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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2012

Open to Public  
Inspection

## A For the 2012 calendar year, or tax year beginning

and ending

## B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

## C Name of organization

DUBUQUE HOMEBUILDERS AND ASSOCIATES

Number and street (or P O box, if mail is not delivered to street address)

P O BOX 1352

Room/suite

City or town, state or country, and ZIP + 4

DUBUQUE, IA 52004-1352

## D Employer identification number

42-1438602

## E Telephone number

(563) 582-4553

## F Group Exemption Number ►

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

## I Website: ► WWW.DUBUQUEHOMEBUILDERS.COM

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

► \$ 127,364.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

☒

|            |                                                                                                                                                                                                            |                                                                                                                                                  |         |         |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|
| Revenue    | 1                                                                                                                                                                                                          | Contributions, gifts, grants, and similar amounts received                                                                                       | 1       | 1,050.  |
|            | 2                                                                                                                                                                                                          | Program service revenue including government fees and contracts                                                                                  | 2       | 70,551. |
|            | 3                                                                                                                                                                                                          | Membership dues and assessments                                                                                                                  | 3       | 16,625. |
|            | 4                                                                                                                                                                                                          | Investment income SEE SCHEDULE O                                                                                                                 | 4       | 458.    |
|            | 5a                                                                                                                                                                                                         | Gross amount from sale of assets other than inventory                                                                                            | 5a      |         |
|            | b                                                                                                                                                                                                          | Less: cost or other basis and sales expenses                                                                                                     | 5b      |         |
|            | c                                                                                                                                                                                                          | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                          | 5c      |         |
|            | 6                                                                                                                                                                                                          | Gaming and fundraising events                                                                                                                    |         |         |
|            | a                                                                                                                                                                                                          | Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                            | 6a      |         |
| b          | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b                                                                                                                                               | 35,170. |         |
| c          | Less: direct expenses from gaming and fundraising events                                                                                                                                                   | 6c                                                                                                                                               | 30,209. |         |
| d          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                         | 6d                                                                                                                                               | 4,961.  |         |
| 7a         | Gross sales of inventory, less returns and allowances                                                                                                                                                      | 7a                                                                                                                                               |         |         |
| b          | Less: cost of goods sold                                                                                                                                                                                   | 7b                                                                                                                                               |         |         |
| c          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                             | 7c                                                                                                                                               |         |         |
| 8          | Other revenue (describe in Schedule O)                                                                                                                                                                     | 8                                                                                                                                                | 3,510.  |         |
| 9          | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                                     | 9                                                                                                                                                | 97,155. |         |
| Expenses   | 10                                                                                                                                                                                                         | Grants and similar amounts paid (list in Schedule O)                                                                                             | 10      | 5,300.  |
|            | 11                                                                                                                                                                                                         | Benefits paid to or for members                                                                                                                  | 11      |         |
|            | 12                                                                                                                                                                                                         | Salaries, other compensation, and employee benefits                                                                                              | 12      | 16,964. |
|            | 13                                                                                                                                                                                                         | Professional fees and other payments to independent contractors                                                                                  | 13      | 1,391.  |
|            | 14                                                                                                                                                                                                         | Occupancy, rent, utilities, and maintenance                                                                                                      | 14      | 6,237.  |
|            | 15                                                                                                                                                                                                         | Printing, publications, postage, and shipping                                                                                                    | 15      | 4,749.  |
|            | 16                                                                                                                                                                                                         | Other expenses (describe in Schedule O)                                                                                                          | 16      | 56,513. |
|            | 17                                                                                                                                                                                                         | Total expenses. Add lines 10 through 16                                                                                                          | 17      | 91,154. |
| Net Assets | 18                                                                                                                                                                                                         | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  | 18      | 6,001.  |
|            | 19                                                                                                                                                                                                         | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19      | 56,677. |
|            | 20                                                                                                                                                                                                         | Other changes in net assets or fund balances (explain in Schedule O)                                                                             | 20      | 0.      |
|            | 21                                                                                                                                                                                                         | Net assets or fund balances at end of year. Combine lines 18 through 20                                                                          | 21      | 62,678. |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

**Part II Balance Sheets** (see the instructions for Part II)  
 Check if the organization used Schedule O to respond to any question in this Part II ☒

|                                                                                | (A) Beginning of year | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|-----------------|
| 22 Cash, savings, and investments                                              | 55,442.               | 62,217.         |
| 23 Land and buildings                                                          |                       |                 |
| 24 Other assets (describe in Schedule O) SEE SCHEDULE O                        | 2,065.                | 1,508.          |
| 25 Total assets                                                                | 57,507.               | 63,725.         |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O                   | 830.                  | 1,047.          |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 56,677.               | 62,678.         |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)  
 Check if the organization used Schedule O to respond to any question in this Part III ☒

