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## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Internal Revenue Service For the 2014 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization QUAD CITIES BUILDERS & REMODELERS ASSOCIA Doing business as Address change Number and street (or P.O box if mail is not delivered to street address) 42-0927424 Name change E Telephone number 3528 JERSEY RIDGE ROAD Initial return ZIP code City or town (563) 441-5692 AVENPORT Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ 545,256 F Name and address of principal officer Application pending H(a) is this a group return for subordinates? JERRY COUSSENS 3528 JERSEY RIDGE ROAD, DAVENPORT, IA H(b) Are all subordinates included? If "No," attach a list. (see instructions) 501(c)(3) X 501(c) ( 6 ) ◀ (insert no ) Tax-exempt status 4947(a)(1) or Website: ► www.qcbr.org H(c) Group exemption number ▶ X Corporation Other > K Form of organization. Trust Association L Year of formation M State of legal domicile Briefly describe the organization's mission or most significant activities: PROMOTION OF HOMEBUILDING AND REMODEL ctivities & Governance INDUSTRY IN THE QUAD CITY AREA Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . . . . . . . . . . . . . . Number of independent voting members of the governing body (Part VI, line 1b). 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . . 3 Total number of volunteers (estimate if necessary) . . . . . . . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12. SCANNED NOV 23 Net unrelated business taxable income from Form 990-T, line 34 1.048 **Current Year** Contributions and grants (Part VIII, line 1h) . . . . . Program service revenue (Part VIII, line 2g) . . . . . . 417,414 441,071 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . 25,579 39,850 11 2,638 2,048 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 445,631 482,969 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 7,381 13 14 Benefits paid to or for members (Part IX, column (A), line 4). 97,303 113,405 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 16a Professional fundraising fees (Part IX, column (A), line 11e). Total fundraising expenses (Part IX, column (D), line 25) ▶ 308,922 306,154 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e), Total expenses. Add lines 13-17 (must equal Part IX, column At line 408,566 426.940 18 19 Revenue less expenses. Subtract line 18 from line 12 ( 37,065 56,029 End of Year Beginning of Current Year 402,042 490,411 20 Total assets (Part X, line 16). 77,078 109,418 21 Total liabilities (Part X, line 26) . . . Net assets or fund balances. Subtract line 21 from line 20 324,964 380,993 Signature Block 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 rer (other than officer) is based on all information of which preparer has any knowledge Sign Here 0-30-15 Type or print name and title Date Print/Type preparer's name Preparer's signature 10/27 Paid self-employed Preparer Use Only May the IRS discuss this return with the preparer shown above? (see instructions) . X Yes Form 990 (2014

For Paperwork Reduction Act Notice, see the separate instructions.

orm 9	90 (2014)	QUAD CITIES BUILDERS & REMODELERS ASSOCIATION	42-0927424	Page <b>2</b>
Pai	rt III	Statement of Program Service Accomplishments		
			· · · · · · · · · · · · · · · · · · ·	L
1		describe the organization's mission:		
	PROMO	OTION OF HOMEBUILDING AND REMODELING INDUSTRY IN THE QUAD CITY AREA		
		•••••		
2	Did the	organization undertake any significant program services during the year which were not listed on		
_		r Form 990 or 990-EZ?	. Yes	X No
		describe these new services on Schedule O.		
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program		
	services		Yes	X No
	If "Yes,'	describe these changes on Schedule O		
4		e the organization's program service accomplishments for each of its three largest program service		
	•	es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	allocations to oth	ners,
	the tota	ll expenses, and revenue, if any, for each program service reported		
4a	(Code:	) (Expenses \$ including grants of \$ ) (Revenue		
74		/ (Expenses +		
			<del>-</del>	
		••••••		
4b	(Code:	) (Expenses \$ including grants of \$ ) (Revenue		
7.0		) (Expenses \$\psi\$) (instant) grante of \$\psi\$		
4c	(Code	) (Expenses \$ including grants of \$ ) (Revenue	e \$	)
			· · · · · · · · · · · · · · · · · · ·	
		••••••		
4d	Other r	program services (Describe in Schedule O)	<del></del>	
	(Expen		0)	
4-	Total	rogram conuco evpenses		

Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II			^
-	- •	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<b>⊢</b>		<del>  ^</del>
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	_	Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	-	X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
4.0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		×
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes,"	IZa		_^
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.10		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			_^
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		_X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
<b>L</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	ZJa		
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	•		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		1	
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	"		
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<u> </u>		
-	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	00		
•	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	000		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	333		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Χ_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			1
	gaming (gambling) winnings to prize winners?	1c	_X_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 3	ŧ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	_		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	•		1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١.,
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			l
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
	organization solicit any contributions that were not tax deductible as charitable contributions?.	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١		1
	gifts were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
<b>L</b>	and services provided to the payor?	7a 7b		_
b c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		_
C	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	-		
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders	-		
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )	42-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	$\vdash$
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		$\vdash$
а	Note. See the instructions for additional information the organization must report on Schedule O.	134	<del>                                     </del>	$\vdash$
b	Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans	Ì		
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Х

Part VI

QUAD CITIES BUILDERS & REMODELERS ASSOCIATION 42-0927424 Page **6 Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

Sect	ion A. Governing Body and Management				
		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 14			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relat	ionship with			
	any other officer, director, trustee, or key employee?		2		_ X
3	Did the organization delegate control over management duties customarily performed by or unc	der the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or of	other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v	vas filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint			
	one or more members of the governing body?	. с. сррс	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers.			
-	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertained to the contemporaneously document the meetings held or written actions undertained to the contemporare of the				
•	the year by the following:	and/i during			
а	The governing body?		8a	х	
b	Each committee with authority to act on behalf of the governing body?	•	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot t	ne reached			
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the I				
Occi	ion B. I Ondies (This occitor B requeste information about policies not required by the r	mornar November O	<i>Juc.</i> )	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of su	ch chapters			
~	affiliates, and branches to ensure their operations are consistent with the organization's exemp		10b		
11a			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	oro mang ano tormir .			
12a			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	ave rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?				
·	describe in Schedule O how this was done	,, ,,	12c	х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and ap	nroval by	<del>  '</del>		
13	independent persons, comparability data, and contemporaneous substantiation of the deliberat				
а	The organization's CEO, Executive Director, or top management official	una accidion.	15a	Х	
	Other officers or key employees of the organization		15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		<u> </u>		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arr	angement			
104	with a taxable entity during the year?	angement	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of	valuata ita	104		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to s				
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure		100	i	L
<u> 3600</u> 17	List the states with which a copy of this Form 990 is required to be filed			_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	1990-T (Section 5016	:)(3)e	only	
. •	available for public inspection. Indicate how you made these available. Check all that apply.		-,(-)-	J.11 <b>y</b> /	
		xplaın in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	•	policy	/ and	l
	financial statements available to the public during the tax year	, commot or interest	P0110)	, and	•
20	State the name, address, and telephone number of the person who possesses the organization	n's books and records	•		
-0	QUAD CITIES BUILDERS & REMODELERS ASSOCIATION	(563) 441-5692			
	3528 JERSEY RIDGE ROAD, DAVENPORT, IA 52807				

•								_	-		
Form 990 (2014) QUAD CITIES BUILDERS & RE	MODELERS ASS	SOCIA	TIO	N					42-09274	1 <b>24</b> Pa	age '
Part VII Compensation of Officers, Dir		es, Ke	ey E	m	olo	yee	s, H	lighest Comp	ensated		
Employees, and Independent Check if Schedule O contains a		te to a	anv	line	ın	this	Pa	rt \/II		_	$\neg$
Section A. Officers, Directors, Trustees, Key									· · ·		<u> </u>
1a Complete this table for all persons required to lorganization's tax year									ng with or withir	the	
<ul> <li>List all of the organization's current officers of compensation Enter -0- in columns (D), (E), an</li> <li>List all of the organization's current key em</li> <li>List the organization's five current highest organization.</li> </ul>	d (F) if no compe ployees, if any S	nsatio ee ins	n wa truc	as p tion	oaid is fo	l or de	finit	on of "key emp	loyee."		
who received reportable compensation (Box 5 of Forganization and any related organizations											
<ul> <li>List all of the organization's former officers,</li> <li>\$100,000 of reportable compensation from the org</li> </ul>								d employees wh	no received mor	e than	
<ul> <li>List all of the organization's former director organization, more than \$10,000 of reportable con</li> </ul>	rs or trustees that npensation from	at rece the org	ivec	d, ın zatio	the	e cap and a	aci any	ty as a former d related organiza	irector or trusted	e of the	
List persons in the following order: individual truste compensated employees; and former such person		nstituti	iona	ıl tru	uste	es, e	offic	ers; key employ	ees, highest		
Check this box if neither the organization nor	any related organ	nization	ı co	mp	ens	ated	any	y current officer,	director, or trus	tee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	o ur officer individual trustee	t che nless and	pers a dir	ion nore son i	s both	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount o other compensati from the organizatio and relate-organization	of tion e on ed

