

Part II Balance Sheets (see the instructions for Part II)

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 67,538.22 | 87,240. |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) <i>See Schedule O</i> | 14,072.24 | 14,447. |
| 25 Total assets | 81,610.25 | 101,687. |
| 26 Total liabilities (describe in Schedule O) <i>See Schedule O</i> | 1,586.26 | 2,164. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) <i>REBOLICHE</i> | 80,024.27 | 99,523. |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III. ^{† X}

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations, optional for
others)

| | | | |
|------------|---|-----|---------|
| 28 | See Schedule O | | |
| | | | |
| (Grants \$ | 22,983.) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 47,261. |
| 29 | | | |
| | | | |
| (Grants \$ |) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 | | | |
| | | | |
| (Grants \$ |) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 | Other program services (describe in Schedule O) ----- | | |
| (Grants \$ |) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | 32 | 47,261. |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------------|--|--|---|--|
| Josh Weidemann | | | | |
| President | 2.00 | 0. | 0. | 0. |
| Doug Horstmann | | | | |
| Vice President/Secretary | 2.00 | 0. | 0. | 0. |
| Merlin Santier | | | | |
| Treasurer | 2.00 | 0. | 0. | 0. |
| Kevin Eipperle | | | | |
| Immediate Past President | 2.00 | 0. | 0. | 0. |
| Roy Hansen | | | | |
| Director | 1.00 | 0. | 0. | 0. |
| Pauline Chilton | | | | |
| Director | 1.00 | 0. | 0. | 0. |
| Sandra Beisker | | | | |
| Director | 1.00 | 0. | 0. | 0. |
| Tammy Duehr | | | | |
| Director | 1.00 | 0. | 0. | 0. |
| Mark Fassbinder | | | | |
| Director | 1.00 | 0. | 0. | 0. |
| Chuck Seymour | | | | |
| Director | 1.00 | 0. | 0. | 0. |
| Ulrike Schultz | | | | |
| Director | 1.00 | 0. | 0. | 0. |
| Zach Hodge | | | | |
| Director | 1.00 | 0. | 0. | 0. |

APD

Part V: Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch O to respond to any question in this Part V

| | Yes | No |
|--|-----|------|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | X |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | X |
| 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | X |
| b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | N/A |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | X |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | 0. |
| b Did the organization file Form 1120-POL for this year? | 37b | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | N/A |
| 39 Section 501(c)(7) organizations Enter | 39a | N/A |
| a Initiation fees and capital contributions included on line 9 | 39b | N/A |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 | 40a | 0. |
| b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | X |
| c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | 40c | 0. |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization | 40d | 0. |
| e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | X |
| 41 List the states with which a copy of this return is filed | 41 | None |
| 42a The organization's books are in care of Comm Fdtn of Greater Dubuque Telephone no 563-588-2700 Located at 700 Locust Street, Dubuque, IA ZIP+4 52007 | 42a | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | 42b | X |
| c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country | 42c | X |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year | 43 | N/A |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | X |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | X |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | X |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | X |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | |

| | | Yes | No |
|----|---|-----|----|
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | ✓ | X |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

| | Yes | No |
|---|-----|----|
| 47 | 47 | X |
| 48 | 48 | X |
| 49a | 49a | X |
| b If "Yes," was the related organization a section 527 organization? ~ ~ ~ ~ ~ | 49b | |
| 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." | | |

| (a) Name and title of each employee NONE | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ~ ~ ~ ~ ~ |

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ~ ~ ~ ~ ~ |

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. ✓ | + X Yes + No

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 officer) is based on all information of which preparer has any knowledge.

