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**Return of Organization Exempt From Income Tax** 

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

<u> </u>	For the	2009 cal	endar yea	r, or tax ye	ear beginnin	g			, ĉ	and er	nding	_					
В	Check if app	plicable	Please use IRS	C Name of	organization	HOME	BUILDERS A	SSOC (	OF THE	QUA	D CIT	D Employe	r iden	tification num	ber		
	Address c	ess change label or Doing Business As 42-0927424															
_ !	Name cha	inge	print or	Number a	and street (or F	O. box if mail	is not delivered t	street a	ddress)	Ro	om/suite	E Telephon	e num	nber			
ı	nıtial retur	m	type. See	3528 JER	SEY RIDGE	E ROAD				1		(563) 441-	5692	!			
□¹	Terminate	ed b	Specific Instruc-	City or to	wn, state or co	untry, and ZIP	+ 4										
	Amended	retum		DAVENPO	ORT		1/	١	528	07	G Gross receipts \$ 455,6						
	Application	n pending	F Na	me and ad	dress of prin	cipal officer					H(a) Is t	this a group ret	urn foi	r affiliates?	Yes	X No	
			JARED H	KERKHOF	F 3528 JE	RSEY RIDG	E ROAD. DA	VENP	ORT. IA	528	8 H(b) Are all affiliates included?						
	2V-0V0M		: X 501		6 ) <b>◄</b> (inse		4947(a)(1) d		527			'No," attach a li				<b>.</b>	
					0 / <del>- (11136</del>	11 110.7 <u> </u>	<del></del>	<u>"                                    </u>	J 521				-				
			/W.QCHE		<del>-</del> -	1	<del></del>		Т			oup exemption					
		ganization:		poration	Trust	Association	Other ▶			L Year	of forma	ition		M State of lega	domicile	) IA	
Р	art I		nmary			<del></del>	<del></del>										
	1	Briefly d	escribe th	he organiz	ation's mis	sion or mos	t significant a	ectivities	s: PRO	OMO	LION O	F HOMEBU	ìILD	ing indus	TRY IN	THE Q	
•					·												
anc	.												- <b>-</b>				
Activities & Governance	-														- <i></i>		
Ó							inued its ope							1	•		
<b>න්</b>			_		•		(Part VI, line	•					3				
₩							verning body						4			17	
彦													5	<del></del>		1	
•							)						6			2044	
		-					VIII, column						7:			2,044 1,044	
	<u> </u>	Net unit	elated bus	siness tax	able incom	e nom Form	990-T, line	34	· · ·		· · ·	Prior Year	1 /1	_	rrent Yea		
	8	Contribu	itione and	d grante (C	Part VIII lin	o 1h\						<del> </del>	2,75	<del></del>	Tent rea	2,390	
9		8 Contributions and grants (Part VIII, line 1h)									7,55		-	364,167			
Revenue							4, and 7d) .						4,91			-37,485	
æ							3c, 9c, 10c, a						3.38		-	2,044	
			-				VIII, column (		-			70	8,60	<del></del>		331,116	
													2,16	<del></del>		5,263	
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)								0		0					
							(Part IX, colu					11	1,85	50		69,177	
Expenses							, line 11e) .							0		0	
pen						olumn (D)				0							
Ä	17	Other ex	xpenses (	(Part IX lo	oliuma (A), j	n&e§ 11æ21	1d, 11f–24f)	<del></del>		. <del></del>		52	24,98	30		148,040	
							t IX, column					64	18,99	90		522,480	
	19			penses. S	ubtract line	18 from line							9,61	17	-1	191,364	
t Assets or			· <b>_</b>		GDEN,	01					Begin	ning of Curren	t Yea	r En	d of Yea		
Sets	20		•		•							39	5,24	11		321,781	
A P	21		•	•	•								2,72			120,626	
ž.					s. Subtract	line 21 fron	n line 20	<u> </u>			<u> </u>	39	2,51	19	2	201,155	
Pa	ırt II		nature I							<del></del>							
		Unde	er penalties (	of perjury, I d	ectare that I ha	ive examined the	nis return, ıncludi reparer (other th	ng accom	panying s	ichedul on all i	es and st	atements, and	to the	best of my knowle	wledge dae		
			bellet, it is u	ue, conect, a		becaration of p	reparer (outer un	211 OIIICE1)	13 00300	011 411 1		in or which prop	<i>.</i>	nes eny knowie	ogc		
)				Par elle	14							15	-/:	3-10			
Sig			Signature of	of officer	<del></del>							Date					
He	re		- J.														
			Type or pni	nt name and	title							<del></del>	-				
		Prep	arer's	$\overline{\wedge}$		۸.		Date			neck if	·····		eparer's identify	ing numt	er	
Pai	d	signa	ature	1). 10	S &	Xhaa	^~~		2/2040	se			(sec	e instructions)			
Pre	parer's	S Firm'	's name (or	VOURS 1	<u> </u>		ນໝ	5/1/2	2/2010	l en	nployed			4504704			
Us	Only		f-employed)			UNTING LL	Ü							-1521781			
		addr	ess, and ZIP	+4	ELDRIDGE									<u>33) 285-255</u>		<del></del> -	
Ma	y the IR	RS discus	ss this ret	turn with th	не ргерагег	shown abo	ve? (see inst	ruction	s)					<u>L</u>	Yes	X No	

Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission PROMOTION OF HOMEBUILDING INDUSTRY IN THE QUAD CITY AREA
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)
4b	(Code ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)
4c	(Code ) (Expenses \$0 including grants of \$0 ) (Revenue \$0)
4d	Other program services. (Describe in Schedule O.)
40	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
•	Part II .	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
•	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<del>  ^</del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
				<del>  ^</del>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			ĺ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	·			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
40	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		<del>                                     </del>
	Schedule D, Parts XI, XII, and XIII	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax  Yes No			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? <i>If</i> "Yes," <i>complete Schedule H</i>	20		X
	and organization operate one of more hospitals. It is too, complete constants in			<u> </u>

Form 990 (2009) HOMEBUILDERS ASSOC OF THE QUAD CITIES INC

Part IV Checklist of Required Schedules (continued)

		1	res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	21	х	
22	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<del>^</del>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		<u> x</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	•		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
<b>.</b> -	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?  If "Yes," complete Schedule L, Part III  .	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			<del>-^-</del>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
20	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<del>  ^-</del>
<b>.</b>	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			<u> </u>
	III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	(2009)
		Form	330	120091

Part V Statements Regarding Other IRS Filings and Tax Compliance

42-0927424

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable		] ;	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		,	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return . 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see	<del></del>	<u> </u>	-
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	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)?	4a	ļ	Х
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
_	Prohibited Tax Shelter Transaction?	5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			V
<b>L</b>	organization solicit any contributions that were not tax deductible?	6a	-	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	- '	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? .	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year . 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?.	7 <u>h</u>		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		-	-
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		ł	
a	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b	<del>                                     </del>	
ь 10	Section 501(c)(7) organizations. Enter:	30	<del>                                     </del>	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter	1	1	
а	Gross income from members or shareholders	]		
b	Gross income from other sources (Do not net amounts due or paid to other sources	]		
	against amounts due or received from them.)	<u>.</u>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
h	If "Vas " enter the amount of tay-exempt interest received or accrued during the year 12h	ı	1	1

42-0927424 F

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sect	ion A. Governing Body and Management						
4 -	Established as who a study as a subsequent of the accompanies had a	4-	1	4 7		Yes	No
1a	Enter the number of voting members of the governing body .	<u>1a</u>		17 17			
р	Enter the number of voting members that are independent	1b	h.:	-1/			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relative to the afficer director trustee, or key employee?	auons	nip with		2		
	any other officer, director, trustee, or key employee?	malar t	 hadiraat	. }		<u> </u>	_ X_
3				1	•	}	_
	supervision of officers, directors or trustees, or key employees to a management company or			.	<u>3</u> 4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 9			ŀ	5	<del> </del>	x
5	Did the organization become aware during the year of a material diversion of the organization Does the organization have members or stockholders?	1 5 d 5 5	els'.	•	_ <del></del> 6	<del></del>	x
6 7a	Does the organization have members, stockholders, or other persons who may elect one or r	ooro r	nombore	ł	-		<del>  ^-</del>
<i>i</i> a	of the governing body?	IIOI E I	Hembers		7a		Χ_
h	Are any decisions of the governing body subject to approval by members, stockholders, or ot	har na	reone?	•	7b		x
ь 8	Did the organization contemporaneously document the meetings held or written actions unde			ŀ	7.0		<del>  ^ </del>
0	the year by the following	Ilanci	i duning	l			
_	The governing body?				8a	х	,
a b	Each committee with authority to act on behalf of the governing body?	•		ł	8b	$\frac{\hat{x}}{x}$	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	t ha r	ached	ł	<u> </u>	<del>  ^-</del>	
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		sacricu		9a		×
Sect	ion B. Policies (This Section B requests information about policies not required by the		rnal	t	Ja		
	enue Code )	e iiile	IIIai				
11000	sinue Ooue )					Yes	No
102	Does the organization have local chapters, branches, or affiliates?			ſ	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of	f suct	chanters	.	IVA	<del> </del>	<del>  ^</del>
b	affiliates, and branches to ensure their operations are consistent with those of the organization		i chapters,		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body by		filing the	ł	100		<del> </del>
• •	form?		illing the		11	×	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•		·			<u> </u>
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		•	ľ	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests	that c	ould aive	Ì		<del>                                     </del>	
_	rise to conflicts?				12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the pol	icv? /	f "Yes."	l			
_	describe in Schedule O how this is done				12c	x	
13	Does the organization have a written whistleblower policy?	-		İ	13	Х	
14	Does the organization have a written document retention and destruction policy?			İ	14	Х	
15	Did the process for determining compensation of the following persons include a review and	appro	val bv	ľ			
. •	independent persons, comparability data, and contemporaneous substantiation of the deliber			n?			
а	The organization's CEO, Executive Director, or top management official				15a	x	Ì
b	Other officers or key employees of the organization			. 1	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			`. Ì			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	ırrand	ement				
	with a taxable entity during the year?				16a	Ιx	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	to ev	aluate	1			
	its participation in joint venture arrangements under applicable federal tax law, and taken step						
	the organization's exempt status with respect to such arrangements?		_		16b	X	·
Sect	ion C. Disclosure		•				
17	List the states with which a copy of this Form 990 is required to be filed ▶						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, as	nd 990	)-T (501(c)	(3)s o	nly)		
	available for public inspection Indicate how you make these available. Check all that apply						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docur	nents	conflict of	ıntere	st		
	policy, and financial statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the b	ooks	and records	of th	е		
	organization   HOMEBUILDERS ASSOCIATION		(563) 4	41-56	92	. <b>.</b>	
	3528 JERSEY RIDGE ROAD, DAVENPORT, IA 52807		<b>-</b>				

Form 990 (2009)
Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons.

