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Form **990-PF**

XTENDED TO AUGUST 17, 2015 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. OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

For	calendar year 2014 or tax year beginning DEC	30, 2014	, and ending	DEC 31, 2014	
Na	ame of foundation			A Employer identification	number
	THE EVERY DAY GOOD FOUNDAT	ION, INC		47-2233384	
	umber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
-	9715 N COLUMBIA DRIVE			414-232-34	00
	ty or town, state or province, country, and ZIP or foreign po MEQUON , WI 53092	ostal code		C If exemption application is po	ending, check here
G	Check all that apply X Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	, check here
	Final return	Amended return	,	•	
	Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
H_	Check type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation stat	tus was terminated
<u></u>	Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1)	(A), check here
I F	Fair market value of all assets at end of year J Accountin	ng method X Cash	Accrual	F If the foundation is in a 6	60-month termination,
		her (specify)		under section 507(b)(1)	(B), check here 🕨 🗀
	\$ 15,000,000. (Part I, colui	mn (d) must be on cash i	pasis.)	 	T 40
P	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessanity equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	15,000,000.		N/A	
	2 Check In the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)			REC	EIVED
9	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all			***************************************	3
Revenile	assets on line 6a		0.	YAM B	27 2815
ā	7 Capital gain net income (from Part IV, line 2)		0 .		
	8 Net short-term capital gain 9 Income modifications			1 -00	DEN, UT
	Gross sales less returns			1 00	DEIA' A.
	10a and allowances b Less Cost of goods sold			- Commercial Commercia	
· C	c Gross profit or (loss)				
2015	11 Other income				
≈ ~	12 Total. Add lines 1 through 11	15,000,000.	0.		
ລ ຈ	13 Compensation of officers, directors, trustees, etc	0.	0 .		0 .
	14 Other employee salaries and wages				
MAY	15 Pension plans, employee benefits				·
q					
II B	b Accounting fees				
SCANNED STATES	c Other professional fees				
Z :	17 Interest				
2	18 Taxes				
· · ·	19 Depreciation and depletion				
Ş	20 Occupancy 21 Travel, conferences, and meetings			-	
SCANNED SCANNED	22 Printing and publications				-
ā	2 23 Other expenses		-		-
	24 Total operating and administrative				
Ì	expenses. Add lines 13 through 23	0.	0		0
Ċ	25 Contributions, gifts, grants paid	0.			0
	26 Total expenses and disbursements.				
_	Add lines 24 and 25	0.	0	•	0
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	15,000,000.			
	b Net investment income (if negative, enter -0-)		0		
	C Adjusted net income (if negative, enter -0-)	1	•	N/A	l .

LHA For Paperwork Reduction Act Notice, see instructions.

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	End of year		
	ul L	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing		15,000,000.	15,000,000.		
	2	Savings and temporary cash investments					
		Accounts receivable	" -				
		Less allowance for doubtful accounts					
	4	Pledges receivable ►		-	, , , , , , , , , , , , , , , , , , , 		
		Less allowance for doubtful accounts		İ			
	5	Grants receivable					
	ı	Receivables due from officers, directors, trustees, and other					
	_	disqualified persons					
	′	Other notes and loans receivable	}				
	١.	Less allowance for doubtful accounts					
Assets	l	Inventories for sale or use	<u> </u>				
\ss	1	Prepaid expenses and deferred charges					
•	10a	Investments - U S and state government obligations					
	b	Investments - corporate stock					
	C	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment basis		, , , , , , , , , , , , , , , , , , , ,	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		
		Less: accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other					
	14	Land, buildings, and equipment basis	T	·			
		Less. accumulated depreciation	[1			
	15	Other assets (describe ►					
	1	Total assets (to be completed by all filers - see the					
		Instructions Also, see page 1, item I)	0.	15,000,000.	15,000,000.		
_	17	Accounts payable and accrued expenses		13,000,000.	13,000,000.		
	18	Grants payable					
	19	Deferred revenue					
Liabilities	۱						
Ē	20	Loans from officers, directors, trustees, and other disqualified persons	-				
Ë.	21	Mortgages and other notes payable					
	22	Other liabilities (describe)					
		T 1 10 1000 (100 0 0 0 0 0 0 0 0 0 0 0 0		0			
	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow SFAS 117, check here					
Ś		and complete lines 24 through 26 and lines 30 and 31.					
Net Assets or Fund Balance	24	Unrestricted	0.	15,000,000.			
<u>la</u>	25	Temporarily restricted					
Ä	26	Permanently restricted					
Ĕ		Foundations that do not follow SFAS 117, check here					
Ē		and complete lines 27 through 31.					
S O	27	Capital stock, trust principal, or current funds					
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
As	29	Retained earnings, accumulated income, endowment, or other funds					
ē	30	Total net assets or fund balances	0.	15,000,000.			
~	• •	. S.L. Hot 2000to St. Iana Balando		13,000,000.			
	21	Total liabilities and net assets/fund balances	0.	15,000,000.			
_		······		13,000,000.			
P	art	Analysis of Changes in Net Assets or Fund E	Balances				
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30				
		st agree with end-of-year figure reported on prior year's return)		1	0.		
2		r amount from Part I, line 27a		2	15,000,000.		
		r increases not included in line 2 (itemize)		3	0 -		
		lines 1, 2, and 3		4	15,000,000.		
		eases not included in line 2 (itemize)		5	0.		
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	olumn (b) line 30	6	15,000,000.		
<u> </u>		or terror of the baraness at one of your time 4 minus mic of -1 art II, t	Cicini (D), inic 00		10,000,000.		

