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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052 2015 Open to Public Inspection

্ণ Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	calend	dar year 2015 or tax year beginning		_2015, 8	and en	ding		, 20
Nar	ne of fou	indation				Employe	r identification numb	er
Go	rdon Fl	esch Charitable Foundation					46-0515342	
		street (or P O box number if mail is not delivered to street address)		Room/su	ute E	Telephor	e number (see instruct	ions)
267	5 Rese	arch Park Drive					608-271-2100)
		n, state or province, country, and ZIP or foreign postal code	<u>'</u>	_	- (if exempt	tion application is pend	
Ma	dienn \	WI 53711					арриошино ром	g, aa.
$\overline{}$			of a former p	ublic ch	narity	1. Foreia	n organizations, check	here ►
_		Final return Amended			1	_	•	_
		Address change Name char	nge		1		n organizations meetin here and attach compi	
H	Check	type of organization: Section 501(c)(3) exempt p	rivate founda	tion	E	If private	foundation status was	terminated under
		n 4947(a)(1) nonexempt charitable trust			tion	section 5	07(b)(1)(A), check here	▶∐
$\overline{}$		arket value of all assets at J Accounting method				: If the four	ndation is in a 60-mon	h tarmination
		year (from Part II, col. (c), Other (specify)			'	under se	ction 507(b)(1)(B), chec	k here ▶ 🗍
	line 16		on cash basis	.)				
Р	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue a	and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses p		b) Net in	vestment ome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	books	[(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	12	6700			,	
	2	Check ► ☑ If the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities						
	5a	Gross rents						
	b	Net rental income or (loss)						
ē	6a	Net gain or (loss) from sale of assets not on line 10				•		
Ĕ	b	Gross sales price for all assets on line 6a						
Revenue	7	Capital gain net income (from Part IV, line 2) .						
ď	8	Net short-term capital gain	-					
	9	Income modifications RECEIVED.						
	10a	Gross sales less returns and allowances	ــــاله				•	
	b	Less: Cost of goods sold?	Σ.			·····	<u></u>	
	С	Gross profit or (loss) (attach schedhle) 5 2016.	P					
	11		<u> </u>					
_	12	Total. Add lines 1 through 11	12	26700				
Ś	13	Compensation of officers, directors, trustees, etc.	₽					
ıse	14	Other employee salaries and wages						
ĕ	15	Pension plans, employee benefits	<u> </u>					
黃	16a	Legal fees (attach schedule)						
tive Expenses	b	Accounting fees (attach schedule)		40				-
ŧ	, C	Other professional fees (attach schedule)	_	10				
Operating and Administra	17	Interest	-				 	
<u> </u>	18	Taxes (attach schedule) (see instructions)						
<u>Ē</u>	19	Depreciation (attach schedule) and depletion	-				1	
Ad	20 21	Occupancy	_	- 			1	-
Þ	21	Printing and publications		+			 	
ᅙ	23	Other expenses (attach schedule)		290				
. <u>E</u>	24	Total operating and administrative expenses.					 	
rat	-	Add lines 13 through 23						
<u>o</u>	25	Contributions, gifts, grants paid	1:	30000				
0	26	Total expenses and disbursements. Add lines 24 and 25		30300				
	27	Subtract line 26 from line 12	† ·					1
	a	Excess of revenue over expenses and disbursements	1	-3600				
	b	Net investment income (if negative, enter -0-) .			_			1
		Adjusted net income (if negative, enter -0-)						
For		work Reduction Act Notice, see instructions.		Cat No	11289X		F	orm 990-PF (2015)

