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For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

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		Room/suite	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 <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <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		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 2,528,016		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 <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	542,937			
	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	43,921	43,921		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 	81,221			
	b Gross sales price for all assets on line 6a 422,063				
	7 Capital gain net income (from Part IV , line 2)		81,221		
	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	668,079	125,142		
	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) 	5,224	5,224		
	17 Interest				
	18 Taxes (attach schedule) (see instructions) 	1,379			
	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	6,603	5,224		0
	25 Contributions, gifts, grants paid	103,457			103,457
	26 Total expenses and disbursements. Add lines 24 and 25	110,060	5,224		103,457
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	558,019			
	b Net investment income (if negative, enter -0-)		119,918		
	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	13,489	16,594	16,594
	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)	1,242,627	1,589,186	1,589,186
	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)	854,075	922,236	922,236
	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)		2,110,191	2,528,016	2,528,016
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	2,110,191	2,528,016	
	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)	2,110,191	2,528,016	
	31	Total liabilities and net assets/fund balances(see instructions)	2,110,191	2,528,016	

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,110,191
2	Enter amount from Part I, line 27a	2	558,019
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	2,668,210
5	Decreases not included in line 2 (itemize) ▶ _____	5	140,194
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	2,528,016

Part IV

Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 359,992		340,842	19,150
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			19,150
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	81,221
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	5,238

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))
2014	81,763	1,696,109	000 048206
2013	55,322	1,093,760	000 050580
2012	20,044	714,087	000 028069
2011			
2010			

2	Total of line 1, column (d).	2	000 126855
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 042285
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	2,147,975
5	Multiply line 4 by line 3.	5	90,827
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	1,199
7	Add lines 5 and 6.	7	92,026
8	Enter qualifying distributions from Part XII, line 4.	8	103,457

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 VII

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	1,199
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	1,199
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	1,199
6 Credits/Payments			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	981	
b Exempt foreign organizations—tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868).	6c	218	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d.		7	1,199
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		
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 2015 or the taxable year beginning in 2015 (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? Website address ▶ N/A	13	Yes	
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15	15		
16	At any time during calendar year 2015, 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? 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 ▶	16	Yes No	No No

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. ▶ <input type="checkbox"/>	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 2015?	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the 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 2015).	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 2015?	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)? ☐ Yes ☒ No **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? ☐ Yes ☒ No **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? ☐ Yes ☒ No **7b**

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

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

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

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

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

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

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

Total number of others receiving over \$50,000 for professional services. ▶

Part IX-A

Summary of Direct Charitable Activities

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

	Expenses
1 None	0
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 ▶

Part X Minimum Investment Return

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	2,123,696
b	Average of monthly cash balances.	1b	56,989
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,180,685
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	2,180,685
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	32,710
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,147,975
6	Minimum investment return. Enter 5% of line 5.	6	107,399

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	107,399
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	1,199
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,199
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	106,200
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	106,200
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	106,200

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	103,457
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	103,457
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	1,199
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	102,258

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				106,200
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			14,395	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				
d From 2013.				
e From 2014.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 103,457				
a Applied to 2014, but not more than line 2a			14,395	
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 2015 distributable amount.				89,062
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				17,138
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.				
10 Analysis of line 9				
a Excess from 2011. . . .				
b Excess from 2012. . . .				
c Excess from 2013. . . .				
d Excess from 2014. . . .				
e Excess from 2015. . . .				

Part XIV

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☐ 4942(j)(3) or ☐ 4942(j)(5)

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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Part XV

1 Information Regarding Foundation Managers:

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

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.

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

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

Grant Application Form at www.dupaco.com

Any submission deadlines

May 1 November 1

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)				
a Paid during the year See Additional Data TableSee Additional Data Table				
Total			▶ 3a	103,457
b Approved for future payment				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)

1. 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?

a Transfers from the reporting foundation to a noncharitable exempt organization of			
(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
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes
☒ No

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.