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	and Losses for Tax on I		t Income	/h\ U-	nn accurred			
(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.)					w acquired Purchase Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo , day, yr)	
1a	10-	- Distribut		" " " " " " " " " " " " " " " " " " "				
b NO	NE							
C				1	<u>.</u>			
<u>d</u>				 	·			
(5) 0	(f) Depreciation allowed	(n) Co	st or other basis	1		(h) Gain or (los:		
(e) Gross sales price	(or allowable)		expense of sale			(e) plus (f) minus		
a								
<u>b</u>						<u> </u>		
d d		-	·		-			
e								
Complete only for assets showin	g gain in column (h) and owned by	the foundation	n on 12/31/69			(I) Gains (Col (h) gair	n minus	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col (I) r col (J), if any		C	ol (k), but not less the Losses (from col	an -0-) or (h))	
a								
<u>b</u>	· · · · · · · · · · · · · · · · · · ·			+	·			
d d								
8		 	· 					
2 Capital gain net income or (net ca	pital loss) { If gain, also enter-	er in Part I, line 0- in Part I, line	7	}	2			
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	s) as defined in sections 1222(5) a		, ,	7				
If (loss), enter -0- in Part I, line 8		_		_	3			
Part V Qualification U						ncome		
(For optional use by domestic private	foundations subject to the section	1 4940(a) tax oi	n net investment i	ncome))		N/A	
lf section 4940(d)(2) applies, leave th	iis part blank							
Was the foundation liable for the sect	ion 4942 tax on the distributable a	mount of any y	ear in the base pe	eriod?			Yes N	
if "Yes," the foundation does not qual								
1 Enter the appropriate amount in e		instructions be	efore making any				(d)	
Base period years Calendar year (or tax year beginnir	(b) Adjusted qualifying di	stributions	Net value of n	(c) oncharit	able-use asse	Distr	Distribution ratio (col (b) divided by col (c))	
2013	9 117					(cor (b) d	ivided by cor (c))	
2012								
2011								
2010 2009		<u>_</u>						
2009				-				
2 Total of line 1, column (d)						2		
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			
4 Enter the net value of noncharitab	le-use assets for 2014 from Part X	(, line 5				4		
5 Multiply line 4 by line 3						5		
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6		
7 Add lines 5 and 6						7		
8 Enter qualifying distributions from	n Part XII, line 4					8		
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part VI, lin	ne 1b, and com	plete that part usi	ing a 1%	tax rate			

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_	1 990-PF (2014) THE EVERY DAY GOOD FOUNDATION, INC		22333		ı	Page 4
Pa	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948 -	see in	stru	ctior	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% of Part I, line 27b	1				0.
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0.
	Add lines 1 and 2	3		_		0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				0.
	Credits/Payments				,	
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a					
	Exempt foreign organizations - tax withheld at source 6b	1 1				
	Tax paid with application for extension of time to file (Form 8868) 6c 200					
	Backup withholding erroneously withheld 6d					
	Total credits and payments Add lines 6a through 6d	7			2	00.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				•
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			2	00.
	Enter the amount of line 10 to be Credited to 2015 estimated tax 200 • Refunded	11				0.
	rt VII-A Statements Regarding Activities	1				<u> </u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven-) ID		T	Yes	No
	any political campaign?		-	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	1\2	F	1b		X
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials publish			-10		
	distributed by the foundation in connection with the activities.	e u 0/				
C	Did the foundation file Form 1120-POL for this year?		j	10		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		<u> </u>	-'-		
	(1) On the foundation \triangleright \$ \$ 0 . (2) On foundation managers \triangleright \$					
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_				
_	managers > \$O.					
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	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		L	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		. 1	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	/A	4b		Х
5	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	e law				
	remain in the governing instrument?			6		X
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 X	/	-	7	Χ	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) WI					•
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation		-	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cal	endar	-			
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		Х
10	10 Did any persons become substantial contributors during the tax year? If the cathed a schedule lighter their names and addresses					