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

|    |                                                                                                                                                                        |     |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 28 | PROVIDED 327 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 \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                               | 28a |
| 29 |                                                                                                                                                                        |     |
|    | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                               | 29a |
| 30 |                                                                                                                                                                        |     |
|    | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                               | 30a |
| 31 | Other program services (describe in Schedule O)                                                                                                                        |     |
|    | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                               | 31a |
| 32 | Total program service expenses (add lines 28a through 31a)                                                                                                             | 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 title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| AARON KONRARDY     |                                                |                                                                            |                                                                                         |                                            |
| DIRECTOR           | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| DICK KELLY, JR     |                                                |                                                                            |                                                                                         |                                            |
| SOCIAL DIRECTOR    | 2.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| CHUCK BANDY        |                                                |                                                                            |                                                                                         |                                            |
| SECRETARY          | 2.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| BOB HAVERLAND      |                                                |                                                                            |                                                                                         |                                            |
| DIRECTOR           | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| RON CONNOLLY       |                                                |                                                                            |                                                                                         |                                            |
| DIRECTOR           | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| JOHN COOK          |                                                |                                                                            |                                                                                         |                                            |
| PRESIDENT          | 2.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| DIANE HANSON       |                                                |                                                                            |                                                                                         |                                            |
| VICE PRESIDENT     | 2.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| DOUG LEX           |                                                |                                                                            |                                                                                         |                                            |
| DIRECTOR           | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| TIM PANCRATZ       |                                                |                                                                            |                                                                                         |                                            |
| TREASURER          | 2.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| RON SMITH, SR      |                                                |                                                                            |                                                                                         |                                            |
| DIRECTOR           | 1.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| MARCIA BIERMAN     |                                                |                                                                            |                                                                                         |                                            |
| EXECUTIVE DIRECTOR | 40.00                                          | 15,271.                                                                    | 0.                                                                                      | 0.                                         |

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

|                                                                                                                                                                                                                                                                                                                                 | Yes | No   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|
| <b>33</b> 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                                                                                                                                                   |     | X    |
| <b>34</b> 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)                                                            |     | X    |
| <b>35a</b> 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)?                                                                                                                                 | X   |      |
| <b>35b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O                                                                                                                                                                                           | X   |      |
| <b>35c</b> 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                                                                                                     |     | X    |
| <b>36</b> 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                                                                                                                                     |     | X    |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions                                                                                                                                                                                                                         | 37a | 0.   |
| <b>37b</b> Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                               |     | X    |
| <b>38a</b> 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?                                                                                         |     | X    |
| <b>38b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved                                                                                                                                                                                                                                           | 38b | N/A  |
| <b>39</b> Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                               |     |      |
| <b>a</b> Initiation fees and capital contributions included on line 9                                                                                                                                                                                                                                                           | 39a | N/A  |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                  | 39b | N/A  |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:                                                                                                                                                                                                              |     |      |
| section 4911 <b>N/A</b> ; section 4912 <b>N/A</b> ; section 4955 <b>N/A</b>                                                                                                                                                                                                                                                     |     |      |
| <b>b</b> 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 | 40b | N/A  |
| <b>c</b> 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                                                                                                                                        |     | N/A  |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization                                                                                                                                                                                                          |     | N/A  |
| <b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T                                                                                                                                                               | 40e | X    |
| <b>41</b> List the states with which a copy of this return is filed                                                                                                                                                                                                                                                             |     | NONE |
| <b>42a</b> The organization's books are in care of <b>MARCIA BIERMAN</b> Telephone no <b>(563) 582-4553</b>                                                                                                                                                                                                                     |     |      |
| Located at <b>880 LOCUST STREET, SUITE 115, DUBUQUE, IA</b> ZIP +4 <b>52001</b>                                                                                                                                                                                                                                                 |     |      |
| <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                                                               | 42b | X    |
| 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.                                                                                                                                                                                               |     |      |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?                                                                                                                                                                                                                     | 42c | X    |
| If "Yes," enter the name of the foreign country: _____                                                                                                                                                                                                                                                                          |     |      |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year                                                                                                      | 43  | N/A  |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                   | 44a | X    |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                              | 44b | X    |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                 | 44c | X    |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                    | 44d |      |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                              | 45a | X    |
| <b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)                                                                   | 45b |      |

