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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2014

Open to Public Inspection

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

Name of foundation DUPACO RW HOEFER FOUNDATION		A Employer identification number 45-4145438	
Number and street (or P O box number if mail is not delivered to street address) 3299 HILLCREST RD PO BOX 179		B Telephone number (see instructions) (563) 557-7600	
City or town, state or province, country, and ZIP or foreign postal code DUBUQUE, IA 52001		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 2,110,191		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	437,582			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities.	87,655	87,655		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 	14,619			
	b Gross sales price for all assets on line 6a <u>393,250</u>				
	7 Capital gain net income (from Part IV, line 2) . . .		14,619		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	539,856	102,274		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule) 	4,175	4,175		
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . . 	1,193			
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	5,368	4,175		0
	25 Contributions, gifts, grants paid	82,744			82,744
	26 Total expenses and disbursements. Add lines 24 and 25	88,112	4,175		82,744
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	451,744			
	b Net investment income (if negative, enter -0-)		98,099		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	4,844	13,489	13,489
	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 ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	1,024,000	1,242,627	1,242,627
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	639,678	854,075	854,075
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,668,522	2,110,191	2,110,191	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	1,668,522	2,110,191	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	1,668,522	2,110,191	
	31	Total liabilities and net assets/fund balances (see instructions) . . .	1,668,522	2,110,191	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	11,668,522
2	Enter amount from Part I, line 27a	2451,744
3	Other increases not included in line 2 (itemize) ▶ _____	3
4	Add lines 1, 2, and 3	42,120,266
5	Decreases not included in line 2 (itemize) ▶ _____	510,075
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	62,110,191

Part IV

Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 393,250		378,631	14,619
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			14,619
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	14,619
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	}	3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	55,322	1,093,760	000 050580
2012	20,044	714,087	000 028069
2011			
2010			
2009			

2	Total of line 1, column (d).	2	000 078649
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	000 039325
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	1,696,109
5	Multiply line 4 by line 3.	5	66,699
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	981
7	Add lines 5 and 6.	7	67,680
8	Enter qualifying distributions from Part XII, line 4.	8	82,744

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	981
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	
3 Add lines 1 and 2.		3	981
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-		5	981
6 Credits/Payments			
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a	583	
b Exempt foreign organizations—tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	398	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d.		7	981
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		8	
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 2015 estimated tax Refunded		11	

Part VII-A

Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	1b		No
c Did the foundation file Form 1120-POL for this year?	1c		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ (2) On foundation managers \$			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		No
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? If "Yes," attach the statement required by General Instruction T.	5		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	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.	7	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) IA			
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

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address N/A				
14	The books are in care of Danielle Gratton Telephone no (563) 557-7600 Located at 3999 Pennsylvania Ave Dubuque IA ZIP+4 52002			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year.	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			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? Yes No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). Yes No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 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))			
a	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? If "Yes," list the years 20 , 20 , 20 , 20 Yes No			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No			
b	If "Yes," did it have excess business holdings in 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
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☒ Yes ☐ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

No

Organizations relying on a current notice regarding disaster assistance check here. ☒

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(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
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances

Total number of other employees paid over \$50,000. ☒

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Part VIII

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Part IX-B

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Total. Add lines 1 through 3

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	1,707,417
b	Average of monthly cash balances.	1b	14,521
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,721,938
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	1,721,938
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	25,829
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,696,109
6	Minimum investment return. Enter 5% of line 5.	6	84,805

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	84,805
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	981
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	981
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	83,824
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	83,824
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	83,824

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 .	1a	82,744
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	82,744
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	981
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	81,763

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				83,824
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			13,315	
b Total for prior years 2010 , 2011 , 2012		15,151		
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.				
c From 2011.				
d From 2012.				
e From 2013.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 82,744				
a Applied to 2013, but not more than line 2a			13,315	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2014 distributable amount.				69,429
e Remaining amount distributed out of corpus				
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b.		15,151		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions		15,151		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				14,395
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 2009 not applied on line 5 or line 7 (see instructions) . . .				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2010. . . .				
b Excess from 2011. . . .				
c Excess from 2012. . . .				
d Excess from 2013. . . .				
e Excess from 2014. . . .				

