






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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

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) 3999 Pennsylvania Avenue		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code Dubuque, IA 52002		B Telephone number (see instructions) (563) 557-7600	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input checked="" type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
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	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 3,135,793	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)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

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)	552,406			
	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	48,516	48,516		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 	14,046			
	b Gross sales price for all assets on line 6a 362,233				
	7 Capital gain net income (from Part IV, line 2)		14,046		
	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	614,968	62,562		
	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) 	6,321	6,321		
	17 Interest				
	18 Taxes (attach schedule) (see instructions) 	1,417			
	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	7,738	6,321		0
	25 Contributions, gifts, grants paid	100,658			100,658
	26 Total expenses and disbursements. Add lines 24 and 25	108,396	6,321		100,658
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	506,572			
	b Net investment income (if negative, enter -0-)		56,241		
	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	16,594	396,925	396,925		
	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)	1,589,186	1,684,089	1,684,089		
	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)	922,236	1,054,779	1,054,779		
	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)	2,528,016	3,135,793	3,135,793			
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	2,528,016	3,135,793			
	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)	2,528,016	3,135,793			
31	Total liabilities and net assets/fund balances (see instructions) .	2,528,016	3,135,793				

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	2,528,016
2	Enter amount from Part I, line 27a	2	506,572
3	Other increases not included in line 2 (itemize) ▶ _____	3	101,205
4	Add lines 1, 2, and 3	4	3,135,793
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	3,135,793

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 331,665		348,187	-16,522
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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			-16,522
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	14,046
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<div> <div>If gain, also enter in Part I, line 8, column (c) (see instructions)</div> <div>If (loss), enter -0- in Part I, line 8</div> </div>	3	1,955

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))
2015	102,258	2,147,975	000 047607
2014	81,763	1,696,109	000 048206
2013	55,322	1,093,760	000 050580
2012	20,044	714,087	000 028069
2011			

2 Total of line 1, column (d)	2	000 174462
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 043616
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	2,567,022
5 Multiply line 4 by line 3	5	111,963
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	562
7 Add lines 5 and 6	7	112,525
8 Enter qualifying distributions from Part XII, line 4	8	100,658

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 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 type="checkbox"/> and enter 1% of Part I, line 27b	1	1,125
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	1,125
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	1,125
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	1,199
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	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	74
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 74 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) ▶ 1A _____			
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 2016 or the taxable year beginning in 2016 (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 ► _____ Telephone no ► (563) 557-7600			


Located at **►** 3999 Pennsylvania Ave Dubuque IAZIP+4 **►** 52002

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/>	15		
16	At any time during calendar year 2016, 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.**

1a	During the year did the foundation (either directly or indirectly)		Yes	No
(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)? <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 2016? <input type="checkbox"/>	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <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). <input type="checkbox"/>	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 2016 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 2016). <input type="checkbox"/>	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 2016?	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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. 	<input type="checkbox"/>			
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	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 None	
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	2,568,693
b	Average of monthly cash balances.	1b	37,421
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,606,114
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	2,606,114
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	39,092
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,567,022
6	Minimum investment return. Enter 5% of line 5.	6	128,351

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	128,351
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	1,125
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,125
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	127,226
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	127,226
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	127,226

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	100,658
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	100,658
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	100,658

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				127,226
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			17,138	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				
e From 2015.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>100,658</u>				
a Applied to 2015, but not more than line 2a			17,138	
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 2016 distributable amount.				83,520
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016 (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 2015 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 2017				43,706
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 2011 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				
d Excess from 2015.				
e Excess from 2016.				

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 2016, 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)

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) 2016	(b) 2015	(c) 2014	(d) 2013	
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)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	100,658
b <i>Approved for future payment</i>				
Total			3b	

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	48,516	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	14,046	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e). .				62,562	
13 Total. Add line 12, columns (b), (d), and (e).			13		62,562

(See worksheet in line 13 instructions to verify calculations)

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

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	Yes	No
--	-----	----

--	--	--

1a(1)		No
1a(2)		No

--	--	--

1b(1)	No
--------------	-----------

1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)	No
--------------	-----------

1b(6)		No
--------------	--	-----------

1c		No
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2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations?

☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best

***** 2017-07-12 *****

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below
(see instr. 12) ☐ Yes ☒ No

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
Randy Skemp 3550 Charleston Ct Dubuque, IA 52002	Director, Chair 001 00	0		
Denise Dolan 2830 Oak Meadow Ct Dubuque, IA 52002				
Robert Hoefer 3620 Seville Drive Dubuque, IA 52002	Director 001 00	0		
Joseph Hearn 15868 Clover Lane Dubuque, IA 52002				
Danielle Gratton 6431 Torrey Pines Drive Dubuque, IA 52002	Director, Treasurer 001 00	0		

Form 990FP 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 Paid during the year				
His Hands Free Medical Clinic 400 12th St SE Cedar Rapids, IA 52403	None	PC	Medical Assistance	1,800
Ted Kluesner 1445 S Grandview Dubuque, IA 52003	None	I	Medical Assistance	3,000
Rob McKernan 42 Collins St Dubuque, IA 52001	None	I	Medical Assistance	3,000
Brian Samantha Williams 115 24th St SW Cedar Rapids, IA 52404	None	I	Medical Assistance	4,000
Mary Kelchen 250 W 6th St Apt 304 Dubuque, IA 52001	None	I	Medical Assistance	1,000
Kathy Batchelder 1705 Avenue D Hawarden, IA 51023	None	I	Medical Assistance	1,000
Brad Bev Florence 10840 Cedar Ridge Ct Peosta, IA 52068	None	I	Medical Assistance	1,250
David Christy Hiedemann 5825 Underwood Ave SW Cedar Rapids, IA 52404	None	I	Medical Assistance	2,000
Mark Tina Linden 29531 Crabtree Rd Cuba City, WI 53807	None	I	Medical Assistance	1,000
Amber Minor PO Box 276 Akron, IA 51001	None	I	Medical Assistance	1,000
Finley Health Foundation 350 N Grandview Dubuque, IA 52001	None	PC	Medical Assistance	1,000
Amanda Durham 917 Cleveland Ave Apt 1 Dubuque, IA 52003	None	I	Financial Assistance	3,000
Michael Steffany Walker 3280 Raven Oaks Dr Apt 6 Dubuque, IA 52001	None	I	Financial Assistance	2,000
Kevin Carl Campbell 1593 Marjorie Circle Dubuque, IA 52002	None	I	Financial Assistance	1,000
Johnnie Batte 825 Easton Ave Waterloo, IA 50703	None	I	Financial Assistance	3,000
Total ► 3a				100,658

Form 990FP 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 Paid during the year				
Cedar Valley Friends of the Family 2101 Kimball Ave 130 Waterloo, IA 50702	None	PC	Financial Assistance	2,000
Janice Redmond 130 E Louisa St Darlington, WI 53530	None	I	Financial Assistance	500
Consumer Credit Counseling Services of NE Iowa 1003 West 4th St Waterloo, IA 50702	None	PC	Financial Assistance	2,500
Imelda Biermeier 450 Plum St East Dubuque, IL 61025	None	I	Financial Assistance	1,000
Eileen Brokus 101 York St Dubuque, IA 52003	None	I	Financial Assistance	500
Susan Caldwell 31545 Bellevue Dr Bellevue, IA 52031	None	I	Financial Assistance	500
Jim Ernzen Family 934 Main St Holy Cross, IA 52053	None	I	Financial Assistance	1,000
Joshua Nicole Grissom 149 South Ave Central City, IA 52214	None	I	Financial Assistance	2,000
Linda Kurt 13532 Ramsey Rd Anamosa, IA 52205	None	I	Financial Assistance	2,000
Patricia A Udzielak 3400 Dana Dr Apt 2 Dubuque, IA 52002	None	I	Financial Assistance	7,383
Connie Heeren 3577 Key Corners St Dubuque, IA 52002	None	I	Financial Assistance	2,000
Mark Donna Hoeger 2302 Matthew John Dr Dubuque, IA 52002	None	I	Financial Assistance	4,000
Majda Karajic 5480 Kirkwood Blvd SW 8 Waterloo, IA 50701	None	I	Financial Assistance	1,200
Jake Hesselman 1818 Asbury Rd Dubuque, IA 52002	None	I	Financial Assistance	3,000
Ashley Priebe 711 Hennepin Ct Dubuque, IA 52001	None	I	Financial Assistance	200
Total ► 3a				100,658

