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

Form **990-EZ** (2010)

Part II

Balance Sheets

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

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	53,087	22	55,442
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	1,336	24	2,065
25	Total assets	54,423	25	57,507
26	Total liabilities (describe in Schedule O)	851	26	830
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	53,572	27	56,677

Part III

Statement of Program Service Accomplishments

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

☒

What is the organization's primary exempt purpose?
TO PROVIDE A MEETING PLACE FOR CONTRACTORS AND RELATED SUPPORT BUSINESSES

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 and section 4947(a)(1) trusts, optional for others)	
28	PROVIDED 338 MEMBERS WITH AN INTERCHANGE OF INFORMATION TO IMPROVE THEIR BUSINESSES AND TO AFFORD THE PUBLIC THE OPPORTUNITY TO TOUR HOMES BUILT BY LOCAL HOMEBUILDERS (Grants \$ 0) If this amount includes foreign grants, check here	28a	0
29	 (Grants \$) If this amount includes foreign grants, check here	29a	
30	 (Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV

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

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

☒

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

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule 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		No
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)		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
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)?	Yes	
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	Yes	
35c	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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a 0		
37b	Did the organization file Form 1120-POL for this year?		
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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ☐ _____, section 4912 ☐ _____, section 4955 ☐ _____		
40b	Section 501(c)(3) and 501(c)(4) 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		
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ☐ _____		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ☐ _____		
40e	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		No
41	List the states with which a copy of this return is filed ☐ _____		
42a	The organization's books are in care of ☐ MARCIA BIERMAN Telephone no ☐ (563) 582-4553 880 LOCUST STREET SUITE 115 Located at ☐ DUBUQUE, IA ZIP + 4 ☐ 52001		
42b	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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ☐ _____		No
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 _____		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	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)		

		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		
46			No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 "

(a) Name and address of each independent contractor paid more than \$100,000	(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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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	***** Signature of officer	2012-08-23 Date		
	MARCIA BIERMAN EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	RENEE E HESSELMAN CPA	Date 2012-08-23	Check if self-employed
	Firm's name (or yours if self-employed), address, and ZIP + 4	HONKAMP KRUEGER & CO PC P O BOX 699 DUBUQUE, IA 520040699		Preparer's taxpayer identification number (See instructions) P00835463
			EIN	42-0946155 Phone no (563) 556-0123

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
DUBUQUE HOMEBUILDERS AND ASSOCIATES