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

Form 990-PF (2014) THE EVERY Y GOOD FOUND Part VII-B Statements Regarding activities for Which F			47-22333	384	Page 6
5a During the year did the foundation pay or incur any amount to	Offili 4/20 May be n	required (continu	uea)	- 1	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	A04E(a)\2		es X No		
(2) Influence the outcome of any specific public election (see section 4955), o			:5 (ZL) NU		
any voter registration drive?	i to carry on, unectry or mane		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization			,3 (<u>.z.</u> , 140		
4945(d)(4)(A)? (see instructions)	. docombod in socion		s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fo	•	,3 (AE) 140		
the prevention of cruelty to children or animals?	or oddoutional purposos, or in		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	er the excentions described in	· · · · · · · · · · · · · · · · · · ·	,5 (22) 140	[
section 53 4945 or in a current notice regarding disaster assistance (see instru		r.ogoldaorio	N/A	5b	1
Organizations relying on a current notice regarding disaster assistance check h	•		▶□	-	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ned	_		
expenditure responsibility for the grant?		/A Y6	s No		
If "Yes," attach the statement required by Regulations section 53.4945	•				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	, ,		İ		
a personal benefit contract?	, p	□ Y ₆	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870			·	-	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	es X No		
b if "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors		nagers, Highly			
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acco	Expense unt, other owances
NANNETTE M. GARDETTO	PRESIDENT/SEC		compensation	- 4110	Jwances
9715 N COLUMBIA DRIVE	I REGISENT, DEG				
MEQUON, WI 53092	1.00	o.	0		0.
	VICE PRESIDEN			-	
9715 N COLUMBIA DRIVE		,			
MEQUON, WI 53092	1.00	0.	0		0.
				<u> </u>	
	-				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other
(a) warne and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	allo	owances
NONE					
		<u> </u>			=
Total number of other employees paid over \$50,000			•		0

Paid Employees, and Contractors (continued))	
3 Five highest-paid independent contractors for professional service	ces. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,00	00 (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		<u> </u>
List the foundation's four largest direct charitable activities during the tax year in number of organizations and other beneficiaries served, conferences convened, in	nclude relevant statistical information such as the	Expenses
1 N/A	research papers produced, etc	
1		-
		-
2		
	10-2.	†
		-
3		
4		
D AW D		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation di	uring the tax year on lines 1 and 2	Amount
1N/A		_
		-
2		
All other program-related investments. See instructions		
3		
		1

Total. Add lines 1 through 3

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 7,500,000. b Average of monthly cash balances 1b c Fair market value of all other assets 10 7,500,000. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 7,500,000. 3 Subtract line 2 from line 1d 3 112,500. Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 7,387,500. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 2,024. Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD 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) 2,024. Minimum investment return from Part X, line 6 2a Tax on investment income for 2014 from Part VI, line 5 2a Income tax for 2014 (This does not include the tax from Part VI) 2b Add lines 2a and 2b 2<u>c</u> C Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. 2,024 Qualifying Distributions (see Instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a 0. b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3а Cash distribution test (attach the required schedule) 3b

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

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4

5

6

income Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,		,		
line 7				2,024.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years			, , , , , , , , , , , , , , , , , , , ,	
,,		0.		
3 Excess distributions carryover, if any, to 2014				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013	_			
f Total of lines 3a through e	0.			·····
4 Qualifying distributions for 2014 from				
Part XII, line 4 ►\$0.			_	
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	***************************************			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b Taxable			·····	
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line	***************************************			
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014 Subtract	***************************************			
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				2,024.
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)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014 423581				5 000 PF (0044)

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

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

c Any submission deadlines

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

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3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual,			***
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year		·		
NONE				
NONE				
Total		<u> </u>	▶ 3a	0.
b Approved for future payment				
NONE				:
NONE				
Total			▶ 3b	0.