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>				
Linda Kurt 13532 Ramsey Rd Anamosa, IA 52205	None	I	Financial Assistance	200
Shane and Staci Wood 114 E Skelly St Cuba City, WI 53807	None	I	Financial Assistance	660
Missy Janzig 1447 Bluff Rd Hazel Green, WI 53811	None	I	Financial Assistance	294
Melissa Riniker 101 1st St S Apt 7 Farley, IA 52046	None	I	Financial Assistance	100
Dawn M Sabin 9442 Noonan St Lot 131 Dubuque, IA 52003	None	I	Financial Assistance	493
Stephanie Hodges 105 6th Ave NE Dyersville, IA 52040	None	I	Financial Assistance	541
Richard Schwertfeger III 368 Kelso Dr Fairfax, IA 52228	None	I	Financial Assistance	200
Joshua R Lynch 2760 Andrew Ct Dubuque, IA 52001	None	I	Financial Assistance	200
Lucas Vine 641 N Beaumont Rd Prairie Du Chien, WI 53821	None	I	Financial Assistance	200
Tasha Sos Perez 2610 Edgewood Rd SW Cedar Rapids, IA 52404	None	I	Financial Assistance	415
Jerry B Taylor 626 W 7th St Apt 4 Waterloo, IA 50702	None	I	Financial Assistance	200
Seth Dana 1251 175th St Trlr 44 Jessup, IA 50648	None	I	Financial Assistance	200
Krisitin Rambousek 2325 Radford Rd Unit 23 Dubuque, IA 52002	None	I	Financial Assistance	573
Jason Kircher 55 E 15th St Dubuque, IA 52001	None	I	Financial Assistance	422
Mildred Millie Hoselton 501 6th St Parkersburg, IA 50665	None	I	Financial Assistance	100
Total ▶ 3a				100,658

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 Paid during the year				
Tamara Osburn 109 Brentwood Dr NE Cedar Rapids, IA 52402	None	I	Financial Assistance	591
Alyssa Smith 1734 Central Ave Apt 2D Dubuque, IA 52001	None	I	Financial Assistance	200
Nakia Jefferson PO Box 122 Waterloo, IA 50704	None	I	Financial Assistance	499
Jeff McCarron 2520 Carter Rd Apt 3 Dubuque, IA 52001	None	I	Financial Assistance	100
Kara Kluesner 2630 Raven Oaks Dr 1 Dubuque, IA 52001	None	I	Financial Assistance	308
Michael Heeren 3577 Key Corners St Dubuque, IA 52002	None	I	Financial Assistance	200
Brittany Koppes 401 5th Ave SE Cascade, IA 52033	None	I	Financial Assistance	200
Tony Rasavong 927 W 8th St Waterloo, IA 50702	None	I	Financial Assistance	100
Richard W Blackwood 676 Graf Ct Durango, IA 52039	None	I	Financial Assistance	283
Lisa White 709 2nd St NE Site 11 Dyersville, IA 52040	None	I	Financial Assistance	100
Chiquita L Kight 533 Loras Blvd Dubuque, IA 52001	None	I	Financial Assistance	300
Operation New View 721 S 5th St Manchester, IA 52057	None	PC	Financial Assistance	306
John J Davis 1230 5th St SE Cedar Rapids, IA 52401	None	I	Financial Assistance	200
Chelsea Nodorft PO Box 126 Hazel Green, WI 53811	None	I	Financial Assistance	271
Ebony Simms 175 Jewett St Platteville, WI 53818	None	I	Financial Assistance	489
Total ►				100,658
3a				