Check this box if the organization did not compe	ensate any curr	ent of	fice	r, d	irec	ctor, o	r tru	ıstee.		
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director				Highest compensated employee	S Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
CHRIS BERGLUND BOARD	1	Х				,,,,,,		0	0	0
TIM CARR BOARD	1	X		_				0	0	0
J P CONDON BOARD	1	. x						0	0	0
KERRY CONDON BOARD	1	х						0	0	0
LARRY FINCK BOARD	1	x	ļ					0	0	0
JAY HENDERKOTT BOARD	1	X						0	0	0
MARY MAHONEY BOARD	1	×						0	0	0
ALEX MCGEHEE BOARD	<u>1</u>	. x						0	0	0
ROBERT MEYER BOARD	1	x						0	0	0
BRIAN TRAPKUS BOARD	1	Х						0	0	0
RYAN WINDMILLER BOARD	1	х						0	0	0
DENNIS WILLIAMS PRESIDENT	1			X				0	0	0
JARED KERKHOFF 1ST VP	_1			х				0	0	0
BILL WILFORD 2ND VP				х				0	0	0
DON MOORHEAD TREASURER	1			х				0	0	0
DAVE FALK SECRETARY	1			х				0	_0	0

Pa	rt VII Section A. Officers, Directors, Tre	ustees, Key Em	ploy	ees	, and	Hig	hes	t Co	mpensated Em	ployees (conti	nued	)	
	(A)	(B)			(6	C)			(D)	(E)		(F)	
	Name and title	Average hours per	<u> </u>	_	(chec				Reportable compensation	Reportable compensation		Estimat	t of
		week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		other ompens from the organization and relation	ation he ation ated
	I FITZPATRICK T PRES	1			x				0		0)		
DAV	E BURROWS C OFFICER	40			х				64,054	(	0		(
									0	(	0		c
											<u> </u>		
					ļ						$oldsymbol{\perp}$		
											_		
						ļ	ļ	ļ			_		
											_		
											$\perp$		
											$\downarrow$		<del></del>
						<u> </u>		<u> </u>			$\perp$		
<u>1b</u>	Total					<u>.</u> :		<u>. ►</u>	64,054	<del></del>	0		(
2	Total number of individuals (including but no reportable compensation from the organizar		se list	ted a	above 0	e) wh	no re	ceive	ed more than \$1	00,000 in			
										<del>.</del>	$\overline{}$	Yes	No
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sc			•		yee,	or h	ighe	st compensated		3		Х
4	For any individual listed on line 1a, is the su the organization and related organizations of												~
5	individual  Did any person listed on line 1a receive or a	 accrue compens	satior	n fron	 m an	 v un	 relat	ed o	rganization for	-	4		X
	services rendered to the organization? If "Y										5		Х
	tion B. Independent Contractors									0.100.000.6			
1	Complete this table for your five highest cor compensation from the organization	mpensated inde	pena	ent	contr	acto ——	rs th	at re		in \$100,000 of		<del></del>	
	(A) Name and business a	address							(B) Description of sen	vices C		(C) nsation	
								<del> </del>					(
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization												

Form 990 (2009)