<p>*****</p> <p>_____</p> <p>Signature of officer or trustee</p>	<p>2016-11-15</p> <p>_____</p> <p>Date</p>	<p>*****</p> <p>_____</p> <p>Title</p>
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May the IRS discuss this return with the preparer shown below (see instr)? ☐ Yes ☒ No

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

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Denise Dolan	Director, Vice Chair 001 00	0		
2830 Oak Meadow Ct Dubuque, IA 52003				
Randy Skemp	Director, 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>				
Finley Heath Foundation 350 N Grandview Dubuque,IA 52001	None	PC	Medical Assistance	1,000
Bristol Kono 27 Jenni St Dubuque,IA 52001	None	NC	Medical Assistance	1,929
Paige Shaffer 16723 Festal Ave Farmington,IA 52626	None	NC	Medical Assistance	2,500
Mary LaMar Balke 486 Ida Dr Marion,IA 52302	None	NC	Medical Assistance	2,500
Lacie Buxton 1756 Richie Dr Dubuque,IA 52002	None	NC	Medical Assistance	2,500
Luz Jeff Digmann 425 Kaufman Ave Dubuque,IA 52001	None	NC	Medical Assistance	3,000
Collin Schultes PO Box 155 Templeton,IA 51463	None	NC	Medical Assistance	2,500
Doug Engelken 816 3rd Ave SE Dyersville,IA 52040	None	NC	Medical Assistance	3,000
Doug Struder 2120 9th St SW Cedar Rapids,IA 52404	None	NC	Medical Assistance	3,000
Mark Osterhaus 311 NE 2nd St Elkader,IA 52043	None	NC	Medical Assistance	1,500
Liam Young 2772 Jimtown Rd Cuba City,WI 53807	None	NC	Medical Assistance	3,000
Robert Amy Sheehan 836 Kaufmann Ave Dubuque,IA 52001	None	NC	Medical Assistance	3,000
Tim Laurie Leibold 15686 Lore Mound Rd Dubuque,IA 52002	None	NC	Medical Assistance	3,000
Eileen Brokus 101 York St Dubuque,IA 52001	None	NC	Financial Assistance	1,000
Michelle Donath 618 S Grandview Ave Apt C Dubuque,IA 52003	None	NC	Financial Assistance	1,000
Total ▶ 3a				103,457

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>				
Jenny Josh Robbins 422 2nd Ave SW Dyersville,IA 52040	None	NC	Financial Assistance	3,000
Alycia Hjelmeland 5480 Kirkwood Blvd SW 8 Cedar Rapids,IA 52404	None	NC	Financial Assistance	3,000
Sarah Regan 140 Cherry Hill Rd NW Cedar Rapids,IA 52405	None	NC	Financial Assistance	1,600
Jacob Jennifer Luce 315 S Main St Maquoketa,IA 52060	None	NC	Financial Assistance	3,000
Candice Slick 5480 Kirkwood Blvd SW 4 Cedar Rapids,IA 52404	None	NC	Financial Assistance	2,000
Julie White 5541 Keene Dr Krieler,WI 53820	None	NC	Financial Assistance	1,551
Dubuque Museum of Art 710 Locust St Dubuque,IA 52001	None	PC	Financial Assistance	1,500
Power of Women & Children 5110 16th Ave SW 4 Cedar Rapids,IA 52404	None	PC	Financial Assistance	1,000
Presentation Lantern 900 Jackson St Ste LL5-1 Dubuque,IA 52001	None	PC	Financial Assistance	1,500
Wisconsin Badger Camp PO Box 723 Platteville,WI 53818	None	SO	Financial Assistance	2,500
Salome Murray 1407 7th Ave SE Cedar Rapids,IA 52403	None	NC	Financial Assistance	351
Joe Sandy Jasper 1124 2nd Ave SE Dyersville,IA 52040	None	NC	Financial Assistance	100
Kerry Walling 2035 Pasadena Dr Apt 5 Dubuque,IA 52001	None	NC	Financial Assistance	303
Michael Schick 2004 Windsor Ave Dubuque,IA 52001	None	NC	Financial Assistance	50
David Cassie Phelps PO Box 134 Colesburg,IA 52035	None	NC	Financial Assistance	226
Total ▶ 3a				103,457