Analysis of Income-Producing Activities Part XVI-A

nter gross amounts unless otherwise indicated	Unrelated I	ousiness income		ded by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
•	code		1 446		
ab	_				
b	1 1				
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
Interest on savings and temporary cash					
Investments					
Dividends and interest from securities		70			· · · · · · · · · · · · · · · · · · ·
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					·
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					·
a					
b					
c					
d	I	······		·	
е	_				
2 Subtotal Add columns (b), (d), and (e)		().	0.	
3 Total. Add line 12, columns (b), (d), and (e)				13	
See worksheet in line 13 instructions to verify calculations)				

		funds for such purposes)		
				· · · · · · · · · · · · · · · · · · ·
				
	- , -, -, -			

11-24-14

Form 99	0-PF (2014) THE E	EVERY DAY	C GOOD F	OUNDATIO	II , NC	NC _	47-2	233384	Pa	ge 13
Part	XVII Information R Exempt Organ		ansfers To a	and Transac	ctions a	nd Relations	hips With Non	charitable		
1 Did	I the organization directly or indi	rectly engage in a	ny of the followin	ig with any other	organizatioi	n described in secti	on 501(c) of		Yes	No
the	Code (other than section 501(c	:)(3) organizations) or in section 52	27, relating to pol	ıtıcal organı	zations?				
	insfers from the reporting found									
(1)	Cash		_					1a(1)		Х
(2)	Other assets						_	1a(2)		Х
b Otl	ner transactions									
(1)	Sales of assets to a noncharita	able exempt organ	ızatıon					15(1)		Х
(2)	Purchases of assets from a no	oncharitable exem	pt organization					1b(2)		Х
(3)	Rental of facilities, equipment,	or other assets						1b(3)		X
(4)	Reimbursement arrangements	5						1b(4)		X
(5)	Loans or loan guarantees							1b(5)		X
(6)	Performance of services or mo	embership or fund	Iraising solicitatio	ons				1b(6)		X
	aring of facilities, equipment, ma						-	10		X
	he answer to any of the above is								sets,	
	services given by the reporting t			ed less than fair i	market value	e in any transaction	or sharing arrangen	nent, show in		
	lumn (d) the value of the goods,						·			
(a) Line r	o (b) Amount involved	(c) Name		e exempt organiz	ation	(d) Description	of transfers, transaction	s, and sharing ar	rangeme	nts
			N/A							
						 				
-						 				
							·			
		 								
	-	-								
						<u> </u>				
					-					
	-									
		 								
				-						-
					 -		<u> </u>			
2a Is	the foundation directly or indirec	tly affiliated with	or related to one	or more tax-exe	mnt organiz	zations described	**			
	section 501(c) of the Code (othe				pt organic			Yes	ΓX] No
	Yes," complete the following sch		(-)(-)							
	(a) Name of or	ganization		(b) Type of org	janization		(c) Description of rel	ationship		
	N/A				•		,			
								· · · · · · · · · · · · · · · · · ·		
	Under penalties of perjury, I declare	that I have examined	this return, including	ng accompanying so	hedules and	statements, and to the	best of my knowledge	May the IRS	discuss	this
Sign	and belief, it is true, correct, and co	I Declaration of	or preparer (other tha	an taxpayer) is based	on all inform	nation of which prepared	r nas any knowledge	return with the shown below	ne prepar	rer
Here	Muhelle	_P\ Usa	Vdetto	5-1	<u>3-15</u>	PRESI	ENT	X Yes		No
	Signature of officer or truste			Date		Title				
	Print/Type preparer's n	iame	Preparer's s	ignature		Date		PTIN		
.			X /	1000	100	5/12/12	self- employed			
Paid	JILL M. BO		4 pur	1 10 34	CAH	11415		P01246		
Prep	arer Firm's name ► SCF	IENCK SC	/	0		• •	Firm's EIN ► 39	9-11731	31	

Phone no (414)463-4411

Use Only

Firm's address ► 11414 W PARK PLACE STE 200 MILWAUKEE, WI 53224

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 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

2014

Name	of the	organization
	Or the	organization

Employer identification number

T	HE EVERY DAY GOOD FOUNDATION, INC	47-2233384			
Organization type (check	oue).	···			
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	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
General Rule X For an organizati	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total	ing \$5,000 or more (in money or			
property) from ar Special Rules	ny one contributor. Complete Parts I and II. See instructions for determining a contribut	or's total contributions.			
For an organizati sections 509(a)(1 any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 10 at the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount of the 1. Complete Parts I and II.	Sa, or 16b, and that received from			
year, total contri	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.				
year, contribution is checked, ente purpose. Do not	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				
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedu on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