Form 990FP 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 Paid during the year				
Jessica Stamper 375 20th St SE Cedar Rapids, IA 52403	None	I	Financial Assistance	335
Lewis and Tammy Flowers 316 Jacolyn Dr SW Apt 4 Cedar Rapids, IA 52404	None	I	Financial Assistance	303
James Otto 1949 Galway DR Marion, IA 52302	None	I	Financial Assistance	200
Mark Rita Goetzinger 612 Lola Ln Durango, IA 52039	None	I	Financial Assistance	500
Joe Schollmeyer 417 Mancheser Ave Earlville, IA 52041	None	I	Financial Assistance	300
Linda James Hansel 2045 332nd Ave Dyersville, IA 52040	None	I	Financial Assistance	200
Shawna Lipper 2311 Windsor Ave Dubuque, IA 52001	None	I	Financial Assistance	100
Gage Roberts 1421 Maxine Ave Waterloo, IA 50701	None	I	Financial Assistance	200
Tamara L Weitz 23708 Centerville Rd La Motte, IA 52054	None	I	Financial Assistance	100
Benefit of Ronquillo Family 614 Hill Street Dubuque, IA 52001	None	NC	Financial Assistance	100
Benefit of Allie Kammerude 418 W Harrison St Shullsburg, WI 53586	None	NC	Financial Assistance	100
Benefit of Callie Bishay 3039 Karen St Dubuque, IA 52001	None	NC	Financial Assistance	100
Benefit of Luke Kalb 934 Indian Ridge Dubuque, IA 52003	None	NC	Financial Assistance	50
Kristen E Vogt Memorial Fund 3095 Windsor Ave Dubuque, IA 52001	None	NC	Financial Assistance	100
Jeremie Wilcox Memorial Fund 1774 Mallory St SW Cedar Rapids, IA 52404	None	NC	Financial Assistance	100
Total ►				100,658
3a				

Form 990FP 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 Paid during the year				
Compass to Care 900 Jackson St Ste LL5-2H Dubuque, IA 52001	None	PC	Financial Assistance	1,000
Christian Community Development DBA House of Hope 306 Walnut Street Waterloo, IA 50703	None	PC	Financial Assistance	2,500
Shalom Spirituality Center 1001 Davis Street Dubuque, IA 52001	None	PC	Financial Assistance	750
St Stephen's Food Bank 3145 Cedar Crest Ridge Dubuque, IA 52003	None	PC	Financial Assistance	1,000
Sunnycrest Manor Auxillary 2375 Roosevelt St Dubuque, IA 52001	None	PC	Financial Assistance	1,000
CAPABLE Volunteer Co PO Box 3 Dubuque, IA 52004	None	PC	Financial Assistance	1,000
United Way Northwest Illinois 524 W Stephenson St Ste 101 Freeport, IL 61032	None	PC	Financial Assistance	2,000
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	500
Alzheimer Assc 5900 Saratoga Dubuque, IA 52002	None	PC	Financial Assistance	825
Junior Achievement of Eastern Iowa 420 Cedar St Ste 320 Waterloo, IA 50701	None	PC	Financial Assistance	1,571
Wisconsin Badger Camp PO Box 723 Platteville, WI 53818	None	SO	Financial Assistance	2,500
Dubuque Museum of Art 701 Locust St Dubuque, IA 52001	None	PC	Financial Assistance	1,200
Tanager Place 2309 C Street SW Cedar Rapids, IA 52404	None	PC	Financial Assistance	1,000
Lisa Johnson 1561 Jackson St Dubuque, IA 52001	None	I	Financial Assistance	320
Total ► 3a				100,658

Form 990FP 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 Paid during the year				
Jordanne Stevens 3332 Foothill Rd Dubuque, IA 52002	None	I	Financial Assistance	320
Emily Schoenhut 2100 Asbury Rd Ste 8 Dubuque, IA 52001	None	I	Financial Assistance	320
Kimberly Borgstahl 2575 Crissy Dr Dubuque, IA 52001	None	I	Financial Assistance	320
Nellie Rooney 782 Fremont Ave Dubuque, IA 52003	None	I	Financial Assistance	320
Opening Doors 2100 Asbury Rd Ste 8 Dubuque, IA 52001	None	PC	Financial Assistance	598
Garrett Welter 3070 Powers Ct Dubuque, IA 52001	None	I	Financial Assistance	523
Resurrection School 4300 Asbury Road Dubuque, IA 52002	None	SO	Educational Assistance	3,000
Eastern Iowa Arts Academy 1841 E Avenue NE Cedar Rapids, IA 52402	None	PC	Educational Assistance	2,000
Alycia Hjelmeland 5480 Kirkwood Blvd SW 8 Cedar Rapids, IA 52404	None	I	Educational Assistance	1,500
The Arc of East Central Iowa 680 2nd St SE Ste 200 Cedar Rapids, IA 52401	None	PC	Educational Assistance	3,000
Southwest Wisconsin Tech College Foundation 1800 Bronson Blvd Fennimore, WI 53809	None	PC	Educational Assistance	500
Total ►				100,658
3a				

