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Department of the Treasury

Internal Revenue Service

DLN: 93491210000225

OMB No 1545-0052

2014

2014Open to Public Inspection

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.

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation STEINHAUER CHARITABLE FOUNDATION							A Employer identification number				
%	FREDE	RICK STEINHAUER		39-1600091							
		d street (or P O box number if mail is not delivere NCE DRIVE	d to street address)	Room/suite		B Telephone number (see instructions)					
		5133 Suite 103				(608) 236-4860	l				
		n, state or province, country, and ZIP or foreign po VI 53744	ostal code			C If exemption	application is pending	g, check here 🕨 🦵			
G Cł	neck a		nitial return of a formal mended return	ormer public charity	/	_	ganızatıons, check he	•			
		Address change N					rganizations meeting k here and attach co				
		ype of organization	3) exempt privat				indation status was t n 507(b)(1)(A), chec				
厂 s	ection	n 4947(a)(1) nonexempt charitable trust				diaci section	1 307(0)(1)(1)(1)	K Here			
			_	▼ Cash	rual		ation is in a 60-month n 507(b)(1)(B), chec				
		from Part II, col. (c), \$\frac{1}{3},985,533 (Part I.)	ther (specify) column (d) must l	be on cash basis.)		under section	1 307(b)(1)(b), clicc	K Here . ,			
Pa	rt I	Analysis of Revenue and Exp						(d) Disbursements			
		total of amounts in columns (b), (c), and (d) necessarily equal the amounts in column (a) instructions))	may not	(a) Revenue and expenses per books	(b) N	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc , receiv	ed (attach								
		schedule)		38,132							
	2	Check ► ☐ If the foundation is not requestions	ured to attach								
	3	Interest on savings and temporary cash	n investments	950		950					
	4	Dividends and interest from securities.		51,415		51,415					
	5a	Gross rents									
Revenue	ь	Net rental income or (loss)									
	6a	Net gain or (loss) from sale of assets no	ot on line 10	15,303							
	ь	Gross sales price for all assets on line 50,137	6 a								
~	7	Capital gain net income (from Part IV, I	<u> </u>			15,303					
	8	Net short-term capital gain									
	9	Income modifications									
	10a	Gross sales less returns and allowances									
	Ь	Less Cost of goods sold									
	C	Gross profit or (loss) (attach schedule)									
	11	Other income (attach schedule)	1	105,800		67,668					
	12	Total. Add lines 1 through 11 Compensation of officers, directors, trus		103,800		07,008					
	13 14	Other employee salaries and wages .	· · · -	0							
y)	15	Pension plans, employee benefits	<u> </u>								
Expenses	16a	Legal fees (attach schedule)	<u> </u>								
<u>8</u>	ь	Accounting fees (attach schedule)		3,455		1,728	0	1,727			
	c	Other professional fees (attach schedu	<u> </u>								
Ě	17	Interest									
Admını strative	18	Taxes (attach schedule) (see instruction	ons)	5,969		5,969					
Ē	19	Depreciation (attach schedule) and dep	· –								
Ē	20	Occupancy									
Ă	21	Travel, conferences, and meetings									
and	22	Printing and publications									
9	23	Other expenses (attach schedule)	9	5,057		5,057					
Operating	24	Total operating and administrative exp	enses.								
ě		Add lines 13 through 23		14,481		12,754	0	1,727			
ŏ	25	Contributions, gifts, grants paid		110,250				110,250			
	26	Total expenses and disbursements. Add 25	lines 24 and	124,731		12,754	0	111,977			
	27	Subtract line 26 from line 12									
	a	Excess of revenue over expenses and di	sbursements	-18,931							
	ь	Net investment income (If negative, ent	er -0-)			54,914					
	С	Adjusted net income (if negative, enter	-0-)								

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column 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	10,944	7,080	7,080
	2	Savings and temporary cash investments	87,843	2,212	2,212
	3	Accounts receivable			<u> </u>
		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			
sets	9	Prepaid expenses and deferred charges			
ASS		Investments—U S and state government obligations (attach schedule)	+		
ч.		· · · · · · · · · · · · · · · · · · ·	868,200	938,764	1,926,078
		Investments—corporate stock (attach schedule)	50,000		
	_	` ` ` ` ´ ´	30,000 ह	30,000	30,103
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
		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	1.016.007	000.050	1 005 533
		Instructions Also, see page 1, item I)	1,016,987	998,056	1,985,533
	17	Accounts payable and accrued expenses			
φŞ	18	Grants payable			
	19	Loans from officers, directors, trustees, and other disqualified persons			
abiliti	20	Mortgages and other notes payable (attach schedule)	+		
	21	Other liabilities (describe			
	22 23	Total liabilities (add lines 17 through 22)	+	0	
	23	Foundations that follow SFAS 117, check here			
S do		and complete lines 24 through 26 and lines 30 and 31.			
or Fund Balances	24	Unrestricted			
ପ୍ର	25	Temporarily restricted	+		
- -	26	Permanently restricted			
n	20	Foundations that do not follow SFAS 117, check here			
ľΓ		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
AS.	29	Retained earnings, accumulated income, endowment, or other funds	1,016,987	998,056	
Net	30	Total net assets or fund balances (see instructions)	1,016,987	998,056	
Z	31	Total liabilities and net assets/fund balances (see instructions)	1,016,987	998,056	
Рa	rt II		, ,]	,	
1		Total net assets or fund balances at beginning of year—Part II, column ((a), line 30 (must agr	ee I I	
_			a), iiile 50 (iiidst agi		1,016,987
2		Enter amount from Part I, line 27a			-18,931
3		Other increases not included in line 2 (itemize)		3	
4		Add lines 1, 2, and 3			998,056
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)—Pa			998,056
			, \= // !!!!	-1 -	

