

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

OMB No 1545-0052
2017
Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

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) 2901 W BELTLINE HWY SUITE 201	Room/suite	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"/> 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) ▶ \$ 5,946,450	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)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(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)	1,501,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	54,437	54,437		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	475,274			
	b Gross sales price for all assets on line 6a	1,686,526			
	7 Capital gain net income (from Part IV, line 2)			4	
	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	2,030,711	54,441			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	50,000			50,000
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	3,890			3,890
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	52,775	52,775		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	1,063	1,063		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	1,167			1,167
	24 Total operating and administrative expenses. Add lines 13 through 23	108,895	53,838		55,057
	25 Contributions, gifts, grants paid	1,792,500			1,792,500
26 Total expenses and disbursements. Add lines 24 and 25	1,901,395	53,838		1,847,557	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	129,316				
b Net investment income (if negative, enter -0-)		603			
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	2,075,682	2,232,131	2,232,131
	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)	2,050,660	2,031,271	3,714,319
	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)	4,126,342	4,263,402	5,946,450	
Liabilities	17 Accounts payable and accrued expenses	603	8,347	
	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)	603	8,347	
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	4,125,739	4,255,055	
	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)	4,125,739	4,255,055		
31 Total liabilities and net assets/fund balances (see instructions) .	4,126,342	4,263,402		

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	4,125,739
2 Enter amount from Part I, line 27a	2	129,316
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	4,255,055
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	4,255,055

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)	2	4
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))
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
2012		2,009,039	

2 Total of line 1, column (d)	2	1.552504
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	0.388126
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	4,208,098
5 Multiply line 4 by line 3	5	1,633,272
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	6
7 Add lines 5 and 6	7	1,633,278
8 Enter qualifying distributions from Part XII, line 4	8	1,847,557

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)

Table with 11 rows for excise tax calculations. Includes questions about exempt foundations, tax under section 511, and tax due/overpayment. Includes sub-table for credits/payments (6a-6d).

Part VII-A Statements Regarding Activities

Table with 10 rows for statements regarding activities. Includes questions about political campaigns, political expenditures, and foundation requirements. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-13 regarding controlled entities, donor advised funds, and public inspection requirements.

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

16 At any time during calendar year 2017, 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? Includes instructions for FinCEN Form 114.

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.

Main table for Part VII-B with 3 columns: Question, Yes, No. Rows 1a-4b covering various activities like sale of property, borrowing, compensation, and business holdings.

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))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.			<input type="checkbox"/>
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>			6b
				No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b

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. ▶

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	3,426,137
b	Average of monthly cash balances.	1b	846,044
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	4,272,181
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	4,272,181
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	64,083
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,208,098
6	Minimum investment return. Enter 5% of line 5.	6	210,405

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	210,405
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	6
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	6
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	210,399
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	210,399
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	210,399

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	1,847,557
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	1,847,557
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
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,847,551

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				210,399
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.	982,942			
c From 2014.	792,830			
d From 2015.	1,335,132			
e From 2016.	1,313,750			
f Total of lines 3a through e.	4,424,654			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ _____ 1,847,557				
a Applied to 2016, 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 2017 distributable amount.				210,399
e Remaining amount distributed out of corpus	1,637,158			
5 Excess distributions carryover applied to 2017 (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	6,061,812			
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 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	6,061,812			
10 Analysis of line 9				
a Excess from 2013.	982,942			
b Excess from 2014.	792,830			
c Excess from 2015.	1,335,132			
d Excess from 2016.	1,313,750			
e Excess from 2017.	1,637,158			

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 2017, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
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))
 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 (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	1,792,500
b <i>Approved for future payment</i>				
Total			▶ 3b	

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	50,000	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	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	50,000
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
AGRACE HOSPICE CARE 5395 E CHERYL PARKWAY MADISON, WI 53711	NO RELATIONSHIP	501(C)(3)	HEALTH	10,000
Total ► 3a				1,792,500

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	3,000
ALLIANCE FOR PEACEBUILDING 1800 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	NO RELATIONSHIP	501(C)(3)	SOCIAL SERVICES	15,000
AMERICAN ACADEMY OF PEDIATRICS 141 NORTHWEST POINT BLVD ELK GROVE VILLAGE, IL 60007	NO RELATIONSHIP	501(C)(3)	HEALTH	30,000
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				1,792,500

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>				
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
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
CATALYST PROJECT 4207 CLAIRE STREET MADISON, WI 53716	NO RELATIONSHIP	501(C)(3)	HUMAN SERVICES	5,000
Total ▶				1,792,500
3a				