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

|    | Yes | No |
|----|-----|----|
| 46 |     | X  |

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II

|    | Yes | No |
|----|-----|----|
| 47 |     |    |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

|    |  |  |
|----|--|--|
| 48 |  |  |
|----|--|--|

49a Did the organization make any transfers to an exempt non-charitable related organization?

|     |  |  |
|-----|--|--|
| 49a |  |  |
|-----|--|--|

b If "Yes," was the related organization a section 527 organization?

|     |  |  |
|-----|--|--|
| 49b |  |  |
|-----|--|--|

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee paid more than \$100,000 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------------------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| N/A                                                          |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |

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" N/A

| (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

Date

MARCIA BIERMAN, EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

|                             |                        |                                    |                                                 |           |
|-----------------------------|------------------------|------------------------------------|-------------------------------------------------|-----------|
| Preparer's name             | Preparer's signature   | Date                               | Check <input type="checkbox"/> if self-employed | PTIN      |
| RENEE E HESSELMAN, CPA      | RENEE E HESSELMAN, CPA | 05/09/13                           |                                                 | P00835463 |
| Firm's name                 | Firm's EIN             | Firm's address                     | Phone no.                                       |           |
| HONKAMP KRUEGER & CO., P.C. | 42-0946155             | P O BOX 699 DUBUQUE, IA 52004-0699 | (563) 556-0123                                  |           |

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

☒ Yes ☐ No

Form 990-EZ (2012)

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

2012

**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. Form 990-EZ filers are not required to complete this part.

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

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

**2 a** 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.

| (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 |                                   |                                                                   |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                   |                                                   |
| <b>Total</b>                                              |               |                                                                |    |                                   |                                                                   |                                                   |

**3** List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                                                                | (a) Event #1                | (b) Event #2                        | (c) Other events    | (d) Total events                |
|----------------------------------------------------------------|-----------------------------|-------------------------------------|---------------------|---------------------------------|
|                                                                | GOLF OUTING<br>(event type) | ANNUAL CHRISTMAS PA<br>(event type) | 1<br>(total number) | (add col. (a) through col. (c)) |
| <b>Revenue</b>                                                 |                             |                                     |                     |                                 |
| 1 Gross receipts                                               | 22,707.                     | 10,513.                             | 1,950.              | 35,170.                         |
| 2 Less: Contributions                                          |                             |                                     |                     |                                 |
| 3 Gross income (line 1 minus line 2)                           | 22,707.                     | 10,513.                             | 1,950.              | 35,170.                         |
| <b>Direct Expenses</b>                                         |                             |                                     |                     |                                 |
| 4 Cash prizes                                                  |                             |                                     |                     |                                 |
| 5 Noncash prizes                                               |                             | 970.                                |                     | 970.                            |
| 6 Rent/facility costs                                          | 11,138.                     |                                     |                     | 11,138.                         |
| 7 Food and beverages                                           | 3,736.                      | 10,019.                             | 1,950.              | 15,705.                         |
| 8 Entertainment                                                |                             | 500.                                |                     | 500.                            |
| 9 Other direct expenses                                        | 1,400.                      | 496.                                |                     | 1,896.                          |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) |                             |                                     |                     | ( 30,209 )                      |
| 11 Net income summary. Combine line 3, column (d), and line 10 |                             |                                     |                     | 4,961.                          |

**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)) |
|-------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|
| <b>Revenue</b>                                                    |                                                                     |                                                                     |                                                                     |                                                  |
| 1 Gross revenue                                                   |                                                                     |                                                                     |                                                                     |                                                  |
| <b>Direct Expenses</b>                                            |                                                                     |                                                                     |                                                                     |                                                  |
| 2 Cash prizes                                                     |                                                                     |                                                                     |                                                                     |                                                  |
| 3 Noncash prizes                                                  |                                                                     |                                                                     |                                                                     |                                                  |
| 4 Rent/facility costs                                             |                                                                     |                                                                     |                                                                     |                                                  |
| 5 Other direct expenses                                           |                                                                     |                                                                     |                                                                     |                                                  |
| 6 Volunteer labor                                                 | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                  |
| 7 Direct expense summary. Add lines 2 through 5 in column (d)     |                                                                     |                                                                     |                                                                     | ( )                                              |
| 8 Net gaming income summary. Combine line 1, column d, and line 7 |                                                                     |                                                                     |                                                                     |                                                  |

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: \_\_\_\_\_

- |           |                                                                                                                                                       |                              |                             |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>11</b> | Does the organization operate gaming activities with nonmembers?                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> | 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>13</b> | Indicate the percentage of gaming activity operated in:                                                                                               |                              |                             |
| <b>a</b>  | The organization's facility                                                                                                                           | <b>13a</b>                   | %                           |
| <b>b</b>  | An outside facility                                                                                                                                   | <b>13b</b>                   | %                           |
| <b>14</b> | Enter 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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: **\$**

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

DUBUQUE HOMEBUILDERS AND ASSOCIATES

Employer identification number  
42-1438602

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

INTEREST INCOME

458.