Faru	90-PF (2014)		acas for Toy on Toys	atmospt Tuespus			Page 3
	(a) List and describe	the kınd	sses for Tax on Investigation (s) of property sold (e g , recommon stock, 200 shs M	(b) How acquired P—Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1 a	PUBLICLY TRADED	SECURI	TIFS	·	D—Donation		
<u>та</u> Б	FOBLICET TRADED	<u>JECORI</u>	11123		+		
					+		
<u> </u>							
d					1		
е				. 1	1	1	
(e) Gross sales price		(f) Depreciation allowed (or allowable)	1 1-7	t or other basıs opense of sale		or (loss)) mınus (g)
а		50,137	(01 011011010)	prac cr	34,834		15,303
b							
с							
e							
	mplata aply for accets	- howena	gain in column (b) and owns	d by the foundation	n on 12/21/60	(1) 0 (0.1	71.3
		snowing	gaın ın column (h) and owne (j) Adjusted basıs		cess of col (1)	(I) Gains (Col	(n) gain minus less than -0-) or
(i)	FM V as of 12/31/69		as of 12/31/69		col (j), if any		om col (h))
а							15,303
b							
С							
d							
e							
		<u> </u>	ſ	If gaın, also enter	ın Part I line 7 Ì		
2	Capital gain net incoi	me or (ne		If (loss), enter -0-		2	15,303
3	Net short-term capita	al gaın o	r (loss) as defined in sectio	ns 1222(5) and (6)		
				, , ,	,		
		Part I , lıı	ne 8, column (c) (see ınstru			3	
Part '	ın Part I, line 8 .			ctions) If (loss), e	nter -0 -	nt Income	
	In Part I, line 8 . V Qualification L	 Jnder s	Section 4940(e) for R	ctions) If(loss), e	nter -0 -	nt Income	
or opt	In Part I, line 8 V Qualification Use by domestic p	Jnder S	Section 4940(e) for R	ctions) If(loss), e	nter -0 -	nt Income	
or opt	Qualification Use by domestic pon 4940(d)(2) applies,	Jnder Sprivate for	Section 4940(e) for Repundations subject to the se	ctions) If (loss), e educed Tax or ection 4940(a) tax	Net Investment	nt Income	□ Vas I⊄ Na
f section f section f section f "Yes,"	un Part I, line 8 Qualification Unional use by domestic point 4940(d)(2) applies, foundation liable for the the foundation does not be seen as a second second seen as a second seco	Jnder Sprivate for leave this e section of qualify	Section 4940(e) for Repundations subject to the season part blank 1 4942 tax on the distribute and under section 4940(e)	ections) If (loss), ections) If (loss), ection 4940(a) tax	nter -0	nt Income Income) eriod?	Γ Yes Γ Νο
For opt f section Vas the f "Yes,	un Part I, line 8 Qualification Unional use by domestic point 4940(d)(2) applies, foundation liable for the the foundation does not be seen as a second second seen as a second seco	Jnder Sprivate for leave this e section of qualify	Section 4940(e) for Repundations subject to the set spart blank	ections) If (loss), ections) If (loss), ection 4940(a) tax	nter -0	nt Income Income) eriod?	Γ Yes Γ No
f section	un Part I, line 8 Qualification Unional use by domestic point 4940(d)(2) applies, foundation liable for the the foundation does not be seen as a second second seen as a second seco	Jnder Sprivate for leave this e section of qualify unt in ea	Section 4940(e) for Repundations subject to the season part blank 1 4942 tax on the distribute and under section 4940(e)	ections) If (loss), ections) If (loss), ection 4940(a) tax	nter -0 - n Net Investment on net investment year in the base per part ore making any ent	nt Income Income) Priod? ries (d) Distribution	n ratio
For opt section as the "Yes," 1 Ent Base	Qualification Use by domestic point 4940(d)(2) applies, foundation liable for the the foundation does not ter the appropriate amount (a) period years Calendar	Jnder Sprivate for leave this e section of qualify unt in ea	Section 4940(e) for Repundations subject to the set is part blank in 4942 tax on the distributed under section 4940(e). Do not column for each year, set (b)	ections) If (loss), ections) If (loss), ection 4940(a) tax able amount of any onot complete this ee instructions before	n Net Investment on net investment year in the base per part ore making any ent ritable-use assets	nt Income Income) Priod? ries (d)	n ratio