De	rt ll	Ratance Shoots Attached schedules and amounts in the description column	Beginning of year	End o	f year
Pa		Balance Sheets Attached schedules and amounts in the description country should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
•	1	Cash—non-interest-bearing	50219	46619	46619
	2	Savings and temporary cash investments			
	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 ▶			
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
Ä	10a	Investments—U.S and state government obligations (attach schedule)			<u></u>
	b	Investments—corporate stock (attach schedule)		· <u>-</u>	, <u> </u>
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶	<u> </u>	·	
		Less: accumulated depreciation (attach schedule) ▶		_	
	12	Investments—mortgage loans			·
	13	Investments—other (attach schedule)			·
	14	Land, buildings, and equipment basis ▶			J
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ►) Total assets (to be completed by all filers—see the		<u> </u>	
	16	Instructions. Also, see page 1, item l)			
	47		50219	46619	46619
	17	Accounts payable and accrued expenses			
es	18 19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	-		
ā	21	Mortgages and other notes payable (attach schedule)			
Ë	22			.,	
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	0		
		Foundations that follow SFAS 117, check here			
d Balances		and complete lines 24 through 26 and lines 30 and 31.			
2	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
8	26	Permanently restricted			
⊆		Foundations that do not follow SFAS 117, check here ▶ □			
Ţ		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	50219	46619	_
ets	28	Paid-ın or capital surplus, or land, bldg., and equipment fund			
28	29	Retained earnings, accumulated income, endowment, or other funds			
Net Assets or	30	Total net assets or fund balances (see instructions)	50219	46619	
É	31	Total liabilities and net assets/fund balances (see			
		instructions)	50219	46619	
	irt III				
1		al net assets or fund balances at beginning of year—Part II, colu			
		-of-year figure reported on prior year's return)			50219
		er amount from Part I, line 27a			-3600
		er increases not included in line 2 (itemize)		3	
_		I lines 1, 2, and 3			46619
	Dec	reases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—	Part II column (b) li	ne 30 6	48844
<u> </u>		a riot accests of faile balances at end of year finite 7 millios line of	· art ii, column (b), ii	ne 30 6	46619

Part	V Capital Gains and	Losses for Tax on Investn	nent Income			
		e kind(s) of property sold (e.g., real estate se, 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)
1 <u>a</u>						
b				ļ		
c			_			
d						
е						<u></u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale		in or (loss) (f) minus (g)
a						
<u>b</u>			- <u>-</u>	-		
<u>c</u>						<u></u>
d						
<u> e </u>						 _
	Complete only for assets sho	wing gain in column (h) and owned	·			l (h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i)		ot less than -0-) or from col (h))
<u>a</u>		· · · · · · · · · · · · · · · · · · ·				
<u>b</u>				· -		
<u>c</u>						
<u>d</u>						
<u>e</u>		/ If make	-1			
2	Capital gain net income or		also enter in Pa , enter -0- in Pa		2	
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c) (see instru	ctions). If (loss			
i				· · · · · · · · · · · · · · · · · · ·	3	
Part		er Section 4940(e) for Reduvate foundations subject to the				
Was t		e this part blank. section 4942 tax on the distribu qualify under section 4940(e). [base period?	☐ Yes ☐ No
1	Enter the appropriate amo	ount in each column for each ye	ar; see the instr	uctions before m	aking any entries.	
Cal	(a) Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distribution	ns Net value o	(c) of noncharitable-use a		(d) stribution ratio divided by col (c))
	2014					
	2013					
	2012		_			
	2011					
	2010					
2		for the 5-year base period—div dation has been in existence if le	ide the total on	line 2 by 5, or by	the	
4	Enter the net value of non	charitable-use assets for 2015 t	from Part X, line	5	. 4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27t	o)		. 6	
7	Add lines 5 and 6				. 7	
8		ons from Part XII, line 4 ater than line 7, check the box i				1% tax rate. See the