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>				
Marty Erica Stanek 1619 Sweetland Rd Muscatine,IA 52761	None	NC	Financial Assistance	500
Chris Young 2772 Jimtown Rd Cuba City,WI 53807	None	NC	Financial Assistance	345
Patricia Cambridge 270 21st Ave SW Cedar Rapids,IA 52404	None	NC	Financial Assistance	250
Jacob Jennifer Luce 315 S Main St Maquoketa,IA 52060	None	NC	Financial Assistance	207
Josh Jenny Robbins 422 2nd Ave SW Dyersville,IA 52040	None	NC	Financial Assistance	100
Barb Penney 2531 2nd Ave SE Dyersville,IA 52040	None	NC	Financial Assistance	100
Tiffany McKinney 85 Harbet Ave NW Apt 208 Cedar Rapids,IA 52405	None	NC	Financial Assistance	100
Shayne Noble 457 Burch St Dubuque,IA 52001	None	NC	Financial Assistance	392
Jason Tenisha Lambert 16 36th Ave SW Cedar Rapids,IA 52404	None	NC	Financial Assistance	100
Amanda Bays 110 Peterson Dr Unit 24 Peosta,IA 52068	None	NC	Financial Assistance	442
Kenisha Perkins 3712 Pennsylvania Ave Dubuque,IA 52002	None	NC	Financial Assistance	288
Michelle Donath 618 S Grandview Dubuque,IA 52001	None	NC	Financial Assistance	100
Robert Cherrier 313 Maple St Apt 10 Earlville,IA 52041	None	NC	Financial Assistance	100
Rob Amy Sheehan 836 Kaufmann Ave Dubuque,IA 52001	None	NC	Financial Assistance	100
Elana Cook 395 W Adams St Platteville,WI 53818	None	NC	Financial Assistance	400
Total ▶ 3a				103,457

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>				
Ron Turner 521 Clarke Dr Dubuque,IA 52001	None	NC	Financial Assistance	147
Shanette Adams 519 Leffler St Bernard,IA 52032	None	NC	Financial Assistance	150
Kaylyn Croshier 1382 G Ave NE Cedar Rapids,IA 52402	None	NC	Financial Assistance	50
Josh Surprenant 239 Baltimore St Waterloo,IA 50703	None	NC	Financial Assistance	111
Roy Hogan 217 Leland Ave Waterloo,IA 50701	None	NC	Financial Assistance	212
Breanna Anderson 3341 Kipling Rd Waterloo,IA 50701	None	NC	Financial Assistance	219
Tanya Vileta 1106 Hudson St Cedar Rapids,IA 52404	None	NC	Financial Assistance	428
Monica Challenger 1504 Brookdale Ln Cedar Rapids,IA 52402	None	NC	Financial Assistance	490
Linda Kurt 13532 Ramsey Rd Anamosa,IA 52205	None	NC	Financial Assistance	125
Dustin Warnke 1010 N Court St Carroll,IA 51401	None	NC	Financial Assistance	252
Chad McNamara 606 Magnolia Pkwy Waterloo,IA 50701	None	NC	Financial Assistance	232
Sara Schoenhaar 207 S Dayton St Hanover,IL 61041	None	NC	Financial Assistance	112
Bernard Haines 648 32nd St NE Cedar Rapids,IA 52402	None	NC	Financial Assistance	100
Lacey Miller 2022 Carter Rd Dubuque,IA 52001	None	NC	Financial Assistance	100
John Davis 1230 5th St SE Cedar Rapids,IA 52403	None	NC	Financial Assistance	103
Total ▶ 3a				103,457