For opt section as the "Yes," 1 Ent Base	Qualification Use by domestic point 4940 (d)(2) applies, foundation liable for the the foundation does not the appropriate amount (a) period years Calendar or tax year beginning in)	Jnder Sprivate for leave this e section of qualify unt in ea	Section 4940(e) for Repundations subject to the set is part blank in 4942 tax on the distributed under section 4940(e). Do not column for each year, set is the first of the set is the section 4940 for each year, set is the section in the section 4940 for each year, set is the section in the section 4940 for each year, set is the section in the section in the section in the section is the section in the secti	ections) If (loss), ections) If (loss), ection 4940(a) tax able amount of any onot complete this ee instructions before	nter -0 - n Net Investment on net investment year in the base per part ore making any ent	nt Income Income) Priod? ries (d) Distribution	n ratio by col (c))
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section options section as the "Yes," 1 Entire Base year (or a section of the se	Qualification Long and the foundation long period years Calendar or tax year beginning in) 2013 2012 2010 2009 Total of line 1, column A verage distribution the number of years to provide the foundation the number of years to provide the series of t	Jnder Sprivate for leave this e section of qualify unt in earth Adjusting (d). In (d). In ratio for the found for nonchalles	Section 4940(e) for Repundations subject to the section 4940(e) for Repundations subject to the section 4942 tax on the distributed funder section 4940(e). Do not characteristic to the section 4940(e). Do n	ections) If (loss), ections) If (loss), ection 4940(a) tax able amount of any o not complete this ee instructions before the value of nonchable the total on line if less than 5 years from Part X, line 5	nter -0- n Net Investme on net investment year in the base per part ore making any ent ntable-use assets 1,677,165 1,488,084 1,427,612 1,375,758 1,365,638 ne 2 by 5, or by rs	nt Income	n ratio by col (c)) 0 063798 0 067192 0 07065 0 073654 0 077321 0 352619
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as the "Yes," 1 Ent Base year (c) 2 3 4 5	Qualification (a) In Part I, line 8 In Part I, line 8 In A940(d)(2) applies, a foundation liable for the "the foundation does not the foundation does not the appropriate amount (a) In Period years Calendar for tax year beginning in) In 2013 In 2012 In 2010 In Part I, line 1, column Average distribution the number of years the Enter the net value of Multiply line 4 by line Enter 1% of net investigation.	Jnder Sprivate for leave this e section of qualify unt in ear Adjusting (d). In (d)	Section 4940(e) for Repundations subject to the set of spart blank and 4942 tax on the distributed under section 4940(e). Do not column for each year, set of the section 4940(e). Do not column for each year, section 4940(e). Do not column for each year	ections) If (loss), ections) If (loss), ection 4940(a) tax able amount of any or not complete this ee instructions before the value of nonchable the total on line if less than 5 years from Part X, line 5 to 17b).	nter -0- n Net Investme on net investment year in the base per part ore making any ent ritable-use assets 1,677,165 1,488,084 1,427,612 1,375,758 1,365,638 te 2 by 5, or by rs te 2 by 5, or by rs	nt Income	0 063798 0 067192 0 07065 0 073654