Part \		nstru	ictio	<u> 15)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
b	Date of ruling or determination letter (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check		-	,
	here ▶ □ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u></u>
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			
6	Credits/Payments:			ı İ
a	2015 estimated tax payments and 2014 overpayment credited to 2015 Exempt foreign organizations—tax withheld at source			. 1
b	Tax paid with application for extension of time to file (Form 8868) . 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			J
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10			
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11			
	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		١
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			Ll
C	Did the foundation file Form 1120-POL for this year?	1c		~
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$, ,	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$	المرازية		arton da e
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
_	If "Yes," attach a detailed description of the activities.	• • •	ŧ.	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	; 	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		~
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		~
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		١
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			LJ
	conflict with the state law remain in the governing instrument?	6	~	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	~	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			
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	~	J
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"	-		
4.5	complete Part XIV	9	L	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		ا ر	
	names and addresses	10		

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within t	пе		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		·
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualification of a disqualification of the foundation of th	ed -		
	person had advisory privileges? If "Yes," attach statement (see instructions)			·
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application		 	
				L
14	Website address ► The books are in care of ► Telephone no. ►	-		
••	1	·		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			
13	and enter the amount of tax-exempt interest received or accrued during the year		•	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authorities.	orth (Yes	No
10	over a bank, securities, or other financial account in a foreign country?			
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name			-
	the foreign country ▶			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			lj
, art	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	lo	1	*,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		, ,	
	disqualified person?	ري الم	2	1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes		•	١ '
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes I Yes			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	"		
	the benefit or use of a disqualified person)?	lo		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			ŀ
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	lo		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulatio	1		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	_		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, the	- 13		Fri.
	were not corrected before the first day of the tax year beginning in 2015?	i	*	· •
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a priva		\$ i.	F :
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	5 3 <i>39</i>	1 13	* *
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and		•	·
	6e, Part XIII) for tax year(s) beginning before 2015?	lo	ŀ	.
	If "Yes," list the years ▶ 20 , 20 , 20 , 20 , 20		}	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)	2)		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	to		{
	all years listed, answer "No" and attach statement—see instructions.)	2b		v -
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	► 20 , 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?	lo		
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation	or		
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	- 1		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if to	ie		
	foundation had excess business holdings in 2015.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes	? 4a		~
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 201	? 4b		1
		Form 99	0-PF	(2015)

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720	May Be R	equire	d (contir	nued)			
5a	During	the year did the foundation pay or incur a	ny amo	unt to:								
		urry on propaganda, or otherwise attempt to luence the outcome of any specific public						☐ Yes	☑ No			
		ectly or indirectly, any voter registration dri				•	-	☐ Yes	✓ No			
	(3) Pr	ovide a grant to an individual for travel, stu-	dy, or c	ther similar i	purpose	es?		☐ Yes	✓ No			
		ovide a grant to an organization other than ction 4945(d)(4)(A)? (see instructions)		ritable, etc.,				☐ Yes	₩ No			
		ovide for any purpose other than religious, rposes, or for the prevention of cruelty to o						_	☑ No			
b	•	answer is "Yes" to 5a(1)-(5), did any of the										
-	Regula	ations section 53 4945 or in a current notice	regardiı	ng disaster as	ssistand	e (see instr	uctions)	?		5b		
_	_	izations relying on a current notice regarding answer is "Yes" to question 5a(4), does to	-						▶ [
C	becau	se it maintained expenditure responsibility	for the	grant?					No			
6-		s," attach the statement required by Regula										-
6a		e foundation, during the year, receive any personal benefit contract?			_		miums					i
h	•	e foundation, during the year, pay premium					bonofit	∐ Yes	∠ No	6b		
D	If "Yes	s" to 6b, file Form 8870.		-				_	_			
		time during the tax year, was the foundation a						_	_∠ No		3_	
		s," did the foundation receive any proceeds Information About Officers, Direct								7b		
	t VIII	and Contractors										
	List a	ll officers, directors, trustees, foundation										_
		(a) Name and address	hou	e, and average rs per week ed to position	(If r	mpensation not paid, iter -0-)	emplo	Contributions tyee benefit erred compe	plans		nse accou	
See A	ttached	Schedule										
								•				_
2	Comp	pensation of five highest-paid employed IE."	es (oth	er than tho	se incl	uded on li	ne 1—	see instr	uctions	s). If no	one, en	er
	(a) Name	e and address of each employee paid more than \$50,00	00	(b) Title, and a hours per of devoted to p	week	(c) Compe	nsation	(d) Contribu employee plans and c compens	benefit leferred		nse accou	
None											-	_
						-						_
						-				-		_
Total	numba	r of other employees paid over \$50,000 .				1		L				—
- 561		. Of Other Chipioyeos paid Over 400,000 .	<u> </u>		· · · ·		• • •	• • •	<u>: - </u>	00	0-DE (00	