THE EVERY DAY GOOD FOUNDATION, INC

47-2233384

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	NANNETTE GARDETTO 9715 N COLUMBIA DRIVE MEQUON , WI 53092	\$_15,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

423452 11-05-14

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

THE EVERY DAY GOOD FOUNDATION, INC

47-2233384

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
422452 11 05			000 000 F7 or 000 PF) (201



Name of a	nrnanization	

Employer identification number

HE EV	ERY DAY GOOD FOUNDATION	N, INC	47-2233384			
Part III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c	ibutions to organizations described in	n section 501(c)(7), (8), or (10) that total more than \$1,000 for			
	completing Part III, enter the total of exclusively religious	chantable etc. contributions of \$1,000 or le	III III EIII For organizations			
	Use duplicate copies of Part III if additiona	al snace is needed	ess for the year (chita bils this this this this this this this thi			
(a) No. from		opaco ie ricocoa.				
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-						
.						
1.						
		(e) Transfer of gift				
		(c) Transier or gift				
⊢	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
-						
-						
١.						
			<u> </u>			
(a) No. from						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
 -						
-						
ļ						
		(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
-						
-						
-						
(a) No						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	.,,	(.,	(a, = comprise of the great distribution)			
.						
	(e) Transfer of gift					
	let transier or Auf					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	Transieree's name, address, ar	IQ ZIP + 4	Relationship of transferor to transferee			
-						
.						
(a) No. from	41.5					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
.		-				
						
<u> </u> _						
	(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
	,					
'						

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

● If you a	re filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			► X	
● If you a	re filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of the	s form).			
Do not c	omplete Part II unless you have already been granted a	an automat	tic 3-month extension on a previously	filed For	m 8868.		
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time	to file (6	months fo	r a corporation	
required t	o file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically file	Form 88	68 to requ	est an extension	
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Tra	nsfers A	ssociated	With Certain	
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format (see instructions). For more details on	the elec	tronic filing	of this form,	
visit www	irs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies need	led).			
A corpora	tion required to file Form 990-T and requesting an autor	natic 6⋅mo	nth extension - check this box and co	mplete			
Part I only						▶ □	
	corporations (including 1120-C filers), partnerships, REM	ICs, and tr	rusts must use Form 7004 to request a	ın exten	sion of time	€	
to file inc	ome tax returns		E	nter file	r's identify	ying number	
Type or	Name of exempt organization or other filer, see instru-	ctions.	E	Employer identification number (EIN) or			
print				47-2233384			
-	THE EVERY DAY GOOD FOUNDAT	ION,	INC				
File by the due date for filing your	Number, street, and room or suite no. If a P O. box, so 9715 N COLUMBIA DRIVE	ee instruct	tions	ocıal se	curity numl	ber (SSN)	
return See instructions	City, town or post office, state, and ZIP code. For a form MEQUON , WI 53092	oreign add	ress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Applicati	on	Return	Application	_		Return	
ls For		Code	Is For	or Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	-PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than above)	_06	Form 8870			12	
	THE FOUNDATION						
	ooks are in the care of > 9715 N COLUMBIA	A DRI	VE - MEQUON, WI 530	92			
Teleph	one No. ► 414-232-3400		Fax No. ▶				
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ □	
If this	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If t	hıs is fo	r the whole	group, check this	
box ▶	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of a	ll memb	ers the ext	ension is for.	
1 I re	quest an automatic 3-month (6 months for a corporation AUGUST 15, 2015, to file the exemp	-	to file Form 990-T) extension of time u tion return for the organization named		The extens	sion	
ıs f	or the organization's return for:	Ū	3				
>	calendar year or						
>	X tax year beginning DEC 30, 2014	, an	id ending DEC 31, 2014				
			<u> </u>		_		
2 If ti	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	check reas	on. X Initial return Fi	nal retui	'n		
3a If ti	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6060	enter the tentative tax less any	T -			
	prefundable credits. See instructions.	, 5, 5005,	one the tendere tax, less any	3a	\$	200.	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and	- Ja	 •		
	imated tax payments made Include any prior year over		•	3ь	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa			155	-		
	using EETPS (Floatronic Fodoral Tax Payment System)	-	• • •	20		200.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions.