2,000
HANCOCK CENTER DANCEMVMT THERAPY 16 NORTH HANCOCK ST MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	HEALTH	3,000
JUNIOR ACHIEVEMENT OF WI 11111 W LIBERY DR MILWAUKEE, WI 53224	NO RELATIONSHIP	501(C)(3)	YOUTH DEVELOPMENT	1,000
AGRACE HOSPICE CARE 5395 E CHERYL PARKWAY MADISON, WI 53711	NO RELATIONSHIP	501(C)(3)	HEALTH	5,000
Total				1,550,500

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
AHA FOUNDATION 130 7TH AVE STE 236 NEW YORK, NY 10011	NO RELATIONSHIP	501(C)(3)	HEALTH	2,000
DANE COUNTY PARENT COUNCIL 2096 RED ARROW TRAIL FITCHBURG, WI 53711	NO RELATIONSHIP	501(C)(3)	EDUCATION	10,000
HABITAT FOR HUMANITY DANE CNTY 1014 FIEDLER LN 29 MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	HUMAN SERVICES	5,000
MADISON METROPOLITAN SCHOOL DIST 545 W DAYTON ST MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	EDUCATION	10,000
MOBILITY OUTREACH INTL 192 NICKERSON ST 201 SEATTLE, WA 98109	NO RELATIONSHIP	501(C)(3)	HEALTH	5,000
RAPE CRISIS CENTER 2801 COHO ST 301 MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	HEALTH	5,000
ABC FOR HEALTH INCE 32 N BASSETT ST MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	HEALTH/SOCIAL JUSTICE	15,000
BADGER CHILDHOOD CANCER NETWORK 517 N SEGOE RD 100 MADISON, WI 53705	NO RELATIONSHIP	501(C)(3)	HEALTH	2,000
BRADY CTR TO PREVENT GUN VIOLENCE 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
CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVE BOSTON, MA 02127	NO RELATIONSHIP	501(C)(3)	HEALTH	20,000
EDUCATION FUND TO STOP GUN VIOLENCE 805 15TH ST NW 700 WASHINGTON, DC 20005	NO RELATIONSHIP	501(C)(3)	SOCIAL JUSTICE	10,000
ST VINCENT DE PAUL 2033 FISH HATCHERY RD MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	SOCIAL SERVICES	5,000
VERA COURT NEIGHBORHOOD CTR 614 VERA COURT MADISON, WI 53704	NO RELATIONSHIP	501(C)(3)	EDUCATION	5,000
VETERANS FOR PEACE PO BOX 1811 MADISON, WI 53701	NO RELATIONSHIP	501(C)(3)	SOCIAL JUSTICE	10,000
Total				1,550,500

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
WISCONSIN VOICES 633 S HAWLEY RD STE 112 MILWAUKEE, WI 53214	NO RELATIONSHIP	501(C)(3)	SOCIAL JUSTICE	5,000
YWCA MADISON 101 E MIFFLIN ST STE 100 MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	SOCIAL SERVICES	15,000
Total ▶ 3a				1,550,500

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

TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: THE MAGIC PEBBLE FOUNDATION