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>				
Don Beth Carver 3606 Big Horn Rd SW Cedar Rapids,IA 52404	None	NC	Financial Assistance	2,500
Chelsey's Benefit Fund 197 S Garnavillo St Anamosa,IA 52205	None	PC	Financial Assistance	2,000
Foundation 2 1714 Johnson Ave NW Cedar Rapids,IA 52405	None	PC	Financial Assistance	500
Dubuque Soccer Club PO Box 1873 Dubuque,IA 52004	None	PC	Financial Assistance	500
Tri-State Wind Symphony 201 W 17 Apt A23 Dubuque,IA 52001	None	PC	Financial Assistance	400
Cedar Valley Friends of the Family 2101 Kimball Ave 314 Waterloo,IA 50702	None	PC	Financial Assistance	1,900
Opening Doors 151 Jackson St Dubuque,IA 52001	None	PC	Financial Assistance	2,927
Shalom Spirituality Center 1001 Davis St Dubuque,IA 52001	None	PC	Financial Assistance	750
Jennifer Vallarreal 2310 Windsor Ave Dubuque,IA 52001	None	NC	Financial Assistance	1,500
Iowa Dental Foundation PO Box 31088 Johnston,IA 50131	None	PC	Financial Assistance	2,000
Dubuque Jackson Habitat for Humanity 900 Jackson St STE LL5-2E Dubuque,IA 52001	None	PC	Financial Assistance	2,000
Robert Goldthorpe Benefit 7618 County Rd J Cuba City,WI 53807	None	PC	Financial Assistance	50
Aime Arndt (Wilson) Benefit N2275 Eorio Rd Melrose,WI 54642	None	PC	Financial Assistance	50
Stephen Cook Memorial 1406 Cedar River Dr Palo,IA 52325	None	PC	Financial Assistance	100
Benefit for Jykeria 900 Broadway St Waterloo,IA 50703	None	PC	Financial Assistance	50
Total ▶ 3a				103,457

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>				
Luz Digmann Benefit 425 Kaufman Ave Dubuque,IA 52001	None	PC	Financial Assistance	100
Wyatt Cruse Benefit 4570 Hwy 61 S Potosi,WI 53820	None	PC	Financial Assistance	50
LT Memorial Foundation 709 3rd Ave SW Cedar Rapids,IA 52404	None	PC	Financial Assistance	50
March of Dimes 425 2nd St SE Cedar Rapids,IA 52401	None	PC	Financial Assistance	525
American Cancer Society 2774 University Ave Dubuque,IA 52001	None	PC	Financial Assistance	650
Walk for Wishes 3024 104th St Urbandale,IA 50322	None	PC	Financial Assistance	550
Alzheimer Assc 5900 Saratoga Dubuque,IA 52002	None	PC	Financial Assistance	575
Resurrection School 4300 Asbury Rd Asbury,IA 52002	None	SO	Educational Assistance	3,000
Audubon Elementary Students 605 Lincoln Ave Dubuque,IA 52001	None	NC	Educational Assistance	1,200
JaQuasia Love (Blackhawk Community) 1687 Woodmayr Waterloo,IA 50703	None	SO	Educational Assistance	1,000
Iowa Radio Reading Info Services 100 E Euclid Ave Ste 114 Des Moines,IA 50313	None	PC	Educational Assistance	1,500
Two by Two Character Development 470 W 4th St Dubuque,IA 52001	None	PC	Educational Assistance	1,865
Big Brothers Big Sisters 2530 University Ave Ste 8 Waterloo,IA 50701	None	PC	Educational Assistance	1,500
Nancy Ahlborn NICC 1615 Atlantic Dubuque,IA 52001	None	NC	Educational Assistance	3,000
Consumer Credit Counseling Svcs of NE IA 1003 West 4th St Waterloo,IA 50702	None	PC	Educational Assistance	5,000
Total ▶ 3a				103,457