Part	VIII	Statement of Revenue						
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated campaigns	1a	0		<del>-</del>		
ran un	b	Membership dues	1b	0				
s, g	С	Fundraising events	. 1c	0				
jifts ar a	d	Related organizations	. 1d	0				
Contributions, gifts, grants and other similar amounts	e	Government grants (contributions)	. 1e	0				
sir	f	All other contributions, gifts, grants,	) <del></del>					
but	•	similar amounts not included above		2,390				
iti I ot	q	Noncash contributions included in I		0				
Sor	_	Total. Add lines 1a–1f	ποστα-τι ψ		2,390			
		Total, Add lines 1a-11		Business Code	2,000			
anue	2a	SPECIAL EVENTS		Business Gode	188,129	~~~		188,129
eve	za b	MEMBERO DUEO			126,005		- '	126,005
e E		MEETINGS			49,838	<del></del>	-	49,838
ž	C	SEMINAR/SPEAKER INCOME		<u> </u>	49,838 195			195
Š	d	SEMINAR/SPEAKER INCOME			193			193
Jran	e	All other program continue revenue		<del></del>	0			<del></del>
Program Service Revenue	, T	All other program service revenue		<b></b>	364,167			<del></del>
	g	Total. Add lines 2a–2f	•		304,107		<u>                                     </u>	
	3	Investment income (including divide		na	4.045			
	_	•			4,215	<del>_</del>		
	4	Income from investment of tax-exer	mpt bond procee	ds -	0			
	5	Royalties	<del> </del>	<b></b>	0			
	_		(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income or (loss)	0	0	- <del></del>			my orbit it when
	d	Net rental income or (loss) .	· · · · · · · · · · · · · · · · · · ·	<u>▶</u>	0			
	7a	Gross amount from sales of	(i) Securities	(II) Other				
,		assets other than inventory	82,264	0				
	b	Less cost or other basis						
		and sales expenses .	123,964	1				
	С	Gain or (loss)	-41,700	0				
	d	Net gain or (loss) .		. •	-41,700			
ø	8a	9						
Ž		events (not including \$	<u>0</u>		:		}	
Ş		of contributions reported on line 1c	)					
8		See Part IV, line 18		0				
Other Revenue		Less. direct expenses		0				-
ĕ		Net income or (loss) from fundraising	-	. ▶	0			
	9a	Gross income from gaming activities	s.					
		See Part IV, line 19	<b>a</b>	0				
		•	<b>b</b>	0				
	С	Net income or (loss) from gaming a	ctivities .	. •	0			
	10a	Gross sales of inventory, less						
		returns and allowances	a	0				
	b	Less cost of goods sold	<b>b</b>	0				
	С	Net income or (loss) from sales of i	nventory		0			
		Miscellaneous Revenue		Business Code				
	11a	INSURANCE COMMISSIONS		524298	2,044		2,044	
	ь				0			
	С				0			
	d	All other revenue			0			
	e	Total. Add lines 11a-11d			2,044			
	12	Total revenue. See instructions	<u>.                                      </u>	<u>.</u> <b>&gt;</b>	331,116	0	2,044	364,167

42-0927424

## Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	(A) but are not req	uired to complete	columns (B), (C), a	ind (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	·····	олроново	general enpended	- Apoliaco
•	organizations in the U.S. See Part IV, line 21	5,263			
2	Grants and other assistance to individuals in	0,200			
-	the U.S See Part IV, line 22	. 0			
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	-			
•	trustees, and key employees	64,054			
6	Compensation not included above, to disqualified	04,004	•		<del></del>
·	persons (as defined under section 4958(f)(1)) and	İ			
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	Ö			
8	Pension plan contributions (include section 401(k)				
J	and section 403(b) employer contributions)	o			
9	04	0			
10	Payroll taxes	5,123			<del>,</del>
11	Fees for services (non-employees).	3,123	<del>.</del> .		
''a	Management	0			
b	Legal	12,747			**
C	Accounting	8,360			
ď	Lobbying	0,000			
e	Professional fundraising services. See Part IV, line 17	o			
f	Investment management fees	2,877			
,	Other	28,695			
9 12	Advertising and promotion	2,139		-	
13	0.00	9,775	-,		
14	Information technology	8,111			
15	Royalties	0,111			
16	Occupancy	21,902			
17	Travel	1,055			
18	Payments of travel or entertainment expenses	1,000			
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	25,665			
20	Interest	25,005	<del></del>		
21	D	0			
22	Payments to aπiliates  Depreciation, depletion, and amortization	3,103	0	0	0
23	. · · · · · · · · · · · · · · · · · · ·	3,075			
23 24	Insurance	3,075			
24	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	CVUIDITIONO	213,143			
b	DUES	94,405			
	SPEAKERS	2,404			
d	OCUDA COFEN	570			
u	TELEPHONE	5,890			
f	All other expenses	4,083			
	Total functional expenses. Add lines 1 through 24f	522,480	0	0	0
25		522,460			
26	Joint costs. Check here ► if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				

42-0927424

**Balance Sheet** (A) (B) Beginning of year End of year 37,176 1 Cash-non-interest-bearing 67,406 2 Savings and temporary cash investments 43.948 2 6,784 Ol 3 3 Pledges and grants receivable, net . . ol 4 4 Accounts receivable, net 0 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 Assets 7 Notes and loans receivable, net 0 8 8 Inventories for sale or use Prepaid expenses and deferred charges. 3,275 9 59,055 10a Land, buildings, and equipment cost or 10a other basis. Complete Part VI of Schedule D **b** Less. accumulated depreciation 10b 41,180 20,979 Investments—publicly traded securities 293.138 11 227.011 11 12 12 Investments—other securities See Part IV, line 11 0 13 Investments—program-related. See Part IV, line 11 0 13 0 14 Intangible assets . ol 14 15 Other assets See Part IV, line 11 ol 15 -570 395,241 16 321,781 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,722 Accounts payable and accrued expenses 17 17 8,839 18 Grants payable. 18 . . . . . . 19 Deferred revenue 19 20 Tax-exempt bond liabilities . . . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 0 23 Secured mortgages and notes payable to unrelated third parties O 23 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities Complete Part X of Schedule D 0 25 111,787 26 Total liabilities. Add lines 17 through 25 2,722 26 120,626 Organizations that follow SFAS 117, check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 392,519 27 201,155 28 Temporarily restricted net assets. 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 392,519 33 201,155 Total net assets or fund balances Total liabilities and net assets/fund balances. 395,241 321,781

Form **990** (2009)

**Financial Statements and Reporting** Yes Νo X Accrual Other 1 Accounting method used to prepare the Form 990 Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2a Were the organization's financial statements audited by an independent accountant? 2b If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of Х the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Х If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

Form 990 (2009)

## SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

**1.5** 0, OMB No 1545-0047
2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990.

► See separate instructions.