(A) Name and Title	(B) Average hours per	box,	unles	eck s pe	rson	e than o is both or/trust	an	n Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) PAT CONDON	1 00									
BOARD	0 00									
(2) FRANK EHRECKE BOARD	1 00 0 00									
(3) KERRY CONDON	1 00									
BOARD	0 00	Х								
(4) KEVIN BEIRNE	1 00									
BOARD	0 00	Х								
(5) JEREMY DEVOL	1 00									
BOARD	0.00	Х								
(6) TOM DOTY	1.00									
BOARD	0 00									
(7) JARED KITTERMAN	1 00									
BOARD	0.00									
(8) BILL WILFORD	1.00							-		
BOARD	0.00									
(9) DAN MARINE	1.00									
BOARD	0 00				_					
(10) BRIAN MOSS	1 00									
BOARD	0.00									
(11) TERRY KNUTSEN	1.00									
PRESIDENT	0 00			X						
(12) JERRY COUSSENS	1.00									
1ST VP	0 00			Х						
(13) SCOTT PEARSON	1 00									
2ND VP	0 00		H	Х	<b> </b>					<del></del>
(14) ROBERT MEYER	1 00									
SECRETARY	0 00			Χ	l					

Pa	Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	<u>nd</u>	High	<u>est</u>	Compensated I	Employees	(cor	tınue	?d)	
	(A) Name and title	(B) Average hours per	box, office	unles er an	Pos neck ss pe d a d	rson	than on the thick that the thick the thick the thick that the thick the thick the	n an tee)	(D) Reportable compensation	(E) Reportable compensation	n	an	(F) stimate nount c	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MI	s	com fr org and	other pensat om the anization d relate anization	e on ed
	JEFF BASS ASURER	1 00 0 00	1		х									
(16)	JULIE AWKERMAN CUTIVE OFFICER	40 00 0 00	1			х			66,555					
(17)														
(18)														
(19)														
(20)								:						
(21)					-									•
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total					•	•	<b>▶</b> . <b>▶</b>	66,555 0		0			0
d	Total (add lines 1b and 1c)							•	66,555		0			0
2	Total number of individuals (including but not reportable compensation from the organization					e) wl	ho re	ceiv	ved more than \$1	100,000 of				
													Yes	No
3	Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche					yee	e, or h	nigh 	nest compensate	d		3		Х
4	For any individual listed on line 1a, is the sum													
	the organization and related organizations gre	•				s, " c	ompl	ete	Schedule J for s	uch				V
5	Individual	crue compensat				 un	relate	ed o	organization or in	 idividual		4		_X
Sec	for services rendered to the organization? If " tion B. Independent Contractors	Yes," complete	Sche	dule	9 J 1	for s	such <sub>i</sub>	per:	son			5		X
1	Complete this table for your five highest comp compensation from the organization Report of year	•										i's tax	·	
	(A) Name and business add	dress							(B) Description of sen	vices	Co	(C) ompen		
		<del></del> .												0
								$\vdash$						0
		<del></del>						$\vdash$						<u>0</u> 0
														0
2	Total number of independent contractors (inc more than \$100,000 of compensation from the	-	nited ►	to t	hos	e lis	sted a		ve) who received	f				

		Check if Schedule O contains	a response or	note to any line	in this Part VIII					
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions  All other contributions, gifts, gran  similar amounts not included abo  Noncash contributions included in lin	1b 1c 1d 1d 1e ts, and ve	0 0 0 0 0						
o e	h	Total. Add lines 1a-1f	<del> </del>	•	0					
Program Service Revenue		SPECIAL EVENTS MEMBERS DUES		900099 900099	298,098 125,630					
Service		MEETINGS		900099	10,791					
		WEBSITE ADVERTISING		900099	3,900					
ä				900099	1,900					
rog		All other program service revenue		<b>•</b>	752					
	<u>g</u> 3	Total. Add lines 2a–2f	dends, interes	t, and	441,071 15,717					
	4	Income from investment of tax-ex			0					
	5	Royalties		<b>&gt;</b>	0					
	6a b	Gross rents	(ı) Real	(II) Personal						
	C	Rental income or (loss) .	0	<u> </u>				-		
	d	Net rental income or (loss) Gross amount from sales of	(i) Securities	(II) Other	0					
	7a	assets other than inventory .	86,420	+ ·						
	b c d	Less cost or other basis and sales expenses	62,287 24,133	0	24,133					
Other Revenue	8a	events (not including \$ of contributions reported on line See Part IV, line 18	lc) <b>a</b>	0						
Q <del>t</del>		Less: direct expenses			0			-		
-		Net income or (loss) from fundrai Gross income from gaming active See Part IV, line 19	ties.	0		· · · · · · · · · · · · · · · · · · ·				
	С	Less direct expenses Net income or (loss) from gaming Gross sales of inventory, less		▶	0					
	l	returns and allowances  Less. cost of goods sold  Net income or (loss) from sales of	a b	0 0 ▶	<u>.</u>					
	11a b	Miscellaneous Revenue HBA REVENUE SHARING		Business Code 524298	2,048					
	l C				0					
	d	All other revenue			0					
	e e	Total. Add lines 11a-11d		•	2,048					
	12 Total revenue. See instructions		•	482,969		) 0	0			