Sign Here Amy Ummacht Date 8-24-18
 Signature of officer
 Amy Ummacht, Foundation Director
 Type or print name and title

| Paid Preparer Use Only | Print/Type preparer's name Carmen Krantz | Preparer's signature Carmen Krantz | Date 08/14/18 | Check + if self-employed | PTIN P00031958 |
|------------------------|---|---------------------------------------|------------------|---------------------------|-------------------|
| | Firm's name GEIDE BAILY LLP | | | Firm's EIN 945-0250958 | |
| | Firm's address 91545 ASSOCIATES DR., STE. 101 DUBUQUE, IA 52002 | | | Phone no 563-556-1790 | |

May the IRS discuss this return with the preparer shown above? See instructions. ✓ Yes + No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust

| Attach to Form 990 or Form 990-EZ

| Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

Foundation for Dubuque Public Schools

Employer identification number

42-1441694

08

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i)

2 A school described in section 170(b)(1)(A)(ii) (Attach Schedule E (Form 990 or 990-EZ))

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)

4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v)

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)

8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____

10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Complete Part III)

11 An organization organized and operated exclusively to test for public safety See section 509(a)(4)

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3) Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B

b Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C

c Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E

d Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations ~~~~~

g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)

| Calendar year (or fiscal year beginning 11/1) | 10/2013 | 10/2014 | 10/2015 | 10/2016 | 10/2017 | W Total |
|---|---------|---------|----------|----------|---------|----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") ~ ~ | 51,958. | 81,637. | 188,598. | 106,897. | 65,493. | 494,583. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~ ~ ~ | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ~ | | | | | | |
| 4 Total Add lines 1 through 3 ~ ~ | 51,958. | 81,637. | 188,598. | 106,897. | 65,493. | 494,583. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ~ ~ ~ ~ ~ | | | | | | |
| 6 Public support Subtract line 5 from line 4. | | | | | | 155,157. |
| | | | | | | 339,426. |

Section B. Total Support

Calendar year (or fiscal year beginning in) 1999

13. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3).

15 First five years if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a Section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

| | | | | |
|-----|--|----|-------------------------------------|---|
| 14 | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 68 . 39 | % |
| 15 | Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 70 . 95 | % |
| 16a | 33 1/3% support test - 2017 If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> | X |
| b | 33 1/3% support test - 2016 If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> | t |
| 17a | 10% -facts-and-circumstances test - 2017 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> | t |
| b | 10% -facts-and-circumstances test - 2016 If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> | t |
| 18 | Private foundation If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input checked="" type="checkbox"/> | t |

Part III. Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A Public Support

| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") ~ ~ | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 ~ ~ ~ ~ | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~ ~ ~ | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge ~ | | | | | | |
| 6 Total Add lines 1 through 5 ~ ~ | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5 000 or 1% of the amount on line 13 for the year ~ ~ ~ ~ | | | | | | |
| c Add lines 7a and 7b ~ ~ ~ ~ | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 ~ ~ ~ ~ ~ | / | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ | / | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~ ~ ~ | / | | | | | |
| c Add lines 10a and 10b ~ ~ ~ ~ ~ | / | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ~ ~ ~ ~ ~ | / | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) ~ ~ ~ | / | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12) | / | | | | | |

14 First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C Computation of Public Support Percentage

Section D. Computation of Investment Income Percentage

19a 33 1/3% support tests - 2017 If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ~ ~ ~ ~ ~

b 33 1/3% support tests - 2016 If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

39. Private foundation. If the organization did not check a box on line 14, 18a, or 18b, check this box and see instructions.

Part IV. Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
 - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
 - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
 - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
 - b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
 - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-----|-----|----|
| 1 | | |
| 2 | | |
| 3a | | |
| 3b | | |
| 3c | | |
| 4a | | |
| 4b | | |
| 4c | | |
| 5a | | |
| 5b | | |
| 5c | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9a | | |
| 9b | | |
| 9c | | |
| 10a | | |
| 10b | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|---|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | |
| b A family member of a person described in (a) above? | 11b | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | |

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization | 2 | |

Section C. Type II Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a The organization satisfied the Activities Test Complete line 2 below | | |
| b The organization is the parent of each of its supported organizations Complete line 3 below | | |
| c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 Activities Test Answer (a) and (b) below | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | 2a | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 2b | |
| 3 Parent of Supported Organizations Answer (a) and (b) below | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI | 3a | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3b | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|----|----------------|-----------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | Current Year | |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 <input checked="" type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions) | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e Total of lines 3a through e | | | |
| f Applied to underdistributions of prior years | | | |
| g Applied to 2017 distributable amount | | | |
| h Carryover from 2012 not applied (see instructions) | | | |
| i Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7. \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3 and 4c. | | | |
| 8 Breakdown of line 7. | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.)