C/O JOHN F SUBY

EIN: 46-1386584

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
GOLDMAN SACHS GROUP INC	2013-08	PURCHASE	2015-03		51,265	49,921			1,344	
PRICE T ROWE GROUP INC	2015-04	PURCHASE	2015-06		23,113	24,085			-972	
HOME DEPOT INC	2014-12	PURCHASE	2015-06		40,759	37,541			3,218	
SOUTHWEST AIRLINES CO	2014-12	PURCHASE	2015-06		37,825	46,099			-8,274	
CVS HEALTH CORP	2015-05	PURCHASE	2015-06		25,392	23,730			1,662	
GOOGLE INC CL C	2012-12	PURCHASE	2015-05		575				575	
COGNIZANT TECH SOLUTIONS	2013-12	PURCHASE	2015-06		77,868	62,555			15,313	
ACCENTURE PLC	2013-12	PURCHASE	2015-06		47,356	39,473			7,883	
FASTENAL COMPANY	2013-08	PURCHASE	2015-06		2,588	2,960			-372	
FASTENAL COMPANY	2013-12	PURCHASE	2015-06		23,290	25,900			-2,610	
GOOGLE INC CL A	2013-12	PURCHASE	2015-06		33,901	33,237			664	
GOOGLE INC CL C	2013-12	PURCHASE	2015-06		32,591	33,237			-646	
EBAY INC	2013-12	PURCHASE	2015-06		32,130	28,267			3,863	
PNC FINCL SERVICES	2013-12	PURCHASE	2022-01		51,106	40,455			10,651	
TJX COMPANIES INC	2013-12	PURCHASE	2015-06		46,625	44,510			2,115	
FRANKLIN RESOURCES INC	2013-12	PURCHASE	2015-06		41,211	46,153			-4,942	
UNITED HEALTH GROUP INC	2013-12	PURCHASE	2015-06		44,836	27,739			17,097	
VISA INC CLASS A	2013-12	PURCHASE	2015-06		57,432	45,990			11,442	
UNITED HEALTH GROUP INC	2014-08	PURCHASE	2015-12		9,437	6,664			2,773	
SOUTHWEST AIRLINES CO	2013-12	PURCHASE	2015-12		5,529	2,366			3,163	
ALPHABET INC CL C	2013-12	PURCHASE	2015-12		33,802	24,928			8,874	
ALPHABET INC CL A	2013-12	PURCHASE	2015-12		34,677	24,928			9,749	
SOUTHWEST AIRLINES CO	2013-12	PURCHASE	2015-12		18,576	7,951			10,625	
HOME DEPOT INC	2014-08	PURCHASE	2015-12		34,806	22,142			12,664	
PNC FINCL SERVICES	2013-12	PURCHASE	2015-12		38,297	31,119			7,178	
UNITED HEALTH GROUP INC	2014-08	PURCHASE	2015-12		11,206	7,914			3,292	
PAYPAL HOLDINGS INC	2013-12	PURCHASE	2015-12		8,169	7,392			777	
EBAY INC	2013-12	PURCHASE	2015-12		7,122	5,556			1,566	
FRANKLIN RESOURCES INC	2013-12	PURCHASE	2015-12		22,831	36,922			-14,091	
PAYPAL HOLDINGS INC	2013-12	PURCHASE	2015-12		6,038	5,463			575	

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
TJX COMPANIES INC	2013-12	PURCHASE	2015-12		42,788	38,151			4,637	
SOUTHWEST AIRLINES CO	2013-12	PURCHASE	2015-12		15,701	6,720			8,981	
UNITED HEALTH GROUP INC	2014-08	PURCHASE	2015-12		11,206	7,898			3,308	
EBAY INC	2013-12	PURCHASE	2015-12		4,843	3,778			1,065	
ACCENTURE PLC	2013-12	PURCHASE	2015-12		37,904	28,783			9,121	

TY 2015 Investments Corporate Stock Schedule

Name: THE MAGIC PEBBLE FOUNDATION

C/O JOHN F SUBY

EIN: 46-1386584

Name of Stock	End of Year Book Value	End of Year Fair Market Value
COMMON STOCK-PROVIDENT TRUST	2,453,834	3,349,913
CORPORATE BONDS- PROVIDENT TRUST		

TY 2015 Other Expenses Schedule

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

EIN: 46-1386584

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
OFFICE EXPENSES	810			810
POSTAGE AND SHIPPING	276			276
BANK CHARGES	70			70
TRAVEL	1,959			1,959

TY 2015 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
LEGAL AND PROFESSIONAL	58			58
PROVIDENT TRUST	52,360	52,360		

TY 2015 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	601	601		

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Schedule of Contributors

OMB No 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE MAGIC PEBBLE FOUNDATION
C/O JOHN F SUBY

Employer identification number

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 33¹/₃% 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not 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
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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	\$ 750,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

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

Employer identification number
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
	_____ _____ _____	_____ \$	_____

(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
THE MAGIC PEBBLE FOUNDATION
C/O JOHN F SUBY

Employer identification number
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
_____	_____
_____	_____
--	_____