Employer identification number
42-1438602

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF OUTING (event type)	ANNUAL CHRISTMAS PARTY (event type)	1 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	27,188	9,335	2,075
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	27,188	9,335	2,075
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	1,266	3,720	
	6	Rent/facility costs	7,452	2,075	
	7	Food and beverages	7,112		
	8	Entertainment		500	
	9	Other direct expenses	3,000	722	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization DUBUQUE HOMEBUILDERS AND ASSOCIATES	Employer identification number 42-1438602
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 1,803
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION NEWSLETTER AND WEBSITE ADVERTISING AMOUNT 1,775
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION COMMUNITY DEVELOPMENT GRANTEE NAME GREATER DUBUQUE DEVELOPMENT CORPORATION GRANTEE ADDRESS 300 MAIN STREET, SUITE 120 DUBUQUE, IA 52001 DATE OF GIFT 05/02/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME CAMP ALBRECHT ACRES GRANTEE ADDRESS P O BOX 50 SHERRILL, IA 52073 DATE OF GIFT 05/02/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MEDICAL SERVICES GRANTEE NAME HOSPICE OF DUBUQUE GRANTEE ADDRESS 2255 JFK ROAD DUBUQUE, IA 52002 DATE OF GIFT 05/02/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME SUNNYCREST MANOR GRANTEE ADDRESS 2375 ROOSEVELT STREET DUBUQUE, IA 52001 DATE OF GIFT 05/02/11 AMOUNT GIVEN 250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME BOYS AND GIRLS CLUB OF GREATER DUBUQUE GRANTEE ADDRESS 1299 LOCUST STREET DUBUQUE, IA 52001 DATE OF GIFT 05/02/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME DUBUQUE RESCUE MISSION GRANTEE ADDRESS 398 MAIN STREET DUBUQUE, IA 52001 DATE OF GIFT 05/02/11 AMOUNT GIVEN 750
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION COMMUNITY DEVELOPMENT GRANTEE NAME ALLIANCE FOR CONSTRUCTION EXCELLENCE GRANTEE ADDRESS P O BOX 14 DUBUQUE, IA 52004 DATE OF GIFT 05/02/11 AMOUNT GIVEN 100
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME DUBUQUE COUNTY HABITAT FOR HUMANITY GRANTEE ADDRESS 2625 NW ARTERIAL ROAD DUBUQUE, IA 52002 DATE OF GIFT 05/02/11 AMOUNT GIVEN 100
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME OPENING DOORS GRANTEE ADDRESS 1561 JACKSON STREET DUBUQUE, IA 52001 DATE OF GIFT 05/02/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME HONOR FLIGHT OF GREATER DUBUQUE GRANTEE ADDRESS P O BOX 659 DUBUQUE, IA 52004 DATE OF GIFT 07/19/11 AMOUNT GIVEN 1,800
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME ST MARKS COMMUNITY CENTER GRANTEE ADDRESS 1201 LOCUST ST DUBUQUE, IA 52001 DATE OF GIFT 07/19/11 AMOUNT GIVEN 100
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TECHNOLOGY FUND GRANTEE NAME DUBUQUE AREA CHAMBER OF COMMERCE GRANTEE ADDRESS 300 MAIN STREET, SUITE 200 DUBUQUE, IA 52001 DATE OF GIFT 06/17/11 AMOUNT GIVEN 15 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 6,615
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 443 DESCRIPTION OTHER EXPENSES AMOUNT 5,915 TOTAL TO FORM 990-EZ, LINE 14 6,358
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION PARADE OF HOMES EXPENSE AMOUNT 34,710 DESCRIPTION HOME SHOW EXPENSE AMOUNT 613 DESCRIPTION VEHICLE REIMBURSEMENT AMOUNT 148 DESCRIPTION MEETING EXPENSE AMOUNT 11,405 DESCRIPTION DUES EXPENSE AMOUNT 194 DESCRIPTION WEBSITE EXPENSE AMOUNT 619 DESCRIPTION ADVERTISING AMOUNT 2,275 DESCRIPTION TELEPHONE AMOUNT 210 DESCRIPTION INSURANCE AMOUNT 798 DESCRIPTION OFFICE EXPENSE AMOUNT 5,091 DESCRIPTION PARKING EXPENSE AMOUNT 193 DESCRIPTION TRAP SHOOT EXPENSE AMOUNT 1,125 DESCRIPTION BAR EXPENSE AMOUNT 4,428 TOTAL TO FORM 990-EZ, LINE 16 61,809
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,336 END OF YEAR AMOUNT 2,065
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 851 END OF YEAR AMOUNT 830

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return DUBUQUE HOMEBUILDERS AND ASSOCIATES	Business or activity to which this form relates FORM 990-EZ PAGE 1	Identifying number 42-1438602
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	311
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,323	5 0	HY	S/L	132
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	443
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No						24b If "Yes," is the evidence written? ☐ Yes ☐ No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%			S/L -				
		%			S/L -				
		%			S/L -				
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: DUBUQUE HOMEBUILDERS AND ASSOCIATES

EIN: 42-1438602

Declaration: 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.

Additional Data

Software ID:
Software Version:
EIN: 42-1438602
Name: DUBUQUE HOMEBUILDERS AND ASSOCIATES

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
AARON KONRARDY 18539 HIGHWAY 52 NORTH DURANGO,IA 52039	DIRECTOR 1 00	0	0	0
DICK KELLY JR 2090 HALE STREET DUBUQUE,IA 52001	SOCIAL DIRECTOR 2 00	0	0	0
TOM GLENNON 15009 ABBEY WOOD COURT PEOSTA,IA 52068	SECRETARY 2 00	0	0	0
BOB HAVERLAND 4517 WATERS EDGE TRAIL DUBUQUE,IA 52003	DIRECTOR 1 00	0	0	0
RON CONNOLLY 3863 SHORT STREET DUBUQUE,IA 52002	DIRECTOR 1 00	0	0	0
JOHN COOK 1101 JACKSON STREET DUBUQUE,IA 52001	PRESIDENT 2 00	0	0	0
DIANE HANSON 8000 CHAVENELLE ROAD DUBUQUE,IA 52002	VICE PRESIDENT 2 00	0	0	0
DOUG LEX P O BOX 38 DYERSVILLE,IA 52040	DIRECTOR 1 00	0	0	0
TIM PANCRATZ 205 STONE VALLEY DRIVE DUBUQUE,IA 52003	TREASURER 2 00	0	0	0
RON SMITH SR 1640 JUSTIN LANE DUBUQUE,IA 52001	DIRECTOR 1 00	0	0	0
MARCIA BIERMAN 933 BARBARALEE DRIVE DUBUQUE,IA 52003	EXECUTIVE DIRECTOR 40 00	15,030	0	0