Part XIV

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
		(a) 2014	(b) 2013	(c) 2012	(d) 2011	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . .					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

None

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

None

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

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

Dupaco R W Hoefer Foundation
PO Box 179
Dubuque, IA 520040179
(563) 557-7600
RWHoeferFoundationdupaco.com

b

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

Grant Application Form at www.dupaco.com

c

Any submission deadlines

May 1 November 1

d

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

The encouragement of education, promotion of charity, and to contribute to organizations or causes which enhance the quality of life

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div><div>a</div><div>Paid during the year</div><div>See Additional Data TableSee Additional Data Table</div></div>				
<div>Total</div>			<div>3a</div>	82,744
<div><div>b</div><div>Approved for future payment</div></div>				
<div>Total</div>			<div>3b</div>	

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

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

(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No

[illegible]

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.


<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> ***** 2015-08-12 </div> <div style="display: flex; justify-content: space-between;"> Signature of officer or trustee Date </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>*****</div> <div>Title</div>	<div style="border: 1px solid black; padding: 5px;"> May the IRS discuss this return with the preparer shown below (see instr)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>
---	---	---

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
Firm's name <input type="checkbox"/>			Firm's EIN <input type="checkbox"/>	
Firm's address <input type="checkbox"/>			Phone no	


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
Denise Dolan	Director, Chair 001 00	0		
2830 Oak Meadow Ct Dubuque,IA 52003				
Randy Skemp	Director, Vice Chair 001 00	0		
14678 Hidden Meadow Drive Dubuque,IA 52002				
Robert Hoefer	Director 001 00	0		
3620 Seville Drive Dubuque,IA 52002				
Joseph Hearn	Director, Secretary 001 00	0		
15868 Clover Lane Dubuque,IA 52002				
Danielle Gratton	Director, Treasurer 001 00	0		
6431 Torrey Pines Drive Dubuque,IA 52002				


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Adam Smith 4503 Lark Dr Dubuque,IA 52001	None	NC	Financial Assistance	314
Amy Hanen 2820 JFK Rd Dubuque,IA 52001	None	NC	Medical Assistance	50
Angelo Campbell 1637 Ackermant Waterloo,IA 50703	None	NC	Financial Assistance	265
Barry Funke 140 W Union St Manchester,IA 52057	None	NC	Medical Assistance	3,000
Becky Mangrich 187 Sidehill Dr Waterloo,IA 50701	None	NC	Financial Assistance	100
Billie Moody 2727 Franklin Ave NE Cedar Rapids,IA 52402	None	NC	Medical Assistance	1,000
Brandon Jessi Dorsey 302 8th Ave NE Independence,IA 50644	None	NC	Financial Assistance	2,000
Brian Barb Trapp 2329 245th Avenue Delhi,IA 52223	None	NC	Medical Assistance	1,700
Brian Kim Weimerskirch 9301 Birsch St Bernard,IA 52032	None	NC	Financial Assistance	2,000
Brian Baftiri 800 82nd St Anamosa,IA 52205	None	NC	Financial Assistance	100
Carisma Wickham 1247 4th Ave SE Cedar Rapids,IA 52402	None	NC	Medical Assistance	100
Casandra Robinson 1025 30th St SE Cedar Rapids,IA 52403	None	NC	Financial Assistance	3,000
Cody Watson 4170 Layden Ct Dubuque,IA 52001	None	NC	Medical Assistance	2,000
Courtney Durnan 1462 252nd Ave Earlville,IA 52041	None	NC	Financial Assistance	257
Dan Donna Walling 3540 Hillcrest Rd Dubuque,IA 52001	None	NC	Medical Assistance	1,000
Total  3a				82,744