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

TY 2016 Gain/Loss from Sale of Other Assets Schedule

Name: Dupaco RW Hoefer Foundation

EIN: 45-4145438

Software ID: 16000333

Software Version: 17.2.1.0

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			331,665	348,187			-16,522	

TY 2016 General Explanation Attachment**Name:** Dupaco RW Hoefer Foundation**EIN:** 45-4145438**Software ID:** 16000333**Software Version:** 17.2.1.0

TY 2016 Investments Corporate Stock Schedule**Name:** Dupaco RW Hoefer Foundation**EIN:** 45-4145438**Software ID:** 16000333**Software Version:** 17.2.1.0

Name of Stock	End of Year Book Value	End of Year Fair Market Value
10564 shares of AMERICAN CENTURY MID CAP VALUE AVUAX	182,018	182,018
9774 shares of ARTISAN INTERNATIONAL ADV APDIX	249,934	249,934
5593 shares of ARTISAN MID CAP ADV APDMX	204,100	204,100
3057 shares of DELAWARE SMALL CAP VALUE DEVIX	192,526	192,526
18890 shares of GOLDMAN SACHS SATELLITE STRATEGY GXSIX	143,940	143,940
1718 shares of HARBOR MIDCAP VALUE HAMVX	37,503	37,503
8611 shares of JP MORGAN VALUE ADVANTAGE INS JVAIX	277,525	277,525
4141 shares of T ROWE PRICE GROWTH STOCK PRGFX	220,484	220,484
4354 shares of TEMPLETON INSTL FOREIGN SMALLER CO TFSCX	86,770	86,770
432 shares of VANGUARD INDEX TR SP 500 ADM CL VFIAX	89,289	89,289

TY 2016 Investments - Other Schedule**Name:** Dupaco RW Hoefer Foundation**EIN:** 45-4145438**Software ID:** 16000333**Software Version:** 17.2.1.0

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
GOLDMAN SACHS FINANCIAL SQUARE	FMV	20,945	20,945
AMG MANAGERS DOUBLE CORE PLUS BOND	FMV	231,530	231,530
AUSTIN TX ELECTRIC UTILITY	FMV	49,895	49,895
CHAMPAIGN CNTY IL SCH	FMV	51,946	51,946
FRANKLIN STRATEGIC INCOME ADV FKSAX	FMV	233,997	233,997
PERFORMANCE TR STRATEGIC BOND FD PTIAX	FMV	237,977	237,977
PROSHARES TR PSHS ULSHT 7-10Y PST	FMV	36,902	36,902
VANGUARD FIXED INCOME GNMA ADM CL VFIJX	FMV	191,587	191,587

TY 2016 Other Increases Schedule**Name:** Dupaco RW Hoefer Foundation**EIN:** 45-4145438**Software ID:** 16000333**Software Version:** 17.2.1.0

Description	Amount
Unrealized gain/loss	101,205

TY 2016 Other Professional Fees Schedule**Name:** Dupaco RW Hoefer Foundation**EIN:** 45-4145438**Software ID:** 16000333**Software Version:** 17.2.1.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Investment Management Fees	6,321	6,321		

TY 2016 Taxes Schedule**Name:** Dupaco RW Hoefer Foundation**EIN:** 45-4145438**Software ID:** 16000333**Software Version:** 17.2.1.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Excise tax paid on net investment income	1,417			

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	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 <u>www.irs.gov/form990</u>	OMB No 1545-0047 2016
	Name of the organization Dupaco RW Hoefer Foundation	Employer identification number 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	Dupaco Community Credit Union 3999 Pennsylvania Ave Dubuque, IA52002	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	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
--	---

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions) Use duplicate copies of Part II if additional space is needed</small>	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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
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(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	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	