	990-PF (2014) **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst			age 4
1261 1a		ructio	ns)	
14	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		:	1,098
	here Fand enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
2	Part I, line 12, col (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others			
_	enter -0-)			
3	Add lines 1 and 2			1,098
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			1,098
6	Credits/Payments			
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 3,040			
b	Exempt foreign organizations—tax withheld at source 6b			
С	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			3,040
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		:	1,942
11	Enter the amount of line 10 to be Credited to 2015 estimated tax 1,100 Refunded 11			842
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	it participate or intervene in any political campaign?	. 1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions			
	for definition)?	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials			
_	published or distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year?	1c		No
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	10		110
u	(1) On the foundation \$ (2) On foundation managers \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2		No
	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	. 3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5		No
	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	l l	i l	
	By language in the governing instrument, or By attack to a solution that affectively amond the government and the transfer of the solutions.			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that a reflect with the effect levels amends the governing instrument so that no mandatory directions.		 	
-	that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	. ,	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	 	163	
Ja	Litter the states to which the foundation reports of 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	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?			
	If "Yes," complete Part XIV	. 9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses.	10		No

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	4.4		NI.
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ▶FREDERICK STEINHAUER Telephone no ▶(608)	236-	4860	
	Located at ▶440 SCIENCE DRIVE MADISON WI ZIP+4 ▶53744			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			<u> </u>
13	and enter the amount of tax-exempt interest received or accrued during the year	• •	'	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country 🟲			
Pai	rt 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.		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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes 🔽 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes 🔽 No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2014? Yes V No			
L	If "Yes," list the years • 20, 20, 20, 20			
D	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		No
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	20		140
٠	> 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
Ju	any time during the year?			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation			
-	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	If the foundation had excess business holdings in 2014.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Pa	t VIII-B State	ments Rega	rdin	a Activities for	· Wł	ich Form 4720	May	Be Required (cont	inueo	1)	r age o
	·			or incurany amoun				,			
	(1) Carry on propa	ganda, or other	rwise	attempt to influenc	e leg	ıslatıon (section 49	45(e	e))?	- No		
						section 4955), or to					
								┌ Y es ⋅	- No		
				travel, study, or otl			-	┌ Yes ि			
						etc , organization de	scrib				
								┌ Y es Ϝ	- No		
				religious, charitabl				,,			
									- No		
h								e exceptions described in			
_								instructions)?		5b	
_											
С	If the answer is "Ye	•	-			•			- _{No}		
								T Yes 「	NO		
_	If "Yes," attach the			_							
6a						or indirectly, to pay					
_	•							·			
Ь			ır, pa	y premiums, directl	y or ı	ndirectly, on a perso	onal	benefit contract?	•	6b	No
	If "Yes" to 6b, file Fo	orm 8870.									
7a						a prohibited tax shel					
_ь								the transaction?		7b	
Pa		ation About ntractors	t Off	icers, Director	s, Tı	rustees, Founda	atio	n Managers, Highly	Paid	Emp	loyees,
1	List all officers, dire		s, fou	ındat ion managers a	and t	heir compensation (see i	instructions).			
	·	•	1	Title, and average		c) Compensation	1	(d) Contributions to	(-) [
	(a) Name and ac	ldress	1	hours per week	(:	If not paid, enter		mployee benefit plans			e account, wances
_			de	voted to position		-0-)	and	deferred compensation			
See	Additional Data Tab	le	-								
			_								
2	Compensation of fiv	e highest-paid	emp	loyees (other than	thos	e included on line 1-	-see	instructions). If none, e	nter "N	ONE."	
				(b) Title, and aver	age			(d) Contributions to			
(a)	Name and address paid more than		/ee	hours per week	((c) Compensation	on	employee benefit plans and deferred			e account, wances
	para more man	450,000		devoted to positi	on			compensation	"	ici uni	wances
								·			
_											

Information About Officers, Directors, Truste	es, Foundation Managers, Hi	ghly Paid Employees,
and Contractors (continued) 3 Five highest-paid independent contractors for professional services (s		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
(a) manual and and an analysis of the second part and the second p	(=) . , , , , ,	(o) componential
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 relev	vant statistical information such as the numbe	er of
organizations and other beneficiaries served, conferences convened, research papers produ	ced, etc	Expenses
1 NOT APPLICABLE		
3		
34		
Part IX-B Summary of Program-Related Investments (s	see instructions)	
Describe the two largest program-related investments made by the foundation during the	<u> </u>	A mount
1		
2		
All other program-related investments See instructions		
3		
Tatal Add lines 1 through 2		•
Total. Add lines 1 through 3		~

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. 1 purposes 1a 1.861.582 1h 54.040 1c 1d 1.915.622 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 1.915.622 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 28.734 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 1.886.888 5 94.344 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 94.344 1 Tax on investment income for 2014 from Part VI, line 5. 1.098 2a Income tax for 2014 (This does not include the tax from Part VI). . . 1.098 2c 3 3 93.246 4 4 5 5 93.246 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 7 93.246 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 111.977 1b 0 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 Ω 3 Amounts set aside for specific charitable projects that satisfy the 3a O 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 111,977 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 111,977 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