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Danielle Steines 980 Jackson St Apt 6 Platteville,WI 53818	None	NC	Financial Assistance	427
Darell Olive 1921 Springview St Waterloo,IA 50707	None	NC	Financial Assistance	194
David Molly Kaiser 8548 Royal Oak Dr Peosta,IA 52068	None	NC	Medical Assistance	3,000
Dominique Johnson 524 12th St SE Cedar Rapids,IA 52403	None	NC	Financial Assistance	501
Earl Joann Crary 310 E Watson St Garnavillo,IA 52049	None	NC	Medical Assistance	1,000
Emalee Gerhards 115 East St Potosi,WI 53820	None	NC	Financial Assistance	482
Emil Althoff 604 Elizabeth St Earlville,IA 52041	None	NC	Financial Assistance	100
Emily Pfiffner 10 Nevada St Dubuque,IA 52001	None	NC	Medical Assistance	1,550
Francis Heim 215 1/2 E 5th St Apt 309 Waterloo,IA 50703	None	NC	Financial Assistance	100
Gloria Hogan 720 1/2 Alpine St Dubuque,IA 52001	None	NC	Financial Assistance	100
Greg Harris 35326th St NW Cedar Rapids,IA 52405	None	NC	Financial Assistance	100
Heather Cousins 6400 Hickory Blvd Cedar Rapids,IA 52403	None	NC	Medical Assistance	2,000
Heather Hill 908 N main St Carroll,IA 51401	None	NC	Financial Assistance	191
Jamie Lessard 100 Jentz Dr Potosi,WI 53820	None	NC	Medical Assistance	50
Jeff Burgmeier 329 Riverview Ter East Dubuque,IL 61025	None	NC	Medical Assistance	1,000
Total  3a				82,744


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Jodi Doyle 917 10th Ave SE Cedar Rapids,IA 52401	None	NC	Financial Assistance	200
Jodie Navarijo 3712 Pennsylvania Ave Apt 195 Dubuque,IA 52001	None	NC	Financial Assistance	211
Joe Crystal O'Dell 410 Oxford St East Dubuque,IL 61025	None	NC	Medical Assistance	2,000
Joe Axline 404 S Tama St Manchester,IA 52057	None	NC	Financial Assistance	355
Joe Christofferson 2020 Glass Rd NE Cedar Rapids,IA 52402	None	NC	Medical Assistance	50
Jordan Yanna 347 Grand St Highland,WI 53543	None	NC	Financial Assistance	1,000
Joshua Carrie Gates 925 E Mineral St Apt A Platteville,WI 53818	None	NC	Medical Assistance	3,000
Katie Hamilton 510 Main St Rewey,WI 53580	None	NC	Medical Assistance	950
Kayla Kohlmeyer 1413 Shamrock Dr Waterloo,IA 50701	None	NC	Financial Assistance	195
Kenisha Perkins 3712 Pennsylvania Ave Apt 193 Dubuque,IA 52001	None	NC	Financial Assistance	464
Kere Knautz 1310 Mill Rd Cuba City,WI 53807	None	NC	Medical Assistance	50
Kristen Loecher 1200 Commercial St Waterloo,IA 50702	None	NC	Financial Assistance	2,942
Lisa Regenscheid 1409 Clark St Des Moines,IA 50314	None	NC	Financial Assistance	177
Lori Morris Kirkpatrick 1965 Scenic View Dr Dubuque,IA 52001	None	NC	Medical Assistance	2,000
Luellen Rowen 305 E 22nd St Dubuque,IA 52001	None	NC	Medical Assistance	50
Total  3a				82,744