Employer identification number

ном	EBUILDERS ASSOC OF THE QUAD CITIES	SINC		4:	2-0927424
Part			r Similar Fun	ds or Accou	nts. Complete if
	the organization answered "Yes" to				,
		(a) Donor advised funds		(b) Funds a	nd other accounts
1	Total number at end of year			• •	-,
2	Aggregate contributions to (during year)				··
3	Aggregate grants from (during year)				<del></del>
4	Aggregate value at end of year .				
5	Did the organization inform all donors and d	onor advisors in writing that th	na assats hald u	n donor adviser	<del></del>
3	funds are the organization's property, subject				Yes No
^	Did the organization inform all grantees, dor				162 NO
6					
	used only for charitable purposes and not for		onor advisor, or	for any other	□ v □ N-
	purpose conferring impermissible private be				Yes No
Par	Conservation Easements. Comp	lete if the organization ans	wered "Yes" to	Form 990, P	art IV, line 7
1	Purpose(s) of conservation easements held	by the organization (check al	l that apply)		
	Preservation of land for public use (e.g.			an historically	important land area
	Protection of natural habitat		Preservation of	-	
		Ш	rieseivalion oi	a Certified filst	one structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organiza	ation held a qualified conserva	ation contribution	n in the form of	a conservation
	easement on the last day of the tax year.				
				) <del></del>	at the End of the Tax Year
а	Total number of conservation easements		•	2a	
b	Total acreage restricted by conservation ear			2b	
С	Number of conservation easements on a ce			2c	
d	Number of conservation easements include	d ın (c) acquired after 8/17/06		2d	
3	Number of conservation easements modifie	d, transferred, released, extin	guished, or tern	ninated by the o	organization
	during the tax year				
4	Number of states where property subject to	conservation easement is loc	ated •		
5	Does the organization have a written policy	regarding the periodic monito	ring, inspection,	handling of	
	violations, and enforcement of the conserva	tion easements it holds? .			Yes No
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing	g conservation e	easements duri	ng the year
	<b>•</b>		-		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing cor	nservation ease	ments during th	ne year
	<b>▶</b> \$	3,4		•	•
8	Does each conservation easement reported	on line 2(d) above satisfy the	requirements o	of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	` *			. Yes No
9	In Part XIV, describe how the organization r		its in its revenue	and expense	
•	balance sheet, and include, if applicable, the	•		-	
	the organization's accounting for conservati		garnzanon o mio	molar otatomon	to that dood hoo
Par			res. or Other S	imilar Assets.	
	Complete if the organization answere				
12	If the organization elected, as permitted und			ement and hal	ance sheet works of
Ia	art, historical treasures, or other similar asse				
	service, provide, in Part XIV, the text of the				
b	If the organization elected, as permitted und				
	historical treasures, or other similar assets h				
	service, provide the following amounts relat				
	(i) Revenues included in Form 990, Part VII	_		▶ ◆	1
	(ii) Assets included in Form 990, Part X	i, iii 6 i	• •		
2		ort historical tracquires	har aimilar acca	to for financial	aoin provide the
2	If the organization received or held works of			is ioi iiriancial	gain, provide me
_	following amounts required to be reported u		ese items		•
a	Revenues included in Form 990, Part VIII, li	ne 1			
h	Assets included in Form 990 Part X			<b>₽ </b>	