For	m 990-PF (2014)					Page 9
Р	art XIII Undistributed Income (see	nstruction	ıs)			<u></u>
	,		(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Bart VI line	, 	Corpus	Years prior to 2013	2013	2014
1	,					75,210
2	Undistributed income, if any, as of the end of 20 Enter amount for 2013 only	14			0	
a h	Total for prior years 2012, 2011, 2010			0	0	
3	Excess distributions carryover, if any, to 2014					
a		1,308				
h		3,054				
c	11011120101 1 1 1 1 1 1	1,111				
d		6,502				
е		6,180				
f	Total of lines 3a through e		158,155			
4	Qualifying distributions for 2014 from Part					
	XII, line 4 🕨 \$ 111,977					
а	Applied to 2013, but not more than line 2a				0	
b	Applied to undistributed income of prior years					
	(Election required—see instructions)					
C	Treated as distributions out of corpus (Election					
	required—see instructions)					93,246
	Applied to 2014 distributable amount	• —	10 721			93,246
	Remaining amount distributed out of corpus		18,731			
5	Excess distributions carryover applied to 2014					
	(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:					
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		176,886			
b	Prior years' undistributed income Subtract			_		
	line 4b from line 2b	•				
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	Subtract line 6c from line 6b Taxable amount					
	—see instructions	·		0		
е	Undistributed income for 2013 Subtract line					
	4a from line 2a Taxable amount—see				0	
f	Undistributed income for 2014 Subtract	•				
	lines 4d and 5 from line 1 This amount must					_
	be distributed in 2015					0
7	Amounts treated as distributions out of					
	corpus to satisfy requirements imposed by section $170(b)(1)(F)$ or $4942(g)(3)$ (Election ma					
	be required - see instructions)					
8	Excess distributions carryover from 2009 not					
	applied on line 5 or line 7 (see instructions)		41,308			
9	Excess distributions carryover to 2015.		125 570			
	Subtract lines 7 and 8 from line 6a	•	135,578			
	Analysis of line 9	2.054				
_		3,054				
Ь	Execus non Estil	1,111				
_		6,502 6,180				
d		8,731				
е	Excess from 2014	0,731		I	I	

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

c Any submission deadlines

factors

Form **990-PF** (2014)

3 Grants and Contributions Paid		proved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year See Additional Data Table	or substantial contributor	recipient		
Total	<u> </u>	<u> </u>	3a	110,250
			1	

Form 990-F	PF (2014) -A Analysis of Income-Produci	na Activitie				Page 12
Enter gross amounts unless otherwise indicated		_	usiness income	Excluded by section	n 512, 513, or 514	(e)
_	n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See instructions)
						,
с						
e						
g Fees	and contracts from government agencies					
3 Interes	rship dues and assessments it on savings and temporary cash ments			14	950	
	nds and interest from securities ital income or (loss) from real estate			14	51,415	
a Debt-	financed property					
6 Netren	ebt-financed property					
	nvestment income					
	ory			18	15,303	
10 Gross p	orofit or (loss) from sales of inventory evenue a					
b						
	al Add columns (b), (d), and (e).				67,668	
13 Total. A	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify ca				13	67,668
	-B Relationship of Activities to	the Accom				
Line No. ♥	Explain below how each activity for whic the accomplishment of the foundation's instructions)					

Form 990-P	F(2014)										Рa	ge 13
Part XVI	II Information R Noncharitable					actio	ns and F	Relationships	With			
section	organization directly or 1 501(c) of the Code (oth	ındırectly eı	ngage	ın any of	the following wit						Yes	No
organıza												
	rs from the reporting fou											١
	sh									1a(1)		No
	erassets		• •							1a(2)		No
	ansactions				_					41.74		١
	es of assets to a noncha											No
	chases of assets from a											No
	tal of facilities, equipme									1b(3)		No No
	mbursement arrangeme ns or loan guarantees.									1b(5)		No
	ormance of services or r									1b(6)		No
	of facilities, equipment,									─		No
d If the an of the go	iswer to any of the above ods, other assets, or seans action or sharing ari	e is "Yes," (ervices give rangement,	compl en by t show	ete the fol he reporti in column	llowing schedule ng foundation I	Colum f the fou the god	nn (b) sho undation ro ods, other	uld always show t eceived less than assets, or servic	he fair ma fair marke es receive	rket va et value ed	1	ntc
(a) Line No	(b) Amount involved	(C) Name o) HOHCI	iaillable exe	empt organization	(u)	Description	of transfers, transacti	ons, and sna	illig alla	ngemei	its
-												
describe	undation directly or indiction of the distribution of the distribu	he Code (ot schedule		ian sectio	· · · · · · · · · · · · · · · · · · ·	ın sectı	-		• • • tion of relation	. □Ye	es F	√ _{No}
the	der penalties of perjury, e best of my knowledge sormation of which prepa ***** Signature of officer or t	and belief, i rer has any	t ıs trı	ue, correc					May the return with the below	r) is bas IRS disci preparer	uss this	n all
	1					I _n		la		tr)? 🔽 Y	res l	NO
	Print/Type preparer's TOM BURESH	name	Prepa	ırer's Sıgn	ature	Date		Check if self- employed ▶	PTIN P(004548	321	
Paid Prepared Use Only	Firm's name FSVA CERTIFIED PUB	BLIC ACCO	UNTA	ANTS				Firm's EIN ►				
Only	1221 JOHN Q HAMM 53717	10NS DRIV	′E M	ADISON,	WI			Phone no (608)	831-818	31		