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Michael Petrousek 205 1/2 N Center Ave Epworth,IA 52045	None	NC	Financial Assistance	443
Nancy Grindey 6786 N Canyon Park Road Apple River,IL 61001	None	NC	Financial Assistance	238
Nathaniel First 1602 Breca Ridge Dr Anamosa,IA 52205	None	NC	Financial Assistance	300
Ninfa Gutierrez 553 1/2 W Locust St Dubuque,IA 52001	None	NC	Financial Assistance	353
Roy Gorby 3911 Cedar Knoll Cir Waterloo,IA 50701	None	NC	Financial Assistance	100
Ryan Miller 219 Reber Ave Waterloo,IA 50701	None	NC	Financial Assistance	602
Sam Lynch 2760 Andrew Ct Dubuque,IA 52001	None	NC	Medical Assistance	3,000
Sue Brokus 101 York St Dubuque,IA 52001	None	NC	Financial Assistance	200
Susan Caldwell 31545 Bellevue Drive Bellevue,IA 52031	None	NC	Financial Assistance	1,000
Tammy Thurston 1240 Savanna Dubuque,IA 52003	None	NC	Financial Assistance	500
Todd Emalee Gerhards 115 East St Potosi,WI 53820	None	NC	Financial Assistance	3,000
Wayne Kimberly Althoff 1900 310th Ave Dyersville,IA 52040	None	NC	Medical Assistance	2,000
Will Kohn 3859 18th St Bettendorf,IA 52722	None	NC	Medical Assistance	1,000
Xela A Weber 513 Washington St Galena,IL 61036	None	NC	Medical Assistance	50
Alzheimer Assc 5900 Saratoga Dubuque,IA 52002	None	PC	Medical Assistance	500
Total  3a				82,744

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
American Cancer Society 2774 University Ave Dubuque,IA 52001	None	PC	Medical Assistance	925
American Heart Association 1035 N Center Point Rd Hiawatha,IA 52233	None	PC	Medical Assistance	700
Big Brother Big Sisters of Northeast Iowa 2530 University Ave Ste 8 Waterloo,IA 50701	None	PC	Educational Assistance	1,000
Compass to Care Childhood Cancer 120 W Madison St Ste 702 Chicago,IL 60602	None	PC	Medical Assistance	500
Finely Health Foundation 350 N Grandview Avenue Dubuque,IA 52003	None	PC	Medical Assistance	1,900
Hills & Dales Child Development 1011 Davis St Dubuque,IA 52001	None	PC	Educational Assistance	4,000
His Hands Ministries 400 12th St SE Cedar Rapids,IA 52403	None	PC	Medical Assistance	1,750
Klarify Foundation 350 N Grandview Ave Dubuque,IA 52001	None	PC	Educational Assistance	3,000
Little Treasures Child Development 2035 Radford Road Dubuque,IA 52002	None	PC	Educational Assistance	1,116
Make-a-wish Foundation of Iowa Inc 3024 104th St Urbandale,IA 50322	None	PC	Medical Assistance	800
March of Dimes 425 2nd St SE Cedar Rapids,IA 52401	None	PC	Medical Assistance	500
Presentation Lantern Center 900 Jackson St Ste LL5-1 Dubuque,IA 52001	None	PC	Educational Assistance	1,000
Shalom Spirtuality Center 1001 Davis St Dubuque,IA 52001	None	SO I	Educational Assistance	725
Two by Two Character Development 620 S Grandview Ave Dubuque,IA 52003	None	PC	Educational Assistance	2,500
Wisconsin Badger Camp PO Box 723 Platteville,WI 53818	None	PC	Educational Assistance	2,500
Total  3a				82,744

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Resurrection School 4300 Asbury Road Asbury,IA 52002	None	SO I	Educational Assistance	1,000
Resurrection School 4300 Asbury Road Asbury,IA 52002	None	SO I	Educational Assistance	1,217
Seton Catholic School 597 Burds Rd Peosta,IA 52068	None	SO I	Educational Assistance	1,000
St Anthony School 1870 St Ambrose St Dubuque,IA 52001	None	SO I	Educational Assistance	1,000
Waterloo Schools Foundation 201 Tower Park Drive Ste 106 Waterloo,IA 50701	None	SO I	Educational Assistance	1,000
Total  3a				82,744