3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	IE."
<u> </u>	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensatio
one		
		
otal	number of others receiving over \$50,000 for professional services	
Par	IX-A Summary of Direct Charitable Activities	
Lis	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
2		
2		
3		
4		
Par	IX-B Summary of Program-Related Investments (see instructions)	
De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
_		
All	other program-related investments. See instructions	
3		
		1

Part .	•	ign foundatio	ons,
-	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
	Average monthly fair market value of securities	1a	
	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	<u> </u>	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	ınstructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	
6	Minimum investment return. Enter 5% of line 5	6	
Part 2	and certain foreign organizations check here ► ☐ and do not complete this part.)	oundations	
1	Mınımum ınvestment return from Part X, line 6	1	
2a	Tax on investment income for 2015 from Part VI, line 5		·
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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	0
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	T	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	
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:		
а	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	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		-
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g whether the	foundation

Part :	XIII Undistributed Income (see instruction	ns)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
	line 7				
2	Undistributed income, if any, as of the end of 2015:			-	1
а	Enter amount for 2014 only				
b	Total for prior years. 20,20,20				
3	Excess distributions carryover, if any, to 2015:				i
а	From 2010				
b	From 2011				
C	From 2012				<u>'</u>
d	From 2013				
е	From 2014				l
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2015 from Part XII, line 4: ▶ \$				
а	Applied to 2014, but not more than line 2a .	_			
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)			•	,
d	Applied to 2015 distributable amount				, ,
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015			•	
	(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				-
0	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				-
b	Prior years' undistributed income. Subtract line 4b from line 2b		o		e wie ent-
С	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					
	amount-see instructions		0		
е	Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount—see instructions			0	:
f	Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				0
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2010 not				
	applied on line 5 or line 7 (see instructions) .				
9	Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	Excess from 2011				
b	Excess from 2012	1			
C	Excess from 2013	1			
d	Excess from 2014]]
е	Excess from 2015				

	0-PF (2015)°					Page 10
Part)	
1a	If the foundation has received a ruling	or determination	letter that it is a	private operating		
	foundation, and the ruling is effective for	2015, enter the da	te of the ruling	▶		
b	Check box to indicate whether the four	ndation is a private	operating foundat	tion described in se	ection	3) or (4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for each year listed	0	0	0	0	0
h	85% of line 2a .	0	0	 	0	
c	Qualifying distributions from Part XII,	•				
•	line 4 for each year listed					
d		- -				
u	for active conduct of exempt activities					
_	·					
е	Qualifying distributions made directly				1	
	for active conduct of exempt activities.	_	_	_		
_	Subtract line 2d from line 2c	. 0	0	0	0	0
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test - enter:					
	(1) Value of all assets					0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					0
ь	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					0
С	"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) .					0
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(III)					0
	(3) Largest amount of support from					
	an exempt organization .					0
	(4) Gross investment income					
Part		n (Complete th	is part only if the	he foundation h	ad \$5,000 or mo	re in assets at
	any time during the year-	•	•		. •	
1	Information Regarding Foundation				<u></u>	
а	List any managers of the foundation		uted more than 29	6 of the total cont	ributions received t	ov the foundation
	before the close of any tax year (but o					·,
	, , ,	•		, , ,	(), ()	
b	List any managers of the foundation	who own 10% o	r more of the stoo	ck of a corporation	n (or an equally lar	ge portion of the
	ownership of a partnership or other ei			•	•	g. p
				_		
2	Information Regarding Contribution	n. Grant. Gift. Loa	n. Scholarship, e	tc Programs:	·	
_	Check here ▶ ☑ if the foundation				organizations and	does not accept
	unsolicited requests for funds. If the	•	•		•	•
	other conditions, complete items 2a,		go, g. ao, ee.	(000 11.01.001.01.0)		gameanono anaor
a	The name, address, and telephone nu		Idraes of the ners	on to whom applic	ations should be a	ddressed:
a	The name, address, and telephone no	annon or e-man at	adiess of the perso		anona anound de al	Jui 6336U.
b	The form in which applications should	he submitted an	d information and	materials they sho	uld include:	
	The form in which applications should	. 25 Gubiliittea all	aormation and	atorialo trioy sile	alo illoidde.	
	Any submission deadlines:					
d	Any restrictions or limitations on av	vards, such as b	y geographical a	reas, charitable fi	elds, kinds of inst	itutions, or other
	factors:					