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

•				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
FREDERICK C STEINHAUER	TRUSTEE	0		
440 SCIENCE DRIVE SUITE 103 MADISON, WI 53744	00			
FREDERICK C STEINHAUER II	TRUSTEE	0		
440 SCIENCE DRIVE SUITE 103 MADISON, WI 53744	0 0			
THOMAS STEINHAUER	TRUSTEE	0		
440 SCIENCE DRIVE SUITE 103 MADISON, WI 53744	0 0			
GARY STEINHAUER	TRUSTEE	0		
440 SCIENCE DRIVE SUITE 103 MADISON, WI 53744	0 0			
SHERRI STEINHAUER	TRUSTEE	0		
440 SCIENCE DRIVE SUITE 103 MADISON, WI 53744	00			
RANDALL STEINHAUER	TRUSTEE	0		
440 SCIENCE DRIVE SUITE 103 MADISON, WI 53744	0 0			

Form 990PF Part XV Line 1a - 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).

FREDERICK C STEINHAUER
FREDERICK C STEINHAUER II
SHERRI STEINHAUER
GARY STEINHAUER
RANDALI STEINHALIER

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

			and real of Approved for i	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ALDO LEOPOLD NATURE CENTER 300 FEMRITE DRIVE MADISON, WI 53716	NONE	PC	UNRESTRICTED	1,000
CAPITOL CITY BAND PO BOX 258007 MADISON,WI 537258007	NONE	PC	UNRESTRICTED	1,000
GOODWILL INDUSTRIES 1202 MENDOTA STREET MADISON,WI 537198396	NONE	PC	UNRESTRICTED	1,000
HENRY VILAS ZOO 702 S RANDALL STREET MADISON, WI 53715	NONE	PC	UNRESTRICTED	1,000
AGRACE HOSPICE CARE FOUNDATION 5395 E CHERYL PARKWAY MADISON, WI 53711	NONE	PC	UNRESTRICTED	5,000
MACULAR DEGENERATION FOUNDATION INC PO BOX 531313 HENDERSON,NV 89053	BOX 531313		UNRESTRICTED	1,000
MADISON AREA CONCERT HANDBELLS PO BOX 14658 MADISON,WI 537140658	NONE	PC	UNRESTRICTED	500
MADISON MUSEUM OF CONTEMPORARY ART PO BOX 14385 MADISON, WI 537080385	NONE	PC	UNRESTRICTED	10,000
MADISON OPERA 3414 MONROE STREET MADISON, WI 53711	NONE	PC	UNRESTRICTED	5,000
MADISON SENIOR CENTER 330 W MIFFLIN STREET MADISON, WI 53703	NONE	PC	UNRESTRICTED	250
MADISON YOUTH CHOIR PO BOX 5235 MADISON,WI 53705	NONE	PC	UNRESTRICTED	1,500
MID CONTINENT RAILWAY MUSEUM PO BOX 358 NORTH FREEDOM, WI 539510358	NONE	PC	UNRESTRICTED	500
NEHEMIAH COMMUNITY DEVELOPMENT CORPORATION PO BOX 259861 MADISON, WI 53715	NONE	PC	UNRESTRICTED	2,000
OLBRICH BOTANICAL SOCIETY 3330 ATWOOD AVENUE MADISON, WI 53704	NONE	PC	UNRESTRICTED	5,000
TRIANGLE COMMUNITY MINISTRY 755 BRAXTON PLACE APT 8109 MADISON, WI 53715	NONE	PC	UNRESTRICTED	1,000
Total				110,250

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

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	A mount	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution		
a Paid during the year					
WISCONSIN CHAMBER ORCHESTRA 22 N CARROLL STREET SUITE 104 MADISON, WI 53701	NONE	PC	UNRESTRICTED	15,000	
WISCONSIN YOUTH SYMPHONY 455 N PARK STREET MADISON,WI 53706	NONE	PC	UNRESTRICTED	1,000	
WISCONSIN FCA-SOUTHWEST CHAPTER 555 DONOFRIO ST MADISON, WI 53519	NONE	PC	UNRESTRICTED	2,500	
CTM PO BOX 258007 MADISON,WI 537258007	NONE	PC	UNRESTRICTED	1,000	
DANE COUNTY HUMANE SOCIETY 5132 VOGES RD MADISON, WI 53718	NONE	PC	UNRESTRICTED	1,000	
ST JOHN'S LUTHERN CHURCH (BUILDING FUND) 322 E WASHINGTON AVE MADISON,WI 53703	NONE	NC	UNRESTRICTED	5,000	
MADISON CHILDREN'S MUSEUM INC 100 N HAMILTON ST MADISON,WI 53703	NONE	PC	UNRESTRICTED	1,000	
HEARTLAND FARM SANCTUARY INC PO BOX 45746 MADISON,WI 53744	NONE	PC	UNRESTRICTED	5,000	
MMYGI INC (THE FIRST TEE) PO BOX 8403 MADISON,WI 537088403	NONE	PC	UNRESTRICTED	6,000	
MADISON SYMPHONY ORCHESTRA 222 W WASHINGTON AVENUE SUITE 460 MADISON, WI 53719	NONE	PC	UNRESTRICTED	20,000	
UNIVERSITY OF WISCONSIN ATHLETICS 1440 MONROE ST MADISON,WI 53711	NONE	PC	UNRESTRICTED	10,000	
CHILDREN'S DYSLEXIA CENTER 301 WISCONSIN AVE MADISON,WI 53703	NONE		UNRESTRICTED	1,000	
FRIENDS OF ARBORETUM 1207 SEMINOLE HIGHWAY MADISON,WI 53711	NONE		UNRESTRICTED	1,000	
MCPHERSON EYE RESEARCH INSTITUTE 1111 HIGHLAND AVE MADISON,WI 53705	NONE		UNRESTRICTED	5,000	
Total				110,250	