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>				
Hills & Dales Child Development Center 1011 Davis St Dubuque, IA 52001	None	PC	Educational Assistance	2,200
Tanager Place 2309 C St SW Cedar Rapids, IA 52404	None	PC	Educational Assistance	1,000
Total ▶ 3a				103,457

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

TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: DUPACO RW HOEFER FOUNDATION

EIN: 45-4145438

Software ID: 15000290

Software Version: 15.3.0.0

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			359,992	340,842			19,150	

TY 2015 General Explanation Attachment

Name: DUPACO RW HOEFER FOUNDATION

EIN: 45-4145438

Software ID: 15000290

Software Version: 15.3.0.0

TY 2015 Investments Corporate Stock Schedule**Name:** DUPACO RW HOEFER FOUNDATION**EIN:** 45-4145438**Software ID:** 15000290**Software Version:** 15.3.0.0

Name of Stock	End of Year Book Value	End of Year Fair Market Value
10130 shares of AMERICAN CENTURNY MID CAP VALUE INV AVUAX	147,897	147,897
5136 shares of ARTISAN MID CAP ARTMX	205,664	205,664
3361 shares of DELAWARE SMALL CAP VALUE DEVIX	162,252	162,252
18208 shares of GOLDMAN SACHS SATELLITE STRATEGY GXSIX	135,284	135,284
1898 shares of DEUTSCHE CROCI INTERNATIONAL SUIIX	79,373	79,373
4052 shares of T ROWE PRICE GROWTH STOCK PRGFX	217,414	217,414
423 shares of VANGUARD 500 INDEX SIGNAL VIFSX	79,775	79,775
8384 shares of ARTISAN FUNDS INTERNATIONAL ADV APDIX	240,283	240,283
4189 shares of TEMPLETON INSTL FOREIGN SMALLER CO TFSCX	87,517	87,517
7240 shares of JP MORGAN VALUE ADVANTAGE INS	202,210	202,210
1668 shares of HARBOR MIDCAP VALUE HAMVX	31,517	31,517

TY 2015 Investments - Other Schedule**Name:** DUPACO RW HOEFER FOUNDATION**EIN:** 45-4145438**Software ID:** 15000290**Software Version:** 15.3.0.0

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
FRANKLIN STRATEGIC INCOME ADV FKSAX	FMV	242,154	242,154
PROSHARES TR PSHS ULSHT 7-10Y	FMV	37,997	37,997
VANGUARD FIXED INCOME GNMA ADM CL VFIJX	FMV	240,006	240,006
GOLDMAN SACHS FINANCIAL SQUARE - FEDERAL	FMV	51,641	51,641
ASHTON/DOUBLELINE CORE PLUS	FMV	248,166	248,166
CHAMPAIGN CNTY IL SCH	FMV	52,465	52,465
AUSTIN TX ELECTRIC UTILITY 2.99 DUE 11/15/22	FMV	49,807	49,807

TY 2015 Other Decreases Schedule**Name:** DUPACO RW HOEFER FOUNDATION**EIN:** 45-4145438**Software ID:** 15000290**Software Version:** 15.3.0.0

Description	Amount
Unrealized gain/loss	140,194

TY 2015 Other Professional Fees Schedule**Name:** DUPACO RW HOEFER FOUNDATION**EIN:** 45-4145438**Software ID:** 15000290**Software Version:** 15.3.0.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Investment Management Fees	5,224	5,224		

TY 2015 Taxes Schedule**Name:** DUPACO RW HOEFER FOUNDATION**EIN:** 45-4145438**Software ID:** 15000290**Software Version:** 15.3.0.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Excise tax paid on net investment income	1,379			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2015

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

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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 DUPACO RW HOEFER FOUNDATION	Employer identification number 45-4145438
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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		\$ 500,000	Person <input checked="" type="checkbox"/>
	Dupaco Community Credit Union		Payroll <input type="checkbox"/>
	3999 Pennsylvania Ave		Noncash <input type="checkbox"/>
	Dubuque, IA 52002		(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 III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

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