Part	XV Supplementary Information (conti	nued)				
3	Grants and Contributions Paid During t	he Year or Approve	ed for Fu	ture Payment		
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution		Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution		•
а	Paid during the year				_	
See A	ttached Schedule					
				•		
						•
				•		
	Total				► 3a	
b	Approved for future payment	<u> </u>	· · · ·	<u> </u>	► 3a	
•	reproved for fature payment					
	Total		<u> </u>	<u> </u>	- 2h	

Ente	r gros	ss amounts unless otherwise indicated.		isiness income	Excluded by secti	on 512, 513, or 51	⊣ (e)
4	Droo	iram canica ravanua:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See instructions)
•	a a	ram service revenue:			 		
	b -				<u> </u>		+
	c			7			
	d ¯						
	е -			,			
	f						
	g F	ees and contracts from government agencies		-			
2	-	bership dues and assessments				-,·	
3	Inter	est on savings and temporary cash investments			1		
4	Divid	dends and interest from securities					
5	Net r	rental income or (loss) from real estate:					
	a [Debt-financed property					
	b N	Not debt-financed property					
6		rental income or (loss) from personal property					
7	Othe	er investment income					
8		or (loss) from sales of assets other than inventory					
9		income or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11	Othe	er revenue: a					
	b _						
					<u> </u>		
	d _						
	е _						
12	Subt	total. Add columns (b), (d), and (e)	L		1		<u> </u>
13	Tota	II. Add line 12, columns (b), (d), and (e)			<u> </u>	13	
13 (See	Tota work	il. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	 ns.)			13	0
13 (See Pa	Tota work rt XV	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tota work	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tota work rt XV e No.	il. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	 ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tota work rt XV e No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tota work rt XV e No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tota work rt XV e No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tota work rt XV e No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes		
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13 (See Pa	Tota work rt XV e No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tota work rt XV e No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tota work rt XV e No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes		
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13 (See Pa	Tota work rt XV e No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tota work rt XV e No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes		
13 (See Pa	Tota work rt XV e No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes		
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13 (See Pa	Tota work rt XV e No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	ot Purposes		

Part	XVII		n Regarding Trai	nsfers To and	Transac	tions and F	Relationshi	ps With Nonc	haritab	le	
1		e organization d	rectly or indirectly							Yes	No
		ition 501(c) of the	e Code (other than	section 501(c)(3) organiza	tions) or in s	ection 527, r	elating to politic	aı		
а	a Transfers from the reporting foundation to a noncharitable exempt organization of:										
-					-				1a(1)		V
	(2) 0	ther assets .							1a(2)		~
b	Other	transactions:								1	
			a noncharitable exe						1b(1)		~
			ts from a noncharit		-				1b(2)	+	_
	• •		equipment, or other						1b(3)		~
			rangements						1b(4)	+	-
		-	rantees rvices or members	hin or fundrasa					1b(5)	+	V V
С			quipment, mailing li		_				10(6)	1	- V
d			of the above is "Ye							fair m	arket
_			ther assets, or serv								
	value	in any transaction	on or sharing arrang	gement, show i	n column (d) the value o	f the goods,	other assets, or	services	s recei	ived.
(a) Line	e no (b) Amount involved	(c) Name of nonc	haritable exempt o	rganization	(d) Descr	ption of transfe	rs, transactions, and	sharing an	rangem	ents
		 									