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>				
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
CHILDREN'S DYSLEXIA CENTER 301 WISCONSIN AVE MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	EDUCATION	1,000
CHILDREN'S SERVICE SOCIETY OF WI 1716 FORDEM AVE MADISON, WI 53704	NO RELATIONSHIP	501(C)(3)	HEALTH	5,000
CITIZEN ACTION OF WI 221 S 2ND ST MILWAUKEE, WI 53204	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	7,000
Total 3a				1,792,500

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>				
CJ FIRST CANDLE 49 LOCUST AVE STE 104 NEW CANAAN, CT 06840	NO RELATIONSHIP	501(C)(3)	HEALTH	5,000
CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVE STE 4 BOSTON, MA 02127	NO RELATIONSHIP	501(C)(3)	HEALTH	15,000
COMBAT BLINDNESSPO BOX 5332 MADISON, WI 53705	NO RELATIONSHIP	501(C)(3)	ERADICATE AVOIDABLE BLINDNESS	8,000
COMM ADVOCATES PUBLIC POLICY INST 728 N JAMES LOVELL ST MILWAUKEE, WI 53233	NO RELATIONSHIP	501(C)(3)	SOCIAL JUSTICE	8,000
COMMON THREADS 5979 SIGGELKOW RD MCFARLAND, WI 53558	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUCNTIONS	10,000
Total ▶				1,792,500
3a				

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>				
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
DAIS2102 FORDEM AVE MADISON, WI 53704	NO RELATIONSHIP	501(C)(3)	DOMESTIC ABUSE SUPPORT	15,000
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
Total ▶ 3a				1,792,500

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>				
DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE 2ND FLR NEW YORK, NY 10001	NO RELATIONSHIP	501(C)(3)	PROVIDE MEDICAL HELP	75,000
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
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
Total ▶				1,792,500
3a				

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>				
HANCOCK CENTER DANCEMVMT THERAPY 16 NORTH HANCOCK ST MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	HEALTH	3,000
JOURNEY MENTAL HEALTH CENTER 625 W WASHINGTON AVE MADISON, WI 53701	NO RELATIONSHIP	501(C)(3)	SUPPORT MENTAL HEALTH SERVICES	20,000
JUVENILE LAW CENTER 1315 WALNUT ST STE 400 PHILADELPHIA, PA 19107	NO RELATIONSHIP	501(C)(3)	YOUTH SERVICES	5,000
LAST MILE HEALTH 205 PORTLAND ST STE 200 BOSTON, MA 02114	NO RELATIONSHIP	501(C)(3)	HEALTH	5,000
LEAGUE OF WOMEN VOTERS OF WI 612 W MADISON ST STE 200 MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	SOCIAL JUSTICE	5,000
Total 3a				1,792,500

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>				
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	5,000
MADISON DENTAL INITIATIVE 630 E WASHINGTON AVE MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	HEALTH	8,000
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
Total 3a ▶				1,792,500

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
MADISON READING PROJECT 101 AGNES COURT MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	EDUCATION	3,000
MD ANDERSON CANCER CENTER PO BOX 301439 UNIT 705 HOUSTON, TX 77230	NO RELATIONSHIP	501(C)(3)	HEALTH	25,000
MIDDLETON OUTREACH MINISTRY 3502 PARMENTER ST MIDDLETON, WI 53562	NO RELATIONSHIP	501(C)(3)	PREVENT HOMELESSNESS	8,000
MOBILITY OUTREACH INTERNATIONAL 192 NICKERSON ST STE 201 SEATTLE, WA 98109	NO RELATIONSHIP	501(C)(3)	HEALTH	5,000
Total 3a				1,792,500

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>				
MOORESTOWN FRIENDS SCHOOL 110 E MAIN ST MOORESTOWN, NJ 08057	NO RELATIONSHIP	501(C)(3)	EDUCATION	50,000
NATIONAL PUBLIC RADIO 1111 NORTH CAPITAL ST NE WASHINGTON, DC 20002	NO RELATIONSHIP	501(C)(3)	FREE SPEECH	25,000
NUCLEAR AGE PEACE FOUNDATION 1187 COAST VILLAGE RD 1 SANTA BARBARA, CA 93108	NO RELATIONSHIP	501(C)(3)	EMPOWERING PEACE	5,000
ONE CITY EARLY LEARNING CENTER 2012 FISHER ST MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	EDUCATION	10,000
ONE WISCONSIN INSTITUTE 152 W JOHNSON ST 214 MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	COMBAT STUDENT LOAN DEBT CRISIS	1,000
Total ▶ 3a				1,792,500