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

**DESCRIPTION OF OTHER REVENUE:**

**AMOUNT:**

NEWSLETTER AND WEBSITE ADVERTISING

2,565.

TRAP SHOOT INCOME

945.

**TOTAL TO FORM 990-EZ, LINE 8**

**3,510.**

**FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:**

**ACTIVITY CLASSIFICATION: COMMUNITY DEVELOPMENT**

**GRANTEE NAME: GREATER DUBUQUE DEVELOPMENT CORPORATION**

**GRANTEE ADDRESS: 300 MAIN STREET, SUITE 120 DUBUQUE, IA 52001**

**DATE OF GIFT: 08/31/12**

**AMOUNT GIVEN:**

**1,000.**

**ACTIVITY CLASSIFICATION: CHARITABLE**

**GRANTEE NAME: CAMP ALBRECHT ACRES**

**GRANTEE ADDRESS: P O BOX 50 SHERRILL, IA 52073**

**DATE OF GIFT: 08/31/12**

**AMOUNT GIVEN:**

**750.**

**ACTIVITY CLASSIFICATION: CHARITABLE**

**GRANTEE NAME: BOYS AND GIRLS CLUB OF GREATER DUBUQUE**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

232211  
01-04-13

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

DUBUQUE HOMEBUILDERS AND ASSOCIATES

Employer identification number  
42-1438602

GRANTEE ADDRESS: 1299 LOCUST STREET DUBUQUE, IA 52001

DATE OF GIFT: 08/31/12

AMOUNT GIVEN: 700.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: DUBUQUE RESCUE MISSION

GRANTEE ADDRESS: 398 MAIN STREET DUBUQUE, IA 52001

DATE OF GIFT: 08/31/12

AMOUNT GIVEN: 750.

ACTIVITY CLASSIFICATION: COMMUNITY DEVELOPMENT

GRANTEE NAME: TERESA SHELTER

GRANTEE ADDRESS: 1111 BLUFF STREET DUBUQUE, IA 52001

DATE OF GIFT: 08/31/12

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: DUBUQUE COUNTY HABITAT FOR HUMANITY

GRANTEE ADDRESS: 2625 NW ARTERIAL ROAD DUBUQUE, IA 52002

DATE OF GIFT: 08/31/12

AMOUNT GIVEN: 100.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: MARIA HOUSE

GRANTEE ADDRESS: 1561 JACKSON STREET DUBUQUE, IA 52001

DATE OF GIFT: 08/31/12

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Department of the Treasury  
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OMB No 1545-0047

**2012**

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Inspection

Name of the organization

DUBUQUE HOMEBUILDERS AND ASSOCIATES

Employer identification number  
42-1438602

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: HONOR FLIGHT OF GREATER DUBUQUE

GRANTEE ADDRESS: P O BOX 659 DUBUQUE, IA 52004

DATE OF GIFT: 08/31/12

AMOUNT GIVEN: 1,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 5,300.

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES: AMOUNT:

DEPRECIATION 556.

OTHER EXPENSES 5,681.

TOTAL TO FORM 990-EZ, LINE 14 6,237.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

PARADE OF HOMES EXPENSE 34,931.

HOME SHOW EXPENSE 517.

VEHICLE REIMBURSEMENT 286.

MEETING EXPENSE 12,985.

DUES EXPENSE 199.

WEBSITE EXPENSE 2,375.

TELEPHONE 210.

INSURANCE 805.

OFFICE EXPENSE 3,083.

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Schedule O (Form 990 or 990-EZ) (2012)

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Name of the organization

DUBUQUE HOMEBUILDERS AND ASSOCIATES

Employer identification number  
42-1438602

PARKING EXPENSE 97.

TRAP SHOOT EXPENSE 1,025.

TOTAL TO FORM 990-EZ, LINE 16 56,513.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

| DESCRIPTION              | BEG. OF YEAR | END OF YEAR |
|--------------------------|--------------|-------------|
| OTHER DEPRECIABLE ASSETS | 2,065.       | 1,508.      |

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

| DESCRIPTION           | BEG. OF YEAR | END OF YEAR |
|-----------------------|--------------|-------------|
| PAYROLL TAXES PAYABLE | 830.         | 1,047.      |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE A MEETING PLACE  
FOR CONTRACTORS AND RELATED SUPPORT BUSINESSES

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.