	-										
						- -				-	
				-				·			
	<u> </u>										
		·									
											
				<u> </u>		<u> </u>		. 			
								·			
	In Ab.			(f: :-4 4b			4				
2 a			ectly or indirectly a 501(c) of the Code (_		NI.
b			following schedule			,,, 0, 11, 0001.	511 527		∐ Ye:	s [_]	NO
			ization	1	pe of organizat	tion		(c) Description of rel	ationship		
		<u>,, </u>		1	·			· · · · · · · · · · · · · · · · · · ·	•		
-										-	
						·					
		1									
O:		er penatties of perjury, I	declare that I have examination of oreograph (other t	ned this return, includ han taxpaver) is base	ed this return, including accompanying schedules and statementan taxpayer) is based on all information of which preparer has a			to the best of my knowledge	wledge and	belief, if	is true,
Sign	' I N	12.1.	1 / 1/2.		10/11	1	- D:	May t	he IRS disc		
Here		Maetan andlin 5 216 toundation resident with the president (see instruction									
		ature of officer or tru Print/Type prepare		Preparer's sign	ature	1106	Date	 _	PTIN		
Paid		i and type preparer	S Harrie	Troparer s sign	ia.ai o		52.0	Check Self-employe	f		
Prep		Firm's name						Firm's EIN ▶	<u>~</u>		
Use	Only	Firm's name ►						Phone no			



Gordon Flesch Charitable Foundation Form 990-PF (EIN 46-0515342) Schedule of Information

Part I Line 16c \$10 Filing Fee

Part I Line 23 \$290 Analysis Fees

Part VII-A Line 10 Gordon Flesch Company, Inc. 2675 Research Park Dr. Madison, WI 53711

Part VIII Line 1

Name and address	Title and hours	Comp	ensation_	Cont. benefi & def		Expension Account other	
Barb Anderson 4526 Deerwood Dr Madison, WI 53716	President 2 Hours	\$	-	\$	-	\$	-
Matt Shock 5655 Venture Drive Dublin, OH 43017	Vice President 1 Hour	\$	-	\$	-	\$	-
Jill James 2675 Research Park Dr Madison, WI 53711	Treasurer 1 Hour	\$	-	\$	-	\$	-
Michael Flanders 11021 W Lincoln Ave West Allis, WI 53227	Secretary 1 Hour	\$	-	\$	-	\$	-
Amy Nelson 401 North Kirk Road Geneva, IL 60134	Director 1 Hour	\$	-	\$	-	\$	-
Eric Miller 9200 Keystone Crossing Indianapolis, IN 46240	Director 1 Hour	\$	-	\$	-	\$	-



Gordon Flesch Charitable Foundation Form 990-PF (EIN 46-0515342) Schedule of Information (Continued)

Recipient Name and address Friends of Henry Vilas Zoo 702 S. Randall Ave Madison, WI 53715	Relationship None	<u>Status</u> Public	Purpose Dream Night Program for Chronically Ill kids	<u>Amount</u> \$5,000
Big Brother Big Sisters Of Dane County 2059 Atwood Ave #2 Madison, WI 53704	None	Public	Mentoring for kids facing adversity	\$5,000
Restoring Hope Transplant House 7457 Terrace Ave Middleton, WI 53562	None	Public	Food and supplies for transplant patients and families	\$5,000
Kyle's Korner 7106 W North Ave Wauwatosa, WI 53213	None	Public	Support to kids struggling with grief	\$5,000
Exploit No More PO Box 510286 Milwaukee, WI 53203	None	Public	Treatment program for victims of sex trafficking	\$5,000
Great Lakes Hemophilia Foundation 638 N 18 th St #108 Milwaukee, WI 53233	None	Public	Summer camp for kids with bleeding disorder	\$5,000
Siena Retreat Center 5635 Erie St Racine, WI 53402	None	Public	Retreat for women survivors of sexual abuse	\$4,000
Make-A-Wish Wisconsin 11020 W Plank Ct #200 Wauwatosa, WI 53226	None	Public	Grant a wish of a child with a severe medical condition	\$5,000