efile GRAPHIC print - DO NOT PROCESS

Schedule B

STEINHAUER CHARITABLE FOUNDATION

As Filed Data -

DLN: 93491210000225

OMB No 1545-0047

01010 10-0 00-1

2014

Schedule of Contributors

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

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

39-1600091

Or.	~ ~ n	ization	tuna	(check one)
UI.	uan	ızatıvı	ivbe	CHECK OHE

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

Γ	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% 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
Γ	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
Γ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Name of organization
STEINHAUER CHARITABLE FOUNDATION

Employer identification number 39-1600091

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	GARY STEINHAUER 1349 BOUNDARY ROAD MIDDLETON, WI 53562	\$9,969	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RANDALL STEINHAUER 5850 TREE LINE DRIVE FITCHBURG, WI 53711	\$ 5,093	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CHUCK STEINHAUER 58 CAMBRIDGE ROAD MADISON, WI 53704	\$21,112	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 Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
STEINHAUER CHARITABLE FOUNDATION

Employer identification number
39-1600091

Part II	needed (see instructions) Use duplicate copies of Part II if additional space is		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	160 SHARES COMCAST 10 SHARES HOME DEPOT	\$ 9,969	2014-12-09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	87 SHARES FIDELITY	\$ 5,093	2014-11-05
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ 3	250 SHARES INTUIT	\$ 21,112	2014-08-22
(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
		\$	

B (Form 990, 990-EZ, or 990-PF) (2014)			Page
organization			Employer identification number
OER CHARITABLE FOUNDATION			39-1600091
that total more than \$1,000 for the year from entry. For organizations completing Part III, enter the year (Enter this information once. See instructions)	om any one er the total of o ructions)	contributor. Complet	e columns (a) through (e) and the following line
(b) Purpose of gift		Use of gift	(d) Description of how gift is held
Tuesday all name address and 3		=	
	<u> </u>	Relatio	enship of transferor to transferee
(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
Transferee's name, address, and Z		-	onship of transferor to transferee
(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
Transferee's name, address, and Z			onship of transferor to transferee
(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
Transferee's name, address, and Z		-	onship of transferor to transferee
	Transferee's name, address, and Z (b) Purpose of gift (b) Purpose of gift (b) Purpose of gift (b) Purpose of gift (b) Purpose of gift	Exclusively religious, charitable, etc., contributions to that total more than \$1,000 for the year from any one entry For organizations completing Part III, enter the total of the year (Enter this information once See instructions) ► Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) (c) (d) Transferee's name, address, and ZIP 4 (e) Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) (c) (d) (e) Transferee's name, address, and ZIP 4 (e) Transferee's name, address, and ZIP 4	Description Carlot Carlo

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OMB No 1545-0123

Sequence No 12A

8949

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets ▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Social security number or taxpayer identification number

Before you check Box A, B, or C below, check whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which NO adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

ate F

(ou <i>must</i> check Box A, B, <i>or</i> C belo Form 8949, page 1, for each applica complete as many forms with the sa	able box Ifyou	ı have more sh	ort-term transact	•		,	
(A) Short-term transactions re(B) Short-term transactions re(C) Short-term transactions no	ported on Form	n(s) 1099-B sh	nowing basis was			te above)	
(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions	If you enter a	an amount in column (g), code in column (f) eparate instructions (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)

			III OLI GIOLIO	,	
2 Totals Add the amounts in colum (subtract negative amounts) Enter include on your Schedule D, line 1b					

checked), line 2 (If Box B above Is checked), or line 3 (If Box

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the

C above is checked)

Adjustment, if any, to gain or loss

Page 2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side STEINHAUER CHARITABLE FOUNDATION