Schedule D (Form 990) 2009

		<del></del>					<del></del>	<del></del>		
3	Using the organization's acquisition use of its collection items (check all		ther reco	ords, ched	ck any of the	e followi	ng that are a	significan	t	
а	Public exhibition	шасарыу)	d [	Loan	or exchange	e progra	ams			
b	Scholarly research		e 💳	Other	_					
c	Preservation for future genera	ntions	٠ ــــ	, 0						
_	_					<b>41.</b>				
4	Provide a description of the organizary				-				ose in	l
5	During the year, did the organization assets to be sold to raise funds rath	er than to be mair	ntained a	s part of t	the organiza	ation's c	ollection? .	Y	es 🗌	No
Part	IV Escrow and Custodial Ar IV, line 9, or reported an ar					answe	red "Yes" to I	Form 99	0, Par	t
1a	Is the organization an agent, trustee	• •				ns or of	her assets no	t		
	included on Form 990, Part X?								es 🔙	No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the	following	g table					
								Amount		
С	Beginning balance					. <u>1c</u>	<u> </u>			
d	Additions during the year		•	•		. 1d				
е	Distributions during the year					1e				
f	Ending balance			•		1f	1	<del></del>		0
2a	Did the organization include an amo		Part X, I	ine 21?	•	•		Y	es X	No
b	If "Yes," explain the arrangement in						<u> </u>			
<b>Part</b>	V Endowment Funds. Com						<del></del>			
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years ba	ack (e) Fo	our years	back
1a	Beginning of year balance .	<del> </del>					<del> </del>			
b	Contributions			_			·			
С	Net investment earnings, gains,					- 1				
	and losses .		ļ		ļ					
d	Grants or scholarships .	·								
е	Other expenditures for facilities									
	and programs .	<del></del>					<del></del>			
f	Administrative expenses	<del> </del>								
g	End of year balance	0	<del></del>	0						
2	Provide the estimated percentage o	-	ance held	d as:						
a	Board designated or quasi-endowm		%							
b	Permanent endowment	<u>%</u> .								
С	Term endowment	<u>%</u>								
3a	Are there endowment funds not in the	ne possession of t	the organ	lization th	at are held	and adi	ministered for	tne	V	I NI -
	organization by							2-73	Yes	No
	(i) unrelated organizations .				•			3a(i)		<u> </u>
L.	(ii) related organizations			d a. Cab	 adula DO		•	3a(ii) 3b		
b	If "Yes" to 3a(ii), are the related organization of the second of the se		-			• •		30		l
4 Part	Describe in Part XIV the intended us					od V lie	20.10			
rait								48.5		
	Description of investment	(a) Cost or ot (investm		, , ,	st or other s (other)		ccumulated preciation	(d) Bo	ook valu	e 
1a	Land		0		0					0
b	Buildings		0	<u> </u>	0		0			0
С	Leasehold improvements .		0	<del>i                                      </del>	0		0	_		0
d	Equipment .		0	<del>†</del>	59,055		41,180		1	<u>7,875</u>
е	Other		0		0		0			0
Total	. Add lines 1a through 1e. (Column (	d) must equal For	m 990, F	Part X, col	lumn (B), lın	e 10(c)	). ▶		1	7,875

organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2009 Page 3 Investments—Other Securities. See Form 990, Part X, line 12 (c) Method of valuation (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value 0 Financial derivatives . . ol Closely-held equity interests 0 ol 0 ol ol 0 ol ol ol ol Total (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related. See Form 990, Part X, line 13 Part VIII (c) Method of valuation (a) Description of investment type (b) Book value Cost or end-of-year market value 0 O ol Ol 0 0 0 ol Ol 0 Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value 0 0 0 0 0 0 0 0 0 0 Total. (Column (b) must equal Form 990, Part X, col (B) line 15) 0 Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes **DEFERRED INCOME-HOME SHOW** 111.787 0 0 0 0 0 0 0 Total (Column (b) must equal Form 990, Part X, col (B) line 25) 111.787 2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the

Sched	dule D (Form 990) 2009			Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia	I Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	<u> </u>	331,116
2	Total expenses (Form 990, Part IX, column (A), line 25)	2_		522,480
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		-191,364
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5	<u> </u>	
6	Investment expenses	_6_		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-191,364
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per	Return	
1	Total revenue, gains, and other support per audited financial statements	L	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments			
b	Donated services and use of facilities 2b			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV )			
е	Add lines 2a through 2d	L	2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV )			
С	Add lines 4a and 4b	L	4c	0
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	0
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es p	er Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses		İ	
d	Other (Describe in Part XIV ) 2d		İ	
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Г		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	0
Par	t XIV Supplemental Information			
and	oplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and part to provide any additional information	14b /	Also comple	

# HOMEBUILDERS ASSOC OF THE QUAD CITIES INC 42-0927424 Schedule D (Form 990) 2009 Page 5 Supplemental Information (continued)

# SCHEDULEI (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

General Information on Grants and Assistance

Part I

HOMEBUILDERS ASSOC OF THE QUAD CITIES INC

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No 1545-0047 2009

> Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

4	
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•	
-1	
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4	

Inspection	number
	Employer identification numb

42-0927424

1 Does the organization maintain records to substantiate the	tain records to s	ubstantiate the am	ount of the grants or a	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s' eligibility for the grar	nts or assistance, and	>
2 Describe in Part IV the organization's procedures for monitoring	nization's proce	dures for monitorin	g the use of grant func	coing the use of grant funds in the United States			Sal V
art	Assistance to		nd Organizations i	is and Organizations in the United States. Complete if the organization answered "Yes" to	. Complete if the org	janization answered	"Yes" to
Form 990, Part IV, line 21, for any recipient that received more that Part IV and Schedule I-1 (Form 990) if additional space is needed	line 21, for any ile I-1 (Form 99	recipient that rec	erved more than \$5,	received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use is needed	ıf no one recipient re	eceived more than \$	.5,000 Use ▶
material to souther has small (e)	No si	do incluenta y (o)	tare deep for the tare the tare the tare the tare tare tare tare tare tare tare tar	· · · · · · · · · · · · · · · · · · ·	(f) Method of valuation	· · · · · · · · · · · · · · · · · · ·	(h) Dimose of areat
or government	(o)	if applicable	(n) Ambum of Cash grant	assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
MAKE-A-WISH FOUNDATION DAVENPORT, IA 52804			4,763	0			
SCOTT COUNTY CONSERVATION 14910 110 AVE DAVENPORT, IA			200	0			
			0	0			
			0	0			-
			0	0			
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			0	0			
			0	0			
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			0	0			
2 Enter total number of section 501(c)(3) and government organizations	on 501(c)(3) and	government organ	zations			•	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations

Schedule I (Form 990) 2009

	dividuals in the	United States. Con	nplete if the organize	ition answered "Yes" to	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed	990) if additional	space is needed			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
		O			
Supplemental Information. Complete this part to provide the information required in Part I, line 2,	te this part to pro-	vide the information	required in Part I, lin	e 2, and any other additional information	ional information.
	: : : : : : : :	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1

## **SCHEDULE 0** (Form 990)

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

HOMEBUILDERS ASSOC OF THE QUAD CITIES INC 42-0927424 Form 990 Part VI Section B Line 10 ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 - OFFICER SIGNING 990 REVIEWS RETURN PRIOR TO SIGNATURE Form 990 Part VI Section B Line 15A COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIVE OFFICER - SALARY IS APPROVED ANNUALY Form 990 Part VI Section B Line 12C MONITORING OF CONFLICT OF INTEREST POLICY - EXECUTIVE OFFICER MONITORS BOARD MEMBERS FOR CONFLICTING INTEREST Form 990 Part VI Section C Line 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTERST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

SCHEDULE R (Form 990) HOMEBUILDERS ASSOC OF THE QUAD CITIES INC

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ See separate instructions.

Open to Public

Employer identification number

42-0927424

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990.

Schedule R (Form 990) 2009 (f)
Direct controlling
entity (f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it ō 0 ō 0 (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets (d) Exempt Code section Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) (b) Primary activity Primary activity had one or more related tax-exempt organizations during the tax year.) Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity Partl Part II

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (HTA)

Schedule R (Form 990) 2009

Page 2 . rm 990) 2009 HOMEBUILDERS ASSOC OF THE QUAD CITIES INC 42-0927424 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year )

(J) General or managing partner?	Yes No	×				ļ			art	(h) Percentage ownership	%	%	%	%	%	%	%	m 990) 2009
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		0	0	0	0	0	0	0	e as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part panizations treated as a corporation or trust during the tax year.)	(g) Share of end-of-year assets	0	0	0	0	0	0	0	Schedule R (Form 990) 2009
(h) Disproportionate allocations?	s No	×							red "Ye	псоте	0	0	0	0	0	0	0	
(g) Share of end-of-year Displayed assets	Yes	245,258	0	0	0	0	0	0	ization answe e tax year.)	(f) Share of total income								
Share of as		0	. 0	0	0	0	0	0	he organ during th	(e) Type of entity (C corp. S corp, or trust)								i
Income		-570							or trust	00 Typ								
(f) Share of total income									rust (Comportion	(d) Direct controlling entity								
(e) Predominant income (related, unrelated, excluded from tax under sections	512-514)	ed							e as a Corporation or Trust (Complete if the organization ansignizations treated as a corporation or trust during the tax year.)	(c) Legal domicile (state or foreign country)								
Đ		Related							as a Constant	(b) Primary activity								
(d) Direct controlling entity		N/A			ı	!				(t)	<u> </u>			:				
(c) Legal domicile (state or foreign									nization r more re	_								
(b) Primary activity		CONSTRUCTION							identification of Related Organizations Taxabl	(a) Name, address, and EIN of related organization								
(a) Name, address, and EIN of related organization		OCHBA GREEN LLC 26-45 3528 JERSEY RIDGE ROA CONSTRUCTION IA							Part IV Identification IV, line 34 beca	Name, address, and El								

or 36)
34, 35, or 3
e 34,
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Part I
990, Part
Form
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	<sup>S</sup>	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	irts II–IV?			ı i
a Receipt of (i) interest (ii) annuities (iii) royalities or (iv) rent from a controlled entity		<b>-</b>	×	
		1b	×	1
		1	×	
		2 ;	( ;  -	ı
d Loans or loan guarantees to or for other organization(s)		1d	<u> </u>	ı
e Loans or loan guarantees by other organization(s)		1e	×	
	ı			
f Sale of assets to other organization(s)		<b>+</b>	×	
		-	×	l
		27 ;	( )  -	I
h Exchange of assets		٦ ا	<b>×</b>  :	İ
i Lease of facilities, equipment, or other assets to other organization(s)	•	<b>=</b>	$\stackrel{\times}{+}$	ļ
	•	1;	;	-
j Lease of facilities, equipment, or other assets from other organization(s).		-	<u> </u>	ı
k Performance of services or membership or fundraising solicitations for other organization(s)		ᆠ	×	١
1 Performance of services or membership or fundraising solicitations by other organization(s).		11	×	
m Sharing of facilities, equipment, mailing lists, or other assets		1m	×	
n Sharing of paid employees		1n	×	! <b>!</b>
			>	1
	•	2 ;	()  -	l
p Reimbursement paid by other organization for expenses	<u>.</u>	1 <sub>D</sub>	<b>&lt;</b>	1
Other transfer of cond or proposed to other proposed to other proposed to	<u>'</u>	+	<u></u>	71
d Circi natister of cast of property to other organization(s)		2 3	( <b>&gt;</b>	1
r Other transfer of cash or property from other organization(s).	to condon	Tr	\ 	1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	onsnips and transact	ion thresh	SDIOI	1
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	olved	ı
(1)				이
				0
				1
(3)				이
(4)				0
(5)				이
(9)				이
	Schedule	Schedule R (Form 990) 2009	90) 200	. 60