Part II, Short Year Explanation:

The current year return is a short year return as the organization changed its year end from June to December.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information
| Attach to Form 990 or 990-EZ
| Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

Foundation for Dubuque Public Schools

Employer identification number
42-1441694

Form 990-EZ, Part I, Line 4, Other Investment Income:

| <u>Description of Property:</u> | <u>Amount:</u> |
|---------------------------------|----------------|
| Interest income | 262. |

Form 990-EZ, Part I, Line 10, Grants and Similar Amounts Paid:

Activity Classification: Grantmaking

Grantee Name: Dubuque Community School District

Grantee Address: 2300 Chaney Rd Dubuque, IA 52001

Property Description: Cash

| | |
|----------------------|---------|
| <u>Amount Given:</u> | 21,065. |
|----------------------|---------|

Form 990-EZ, Part I, Line 16, Other Expenses:

| <u>Description of Other Expenses:</u> | <u>Amount:</u> |
|---------------------------------------|----------------|
| Meetings, luncheons, dinners & travel | 190. |
| Fiscal agent fee | 4,200. |
| Marketing | 2,830. |
| Depreciation | 157. |
| Insurance | 220. |
| Commission Fee Expense | 4. |
| <u>Total to Form 990-EZ, line 16</u> | <u>7,601.</u> |

Form 990-EZ, Part I, Line 20, Changes in Net Assets:

| <u>Changes in Net Assets or Fund Balances:</u> | <u>Amount:</u> |
|--|----------------|
| Unrealized Gain | 3. |
| Gain on beneficial interest | 902. |

| | | |
|-------------------------------|---------------------------------------|--|
| Name of the organization | Foundation for Dubuque Public Schools | Employer identification number 42-1441694 |
| Total to Form 990-EZ, line 20 | | 905. |

Form 990-EZ, Part II, Line 24, Other Assets:

| Description | Beg. of Year | End of Year |
|---------------------------------------|--------------|-------------|
| Beneficial interest in assets held at | | |
| Community Fdtn of Greater Dubuque | 13,047. | 13,949. |
| Pledges receivable | 370. | 0. |
| Other Depreciable Assets | 655. | 498. |
| Total to Form 990-EZ, line 24 | 14,072. | 14,447. |

Form 990-EZ, Part II, Line 26, Other Liabilities:

| Description | Beg. of Year | End of Year |
|---------------------------------------|--------------|-------------|
| Accounts payable and accrued expenses | 1,586. | 2,164. |

Form 990-EZ, Part III, Primary Exempt Purpose - The Foundation for Dubuque Public Schools (formerly the Dubuque Community School District Foundation) supports student achievement by promoting investment in the Dubuque Public Schools. FDPS is a nonprofit organization committed to providing resources for all students of the Dubuque Community School District.

Form 990-EZ, Part III, Line 28, Program Service Accomplishments:

The Foundation for Dubuque Public Schools (formerly the Dubuque Community School District Foundation) promotes the importance of public education and builds community involvement to enhance education for the present and the future. The Dubuque Community School District started the Foundation (DCSDF) as a means of developing alternative forms of funding education in our

Name of the organization

Foundation for Dubuque Public Schools

Employer identification number
42-1441694

community. The Board examines every possible avenue for raising funds, including applying for grants and solicitations from organizations and firms in the Dubuque area who are served by the Dubuque Community School District. In mid-2008 the Board of Directors entered into a partner affiliate agreement with the Community Foundation of Greater Dubuque (CFGD). This arrangement allows the DCSDF to utilize the expertise and resources of the CFGD yet maintain autonomy in decision making and development.

A primary function of the Foundation for Dubuque Public Schools (FDPS) is to establish endowed and non-endowed funds that support educational initiatives in Dubuque's Public Schools. These funds are managed in partnership with the Community Foundation of Greater Dubuque (CFGD) and they are considered CFGD's assets. They do not appear on FDPS balance sheets or financial statements, so they are not reported on our 990.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

Name of the organization

Foundation for Dubuque Public Schools

Employer identification number
42-1441694

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|----------------------|--|---|---|--|
| Jennifer Klinkhammer | 20.00 | 12,520. | 403. | 0. |
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