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>				
OPERATION FRESH START 1925 WINNEBAGO ST MADISON, WI 53704	NO RELATIONSHIP	501(C)(3)	EDUCATION	8,000
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
PEACE ACTION EDUCATION FUND 8630 FENTON ST STE 524 SILVER SPRING, MD 20910	NO RELATIONSHIP	501(C)(3)	PEACE LEGISLATION	12,000
PHYSICIANS FOR HUMAN RIGHTS 256 WEST 38TH ST FL 9 NEW YORK, NY 10018	NO RELATIONSHIP	501(C)(3)	HEALTH/SOCIAL JUSTICE	10,000
Total ►				1,792,500
3a				

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>				
PLANNED PARENTHOOD 302 NORTH JACKSON ST MILWAUKEE, WI 53202	NO RELATIONSHIP	501(C)(3)	TO SUPPORT CHARITY FUNCTIONS	300,000
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
RED CABOOSE CHILD CARE CENTER 654 WILLIAMSON ST MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	EDUCATION	10,000
Total ▶				1,792,500
3a				

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>				
RISE WISCONSIN1334 DEWEY COURT MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	EDUCATION	10,000
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)	STRENGTHEN ACADEMIC SKILLS	3,000
ST MARY'S FOUNDATION - MADISON 700 SOUTH PARK ST MADISON, WI 53715	NO RELATIONSHIP	501(C)(3)	HEALTH	5,000
ST VINCENT DE PAUL 2033 FISH HATCHERY RD MADISON, WI 53713	NO RELATIONSHIP	501(C)(3)	SOCIAL SERVICES	8,000
Total ▶ 3a				1,792,500

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>				
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
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				1,792,500

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>				
UNIVERSITY OF WISCONSIN 1848 UNIVERSITY AVENUE MADISON, WI 53726	NO RELATIONSHIP	501(C)(3)	WAISMAN CENTER ANIV FUND	10,000
UNIVERSITY OF WISCONSIN FNDTN 1848 UNIVERSITY AVE MADISON, WI 53726	NO RELATIONSHIP	501(C)(3)	ODYSSEY PROJECT	8,000
UW CARBONE CENTER 1848 UNIVERSITY AVENUE MADISON, WI 53726	NO RELATIONSHIP	501(C)(3)	CANCER RESEARCH	5,000
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
Total 3a ▶				1,792,500

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 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
WI DEMOCRACY CAMPAIGN 203 S PATERSON ST 100 MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	SOCIAL JUSTICE	5,000
WI EARLY CHILDHOOD ASSOCIATION 2908 MARKETPLACE DR STE 1 FITCHBURG, WI 53719	NO RELATIONSHIP	501(C)(3)	EDUCATION	5,000
WI LITERACY211 S PATERSON STE 260 MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	PROMOTE LITERACY	5,000
WI MEDICAL PROJECT 26 N PROSPECT AVE MADISON, WI 53726	NO RELATIONSHIP	501(C)(3)	HEALTH	5,000
Total ▶				1,792,500
3a				

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)	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
WISCONSIN VOICES 633 S HAWLEY RD STE 112 MILWAUKEE, WI 53212	NO RELATIONSHIP	501(C)(3)	SOCIAL JUSTICE	5,000
WOMENS MEDICAL FUND PO BOX 248 MADISON, WI 53701	NO RELATIONSHIP	501(C)(3)	TO SUPPORT ORG FUNCTIONS	25,000
Total 3a				1,792,500

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>				
WOODLAND MONTESSORI SCHOOL 1124 COLBY ST MADISON, WI 53715	NO RELATIONSHIP	501(C)(3)	EDUCATION	10,000
YWCA MADISON 101 E MIFFLIN ST STE 100 MADISON, WI 53703	NO RELATIONSHIP	501(C)(3)	SOCIAL SERVICES	15,000
Total ▶ 3a				1,792,500

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

TY 2017 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
PROVIDENT TRUST COMPANY	2017-01	PURCHASE	2017-07		21,331	18,999			2,332	
PROVIDENT TRUST COMPANY	2015-05	PURCHASE	2017-12		1,665,191	1,192,253			472,938	

TY 2017 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	2,031,271	3,714,319

TY 2017 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	754			754
POSTAGE AND SHIPPING	284			284
OTHER EXPENSES	129			129

TY 2017 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	52,775	52,775		

TY 2017 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	1,063	1,063		

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

OMB No 1545-0047
2017

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 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, WI53713	\$ 1,501,000	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)

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

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