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div> <div>2014</div>
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<div>Name of the organization</div> <div>DUPACO RW HOEFER FOUNDATION</div>	<div>Employer identification number</div> <div>45-4145438</div>
--	---

Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)() (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

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

Employer identification number
45-4145438

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Dupaco Community Credit Union 3999 Pennsylvania Ave Dubuque, IA 52002	\$ 400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization DUPACO RW HOEFER FOUNDATION	Employer identification number 45-4145438
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Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____

Name of organization DUPACO RW HOEFER FOUNDATION	Employer identification number 45-4145438
--	---

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed.
-----------------	---

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

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

TY 2014 Gain/Loss from Sale of Other Assets Schedule

Name: DUPACO RW HOEFER FOUNDATION

EIN: 45-4145438

Software ID: 14000292

Software Version: 14.4.1.0

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
Sales from publicly traded securities		P			393,250	378,631			14,619	

TY 2014 General Explanation Attachment

Name: DUPACO RW HOEFER FOUNDATION

EIN: 45-4145438

Software ID: 14000292

Software Version: 14.4.1.0

**TY 2014 Investments Corporate
Stock Schedule****Name:** DUPACO RW HOEFER FOUNDATION**EIN:** 45-4145438**Software ID:** 14000292**Software Version:** 14.4.1.0

Name of Stock	End of Year Book Value	End of Year Fair Market Value
11946 shares of AMERICAN CENTURNY MID CAP VALUE INV AVUAX	231,578	231,578
3024 shares of ARTISAN MID CAP ARTMX	167,794	167,794
4111 shares of BLACKROCK EQUITY DIVIDEND MADVX	116,243	116,243
612 shares of DELAWARE SMALL CAP VALUE DEVIX	55,329	55,329
11453 shares of GOLDMAN SACHS SATELLITE STRATEGY GXSIX	114,215	114,215
2618 shares of T ROWE PRICE GROWTH STOCK PRGFX	165,578	165,578
409 shares of VANGUARD 500 INDEX SIGNAL VIFSX	65,346	65,346
5540 shares of ARTISAN FUNDS INTERNATIONAL ARTIX	202,603	202,603
2696 shares of TEMPLETON INSTL FOREIGN SMALLER CO TFSCX	72,464	72,464
1727 shares of JP MORGAN VALUE ADVANTAGE INS	51,477	51,477

TY 2014 Investments - Other Schedule**Name:** DUPACO RW HOEFER FOUNDATION**EIN:** 45-4145438**Software ID:** 14000292**Software Version:** 14.4.1.0

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
FRANKLIN STRATEGIC INCOME ADV FKSAX	FMV	205,233	205,233
PROSHARES TR PSHS ULSHT 7-10Y	FMV	28,981	28,981
VANGUARD FIXED INCOME GNMA ADM CL VFIJX	FMV	299,707	299,707
GOLDMAN SACHS FINANCIAL SQUARE - FEDERAL	FMV	14,367	14,367
ASHTON/DOUBLELINE CORE PLUS	FMV	202,779	202,779
CHAMPAIGN CNTY IL SCH	FMV	53,083	53,083
FNMA STEP	FMV	49,925	49,925

TY 2014 Other Decreases Schedule

Name: DUPACO RW HOEFER FOUNDATION

EIN: 45-4145438

Software ID: 14000292

Software Version: 14.4.1.0

Description	Amount
Unrealized gain/loss	10,075

TY 2014 Other Professional Fees Schedule

Name: DUPACO RW HOEFER FOUNDATION

EIN: 45-4145438

Software ID: 14000292

Software Version: 14.4.1.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Investment Management Fees	4,175	4,175		

TY 2014 Taxes Schedule

Name: DUPACO RW HOEFER FOUNDATION

EIN: 45-4145438

Software ID: 14000292

Software Version: 14.4.1.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Excise tax paid on net investment income	1,193			