Gordon Flesch Charitable Foundation Form 990-PF (EIN 46-0515342)

Schedule of Information (Continued)

Recipient				
Name and address	Relationship	Status	<u>Purpose</u>	Amount
Heart of the Valley YMCA 225 W Kennedy Ave Kimberly, WI 54136	None	Public	Improve functional capacity & quality of life	\$5,000
Center for Childhood Safety 842 S Military Ave Green Bay, WI 54304	None	Public	Life-Saving program to prevent childhood injury	\$5,000
Fairdale Relief Fund 511 W Main St Kirkland, IL 60146	None	Public	Supplies for Tornado victims	\$5,000
Hands of Hope of Illinois 511 Oak Leaf Ct Unit C Joliet, IL 60435	None	Public	Food and supplies for less fortunate	\$5,000
SEBA Park Project/FUNdation 10 N Water Street South Elgin, IL 60177	None	Public	Create accessible playground to all kids	\$5,000
The Joshua Tree Community 320 Franklin St Geneva, IL 60134	None	Public	Program for mildly developmentally disabled	\$5,000
Robert Crown Center for Health Education 21 Salt Creek Ln Hinsdale, IL 60521	None	Public	Puberty program for students with special needs	\$5,000



Gordon Flesch Charitable Foundation Form 990-PF (EIN 46-0515342) Schedule of Information (Continued)

Recipient Name and address	Relationship	Status	Purpose	Amount
Gigi's Playhouse 5909 E 86 th St Indianapolis, IN 46250	None	Public	Programs for individuals with Down Syndrome & their families	\$5,000
St Joseph Institute For the Deaf 9192 Waldemar Road Indianapolis, IN 46268	None	Public	Programs for children with hearing loss	\$5,000
Freewheelin' Community Bikes 3355 N Central Ave Indianapolis, IN 46205	None	Public	Mentor disadvantaged & underserved youth	\$3,500
Peace Learning Center 6040 Delong Rd Indianapolis, IN 46254	None	Public	Peace education sessions	\$4,500
Lifecare Alliance 1699 W Mound St Columbus, OH 43223	None	Public	Meals-on-wheels	\$5,000
Byron Saunders Foundation P.O. Box 268 New Albany, OH 43054	None	Public	Thanksgiving meals for the needy	\$5,000
Heinzerling Foundation 1800 Heinzerling Dr Columbus, OH 43223	None	Public	Services for individuals with developmental disabilities	\$3,000
Southeast Inc 16 West Long St Columbus, OH 43215	None	Public	Services for low income with mental health, physical and substance abuse	\$5,000 health,



Gordon Flesch Charitable Foundation Form 990-PF (EIN 46-0515342)

Schedule of Information (Continued)

Recipient Name and address	Relationship	<u>Status</u>	Purpose	Amount
Patches of Light PO Box 153 Hilliard, OH 43026	None	Public	Assist low/moderate income families with critically ill children	\$5,000
Mountain Vision PO Box 1072 Wooster, OH 44691	None	Public	Food for the Needy Program	\$5,000
New Horizons Mental Health 162 East Main St Lancaster, OH 43130	None	Public	Mental Health services	\$5,000
Respite Connections Inc 5250 Strawberry Farms Blvd Columbus, OH 43230	None I	Public	Kids Kamp for disabled children	\$5,000
			Grand Total	<u>\$130,000</u>