42-0927424

Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Nichard and ElM of artitu	(b) (b) (c) (d) (d)	(C)	(d)	200	(e)	(j)	- etenoti	(g)	2)	(h)
אמוופן מסטופטט, מווס בוא טן פואנוץ	Agenta Agenta	(state or foreign country)	section 501(c)(3) organizations?	(3)	end-of-year assets	allocations?	ons	amount in box 20 of Schedule K-1 (Form 1065)	mana	managing .
			Yes	٩		Yes	ટ		Yes	2
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Schedule R (Form 990) 2009

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Noncash
Federated Campaigns	1	
Membership dues	2	
Fundraising events	3 _	
Related organizations	4 _	
Government grants (contributions)	5	
All other contributions, gifts, grants, and similar amounts not included above OTHER CONTRIBUTIONS	2,390	
	<del></del>	
Other contributions total	2,390 6 2,390 7	0

' (990) - Gain/Loss from Sale of Assets Other than Inventory	The second secon
- (066)	
Part VIII, Line 7	

מון אַ	art vin, bille 1 (550) - Callings in Oil Cale of Assets Cale (1911)														• •	
									Totals	Gross	SS	Cost, other	ther		,	
									•	sales	- 1	basis and expenses	expenses		•	
								Peb	Public Securities		82,264		123,964		•	
								Non-Pub	Non-Public Securities		0		0		٠.	
									Other sales		0		0			
-			Check If	_									Expense		•	
			gain/loss is		Check If						Cost or other basis	er basis	of sale and			
			from sale	_	purchaser						(Enter one field only)	feld only)	cost of			
- A	Contours	# diviro	of public	non public	IS a	Purchaser		Acquisition	Sold	Gross sales	Cost	Donated	ments	Depreciation	Description of . Basis Method	
S	TOCKS		×				3/11/2007		3/16/2009	82,264	123,964		Τ			
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Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

ГС	RILIA, LIIIE Z	<u> 2 (330)</u>	- D6	hie	Clati	<u>VII, I</u>	Jepienon, and	u Allioi lization		
							(A)	(B)	(C)	(D)
							Total	Program	Management	Fundraising
								services	and general	
1	Depreciation					1	3,103			
2	Depletion					. 2	0			
3	Amortization	•				. 3	0			
4	Total					. 4	3,103	0	0	0

# Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

	, , ,													
									59,055	38,076	41,180	0	20,979	17,875
				Leasehold			Check If	Check If		Beginning	Ending			,
				Improve-			Investment	Asset	Cost/Other	ccumulated	Accumulated	Disposals/	Beginning	Ending
	Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	epreciation	Depreciation	Adjustments	Balance	Balance
1	EQUIPMENT				×				59,055	38,076	41,180		20,979	17,875
7									0	0			0	0
က									0	0			0	0
4									0	0			0	0 -
2									0	0			0	0
9									0	0			0	0
^									0	0			0	0
80									0	0			0	0
თ									0	0			0	0
10									0	0			0	0
11									0	0			0	0
12									0	0			0	0
13									0	0			0	0
14									0	0			0	0
15									0	0			0	0
16									0	0			0	0
17									0	0			0	0
18									O	0			0	0
19							_		0	0			0	0
20									0	0			0	0

## Part X, Lines 11 and 12 (990) - Investments - Securities

Check one box below to indicate how securities are reported
X Cost
End of year market value (FMV)

	Jana or your marrier raises (r mv)					0	293,138	227,011
		Check if		Check if			Beginning	Ending
		Publicly	Check if	Closely-Held	Number	Value	Balance	Balance
		Traded	Financial	Equity	of Shares/	at Time of	Book Value	Book Value
	Description	Secunties?	Derivatives	Interests	Face Value	Donation	Cost	Cost
1	IVY FUNDS INC	X	1					17,000
2	COLUMBIA ACORN FUND	Х					18,492	12,854
3	DODGE COX INTL	X					53,872	34,599
4	DODGE COX STOCK	X					33,802	24,725
5	FIDELITY GROWTH	Х					22,346	15,956
6	GOLDMAN SACHS CORE	Х					40,549	38,332
7	VANGUARD US TREASURY	Х			•		16,561	19,751
8	VANGUARD 500 SIGNAL	Х					19,461	16,168
9	VANGUARD FIXED INCOME	X					9,965	10,014
10	VANGUARD MIDCAP	X					78,090	37,612
11								0
12								0
13								0
14								0
15								0
16				<u> </u>				0
17								0
18								0
19				1			-	0

Part X, Line 15 (990) - Other Assets

Part X, Line 15 (990) - Other Assets	0	-570
Description	Beginning	End
1 INVESTMENT IN QCHBA GREEN LLC	0	-570
2		<u> </u>
3		
4		
5		
6		
7		
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Description  Deferred income-home show  Description  Description  Description	Beginning 0	End 111,78
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