## Part IX Statement of Functional Expenses

0001	on sorte)(s) and sorte)(4) organizations must complete al			si complete column	(A)
	Check if Schedule O contains a response or note	to any line in this l	Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	4,381			
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22	3,000			
3	Grants and other assistance to foreign	•			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	ol			
4	Benefits paid to or for members	0	<del></del>		
5	Compensation of current officers, directors,				·
	trustees, and key employees	66,555			
6	Compensation not included above, to disqualified		· · · · · · · · · · · · · · · · · · ·		·
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	31,122			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions).	ol			
9	Other employee benefits	3,565	<del></del>		
10	Payroll taxes	12,163			
11	Fees for services (non-employees)				
а	Management	o			
b	Legal	0	·		
C	Accounting	6,200			
ď	Lobbying	0,200	<del></del>	-	
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	4,724			· · · · · · · · · · · · · · · · · · ·
q	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	o			
12	Advertising and promotion	3,103			<del></del>
13	Office expenses	8,763			<del></del>
14	Information technology	3,432			·
15	Royalties	0, 102			
16	Occupancy	23,516			
17	Travel	1,775			-
18	Payments of travel or entertainment expenses	1,770	·		
. •	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	12,314			<del></del>
20	Interest	5			
21	Payments to affiliates	0	<del></del>		
22	Depreciation, depletion, and amortization	3,352	0	0	0
23	Insurance	4,523			
24	Other expenses. Itemize expenses not covered	.,020			
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	EXHIBITIONS	140,550			
b	DUES	84,134			
c	TELEDUONE	3,536			
ď	CREDIT CARD FEES/BANK FEES	3,766			
	All other expenses	2,461		<del>                                     </del>	
25	Total functional expenses. Add lines 1 through 24e .	426,940	0	0	0
26	Joint costs. Complete this line only if the	720,040		<u> </u>	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	ļ			
	<u> </u>			ı I	

23

24

Part X of Schedule D.

Total liabilities. Add lines 17 through 25

Total liabilities and net assets/fund balances

### Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing. 43,805 1 58,117 2 2 Savings and temporary cash investments 101,537 169,649 3 3 Pledges and grants receivable, net ol 0 4 ol 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . 6 7 Notes and loans receivable, net . . . . . 7 0 8 Inventories for sale or use . . . . . 8 9 Prepaid expenses and deferred charges . 9,244 9 5,086 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 67,031 Less accumulated depreciation . . . 10b 60,822 8,468 10c 6.209 251,002 Investments—publicly traded securities . 238,988 11 11 12 Investments—other securities See Part IV, line 11 ol 12 Investments—program-related See Part IV, line 11 ol 13 13 0 14 ol 14 0 15 Other assets. See Part IV, line 11. ol 15 348 16 Total assets. Add lines 1 through 15 (must equal line 34) 402,042 16 490,411 17 4,198 17 Accounts payable and accrued expenses . . . . . . . . . 4,072 Grants payable . . . . . . 18 18 19 Deferred revenue . . . . . 19 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . 22

ses		Organizations that follow SFAS 117 (ASC 958), check here▶ X and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	324,964	27	380,993
Bal	28	Temporarily restricted net assets		28	
멀	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
155	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	324,964	33	380.993

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties . . . . .

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete

> 30 31 32 324,964 33 380,993 490,411

0 23

0

72,880

24

25

0

0

105,346

Form 9	90 (2014) QUAD CITIES BUILDERS & REMODELERS ASSOCIATION	42-0	927424	Pag	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		482	,969
2	Total expenses (must equal Part IX, column (A), line 25)	2		426	,940
3	Revenue less expenses. Subtract line 2 from line 1	3		56	,029
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		324	,964
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		380	,993
Part	<del></del>				
	Check if Schedule O contains a response or note to any line in this Part XII			. [	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	X Separate basis			-	,
b	Were the organization's financial statements audited by an independent accountant?		2b	•	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	t of		i	,
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?	COI	2c	X	,
	If the organization changed either its oversight process or selection process during the tax year, explain in	n	20	^	<del></del> ,
	Schedule O.	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
va	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		.   3b	:	
		<del></del>	Form	990	(2014)

# SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Supplemental Financial Statements** 

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

Employer identification number

<u>QUA</u>	<u>D CITIES BUILDERS &amp; REMODELERS ASS</u>		42-0927424
Par		or Advised Funds or Other Similar F	
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 6	
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		del un element del une el
5	Did the organization inform all donors and d funds are the organization's property, subject		
6	Did the organization inform all grantees, doi		
0	used only for charitable purposes and not for		
	purpose conferring impermissible private be		Yes No
Dom		The state of the s	
Par		ered "Vee" to Form 000, Bort IV, line 7	7
		ered "Yes" to Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held		
	Preservation of land for public use (e g , recr	=	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	ation held a qualified conservation contrib	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation ea		2b
C	Number of conservation easements on a ce	• •	2c
d	Number of conservation easements include	• • •	a   2d
2	historic structure listed in the National Regis		
3	Number of conservation easements modified	d, transferred, released, extinguished, or	terminated by the organization
4	during the tax year  Number of states where property subject to	conservation easement is located	
4 5	Does the organization have a written policy		tion handling of
•	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor		
	<b>&gt;</b>	g,pg,g	and year
7	Amount of expenses incurred in monitoring	inspecting, and enforcing conservation e	asements during the year
	<b>▶</b> \$		ÿ ,
8	Does each conservation easement reported	d on line 2(d) above satisfy the requirement	nts of section
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIII, describe how the organization r	eports conservation easements in its reve	nue and expense statement, and
	balance sheet, and include, if applicable, th	e text of the footnote to the organization's	financial statements that describes
	the organization's accounting for conservat	on easements	
Par		ections of Art, Historical Treasures,	
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line	8.
1a	If the organization elected, as permitted und	der SFAS 116 (ASC 958), not to report in	its revenue statement and balance sheet
	works of art, historical treasures, or other si	•	
	of public service, provide, in Part XIII, the te		
b	If the organization elected, as permitted und		
	works of art, historical treasures, or other si		ucation, or research in furtherance
	of public service, provide the following amo		
	(i) Revenue included in Form 990, Part VIII	l, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works o		
	following amounts required to be reported u		
a	Revenue included in Form 990, Part VIII, lir		· · · · • • • • • · · · · · · · · · · ·
b_	Assets included in Form 990, Part X.		. ▶\$

Schedu	le D (Form 990) 2014 QUAD CITIES BUIL	DERS & REMODI	FLERS A	SSOCIAT	TION	42-0	0927424		Page <b>2</b>
Part									raye Z
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant								
	use of its collection items (check all that	nt apply):	. —						
а	Public exhibition				or exchange	programs			
b	Scholarly research		е	Other					
C	Preservation for future generatio	ns							
4	Provide a description of the organization Part XIII.	n's collections an	d explain	how they	further the o	rganızatıon's exemp	ot purpose	in	
5	During the year, did the organization so assets to be sold to raise funds rather to						Y	′es 🗌	No
Part	Escrow and Custodial Arrar Complete if the organization a 990, Part X, line 21.	_	to Form	990, Pari	t IV, line 9, c	or reported an am	ount on Fo	orm	
1a	Is the organization an agent, trustee, concluded on Form 990, Part X?					other assets not	Y	′es 🗌	No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	te the foll	owing tab	ole				
							Amount		
C	Beginning balance		•			1c			0
d	Additions during the year			•		1d	<u> </u>		
e f	- "					1e 1f			0
	*			24 fa. aa			🗆	<u></u>	
2a	Did the organization include an amoun						y? ¥	′es [X]	No
b	If "Yes," explain the arrangement in Pa	π XIII. Check here	e if the ex	pianation	nas been pro	ovided in Part XIII .			<u> </u>
Part				000 D	+ IV / Iv 40				
	Complete if the organization a					hank (d) There were	hadi (a) 6	<del></del>	
1a	Beginning of year balance .	(a) Current year		oryear O	(c) Two years	back (d) Three years	back (e) F	our years	back
b	Contributions .								
C	Net investment earnings, gains,				_				
•	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities							-	
	and programs								
f	Administrative expenses								
g	End of year balance	0	·	0		0	0		0
2	Provide the estimated percentage of the	•	d balance	(line 1g,	column (a)) h	neld as:			
a	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	% should squal 10							
3a	The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the								
Ja	organization by:	possession of the	Organiza	uon mare	are rield and a	administered for the	•	Yes	No
	(i) unrelated organizations .						. 3a(i)	<del>                                     </del>	
	(ii) related organizations						. 3a(ii		
b	If "Yes" to 3a(II), are the related organi		equired o	n Schedu	lle R?		3b	1	
4	Describe in Part XIII the intended uses	of the organization	on's endo	wment fur	nds				
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10									
	Description of property  (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value (investment)  basis (other)  depreciation						e		
1a								0	
b	Buildings	·	0		0	<del></del>	0		0
C	Leasehold improvements		0	<del></del>	36,607	31,69			4,915
d	Equipment		0	<del> </del>	30,424	29,1			1,294
e Tota	Other		000 Part		0 (P) line 10	c) •	0		0
ıota	i. Aud lines la milough le. (Columin (d)	must equal FOIM	϶϶υ, raπ	A, COIUM	ri (D), IIITE TU	·	1		6,209