Social securitynumber or taxpayer identification number 39-1600091

Before you check Box D, E, or F below, check whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which NO adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions	If you enter a enter a	and any, to gain or loss an amount in column (g), code in column (f) aparate instructions (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result
					instructions	adjustment	with column (g)
PUBLICLY TRA			50,137	(34,834)			15,303
_							
-							_
-							
2 Totals Add the amounts in colum (subtract negative amounts) Enter include on your Schedule D, line 8b checked), line 9 (if Box E above is constant)	reach total her O(If Box D abov Checked), or lin	e and e 1s e 10 (1f	50.407	(24.024)			45.202
Box F above is checked)			50,137				15,303
Note. If you checked Box D above I	but the basis re	eported to the I	.หร was incorrect	, enter in column (e) the bas	sis as reported t	o tne IRS, and

TY 2014 Accounting Fees Schedule

Name: STEINHAUER CHARITABLE FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,455	1,728		1,727

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

TY 2014 Depreciation Schedule

Name: STEINHAUER CHARITABLE FOUNDATION

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TY 2014 Investments Corporate Bonds Schedule

Name: STEINHAUER CHARITABLE FOUNDATION

Name of Bond	End of Year Book Value	End of Year Fair Market Value
BMW BANK OF NORTH AMERICA	50,000	50,163

TY 2014 Investments Corporate Stock Schedule

Name: STEINHAUER CHARITABLE FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ASSOCIATED BANCORP - 474.639		
SHARES	11,357	8,843
MONSANTO COMP - 204.012 SHARES	21,443	24,373
AT&T - 2507.256 SHARES	50,413	84,219
BANK MONTREAL QUEBECK -		
1,977.283 SHARES	76,906	139,853
BOEING COMPANY - 588.788		
SHARES	32,365	76,531
CLOROX COMPANY - 1,228.502		
SHARES	32,934	128,022
DOW CHEMICAL COMPANY - 323.269		
SHARES	10,605	14,744
EXXON - 1,197.876 SHARES	66,663	110,743
FIDELITY NATIONAL INFO SERVICE		
INC - 1,451.973 SHARES	24,310	90,313
FREEPORT MCMORAN COPPER AND		
GOLD - 717.918 SHARES	33,093	16,770
GENERAL ELECTRIC - 717.397		
SHARES	23,483	18,129
HEWLETT-PACKARD COMPANY -		
392.765 SHARES	13,523	15,762
IDEARC - 12.000 SHARES	344	
INTEGRYS ENERGY GROUP INC		
757.737 SHARES	29,859	58,990
INTEL - 1,116.805 SHARES	31,140	40,529
INT'L BUSINESS MACHINES -		
391.354 SHARES	19,378	62,789
JOHNSON & JOHNSON - 1,600.284		
SHARES	45,961	167,342
KIMBERLY CLARK -658.901 SHARES	26,325	76,129

Name of Stock	End of Year Book Value	End of Year Fair Market Value
LEVEL 3 COMMONS INC - 1000.000		
SHARES	21,547	49,380
MG&E - 3,589.361 SHARES	61,480	163,711
PEPSICO INCORPORATED -		
1,126.584 SHARES	72,032	106,530
PROCTOR & GAMBLE - 1,187.435		
SHARES	39,961	108,163
PROVIDENT FINANCIAL HOLDING -		
1,250.804 SHARES	14,451	18,924
3M COMPANY - 394.816 SHARES	19,024	64,876
UNION PACIFIC CORP - 12.607		
SHARES	634	1,502
US BANCORP - 1,033.081 SHARES	9,503	46,437
VERIZON COMMUNICATIONS -		
1,178.171 SHARES	43,039	55,115
WALGREENS - 1,221.551 SHARES	12,351	93,082
YUM BRANDS - 216.215 SHARES	14,709	15,751
HOME DEPOT INC - 10.000 SHARES	253	1,050
INTUIT - 267.000 SHARES	41,609	24,615
OSHKOSH CORP 0 SHARES	0	0
QUALCOMM INC 3.039 SHARES	215	226
ALLIANT ENERGY CORP - 414.463		
SHARES	21,611	27,529
COMCAST CORP CL - 160.000		
SHARES	12,836	9,282
HALYARD HEALTH INC 82.000		
SHARES	1,137	3,728
OCCIDENTAL PETROLEUM CORP -		
26.000 SHARES	2,270	2,096

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TY 2014 Other Expenses Schedule

Name: STEINHAUER CHARITABLE FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS EXPENSE	5,057	5,057		



TY 2014 Other Income Schedule

Name: STEINHAUER CHARITABLE FOUNDATION

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS INCOME			

TY 2014 Taxes Schedule

Name: STEINHAUER CHARITABLE FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	810	810		
FEDERAL TAX PAID FOR PY	2,119	2,119		
FEDERAL TAX EST PAID FOR CY	3,040	3,040		