(S) (C) (C) (F) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	Part VII	Investments—Other Securit			
Cost or end-of-year market value			nswered "Yes" to Form 990	0, Part IV, line 11b See Forr	n 990, Part X, line 12
(1) Financial derivatives	(a)		(b) Book value		
(2) Closely-held equity interests . 0   0   0   0   0   0   0   0   0   0	(1) Financial	derivatives	0		
(3) Other			0		
(A)   (B)   (C)					
(C)   (F)					
(5)   (6)   (7)   (8)   (9)   (9)   (1)	( <u>B</u> )				
(F)	(Ĉ)				
Section   Sect					
(1)					
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c, See Form 990, Part X, line 13					<del></del>
Total				·	
Investments—Program Related.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13		must sound Form COO. Red V. col. (R) line 423			
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (c) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
(a) Description of investment (b) Book value  (c) Method of valuation Cost or end-of-year market value  (d) (d) (d) (d) (d) (f) (f) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII			Part IV line 11c Soc Form	n 000 Part V June 12
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	e. Liability IOF	uncertain tax positions, in Part XIII, prov	- EIN 49 (400 740) OF - IVE	organization s financial statement	s mat reports the

Pari					
	Complete if the organization answered "Yes" to Form 990, Pa	<u>irt IV, li</u>	ne 12a.	<del>,,</del>	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	<u> </u>		
С	Add lines 4a and 4b			4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)		5	0
Par	Reconciliation of Expenses per Audited Financial Statem	ents V	Vith Expenses	s per Return.	
	Complete if the organization answered "Yes" to Form 990, Pa	irt IV, li	ne 12a		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c		}	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b		41-			
U	Other (Describe in Part XIII )	4b			
c	Other (Describe in Part XIII)			4c	0
	,			4c 5	0
c 5 Par	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line of <b>XIII</b> Supplemental Information.			5	0
5 Par Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	 (8) 4, Part I	V, lines 1b and	2b, Part V, line 4	0
5 Par Prov	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line of <b>XIII</b> Supplemental Information.	 (8) 4, Part I	V, lines 1b and	2b, Part V, line 4	0
5 Par Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	 (8) 4, Part I	V, lines 1b and	2b, Part V, line 4	0
5 Par Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	 (8) 4, Part I	V, lines 1b and	2b, Part V, line 4	0
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5 Par Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	 (8) 4, Part I	V, lines 1b and	2b, Part V, line 4	0
5 Par Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	 (8) 4, Part I	V, lines 1b and	2b, Part V, line 4	0

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Part XIII	Supplemental Information (continued)		-
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Schedule D (Form 990) 2014

### **SCHEDULE 0**

(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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
QUAD CITIES BUILDERS & REMODELERS ASSOCIATION	42-0927424
Form 990, Part VI, Section B, Line 11b: ORGANIZATION'S PROCESS USED To	O REVIEW FORM 990-OFFICER
SIGNING 990 REVIEWS RETURN PRIOR TO SIGNATURE	
Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES ITS GOVE	ERNING DOCUMENTS CONFLICT
OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE I	PUBLIC UPON REQUEST
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