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A For the 2016 calendar year, or tax year beginning 01-01-2016

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

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-EZ and its instructions is at www.irs.gov/form990.

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final 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
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City or town, state or province, country, and ZIP or foreign postal code
Dubuque, IA 520041352

D Employer identification number

42-1438602

E Telephone number

(563) 582-4553

F Group Exemption Number	▶
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G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

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

I Website: ► WWW.DUBUQUEHOMEBUILDERS.COM

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

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 132,541

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
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Check if the organization used Schedule O to respond to any question in this Part I ☒

[illegible]

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	66,609	22 81,909
23 Land and buildings		23
24 Other assets (describe in Schedule O)	132	24 0
25 Total assets	66,741	25 81,909
26 Total liabilities (describe in Schedule O).	6,320	26 8,399
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,421	27 73,510

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?

TO PROVIDE A MEETING PLACE FOR CONTRACTORS AND RELATED SUPPORT BUSINESSES

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

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here ☐	28a
29	29a
(Grants \$) If this amount includes foreign grants, check here ☐	
30	30a
(Grants \$) If this amount includes foreign grants, check here ☐	
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here ☐	31a
32 Total program service expenses (add lines 28a through 31a) ☒	32

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

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

(a) Name and 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
TIM PANCRATZ	2 00	0	0	0
dIRECTOR				
JOHN COOK	2 00	0	0	0
treasurer				
MARK ERNST	2 00	0	0	0
vice PRESIDENT				
BOB HAVERLAND	2 00	0	0	0
SOCIAL DIRECTOR				
DAVE GRABLE	2 00	0	0	0
president				
KATHY BAHL	20 68	12,913	0	0
EXECUTIVE DIRECTOR				
DOUG LEX	2 00	0	0	0
DIRECTOR				
Craig Smith	2 00	0	0	0
DIRECTOR				
JOEL MOZENA	2 00	0	0	0
DIRECTOR				
Joe Schmitt	2 00	0	0	0
secretary				
chad wagener	2 00	0	0	0
dIRECTOR				

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 Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a Yes	
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b Yes	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	37a	
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ KATHY BAHL Telephone no ▶ (563) 582-4553 Located at ▶ 880 LOCUST STREET SUITE 115 DUBUQUE, IA ZIP + 4 ▶ 52001		
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	No
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

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

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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	
49b	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	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

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

d Total number of other independent contractors each receiving over \$100,000. ►

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ► ☐ **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		2017-08-01 Date		
	Kathy Bahl EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RENEE E HESSELMAN CPA	Preparer's signature	Date 2017-08-01	Check ☐ if self-employed	PTIN P00835463
	Firm's name ► Honkamp Krueger & Co PC			Firm's EIN ► 42-0946155	
	Firm's address ► P O Box 699 Dubuque, IA 520040699			Phone no. (563) 556-0123	

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ **Yes** ☐ **No**

Additional Data

Software ID:
Software Version:
EIN: 42-1438602
Name: Dubuque Homebuilders and Associates

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 PROVIDED 246 MEMBERS WITH AN INTERCHANGE OF INFORMATION TO IMPROVE THEIR BUSINESSES AND TO AFFORD THE PUBLIC THE OPPORTUNITY TO TOUR HOMES BUILT BY LOCAL HOMEBUILDERS (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	28a	0

TY 2016 Transfers Personal Benefits Contracts Declaration

Name: Dubuque Homebuilders and Associates

EIN: 42-1438602

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

SCHEDULE G (Form 990 or 990-EZ)	Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on 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. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	OMB No 1545-0047
		2016
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization Dubuque Homebuilders and Associates	Employer identification number 42-1438602
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Part I Fundraising Activities.

Complete if the organization answered "Yes" on 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
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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			
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Total ▶						

- 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" on 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GOLF OUTING (event type)	ANNUAL CHRISTMAS PARTY (event type)	2 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	21,845	5,955	3,330	31,130
2	Less Contributions				
3	Gross income (line 1 minus line 2)	21,845	5,955	3,330	31,130
Direct Expenses	4 Cash prizes	1,820	400		2,220
	5 Noncash prizes	1,263	695		1,958
	6 Rent/facility costs	6,380			6,380
	7 Food and beverages	6,236	6,570	2,205	15,011
	8 Entertainment			1,150	1,150
	9 Other direct expenses	49	426		475
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				27,194
11 Net income summary Subtract line 10 from line 3, column (d) ▶				3,936	

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. 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).

Return Reference

Explanation

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.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Dubuque Homebuilders and Associates

Employer identification number

42-1438602

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 4 - Other Investment Income	Description INTEREST INCOME Amount 155 Total to Form 990-EZ, line 14 4,680

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8 - Other Revenue	Description NEWSLETTER AND WEBSITE ADVERTISING Amount 2,400

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification COMMUNITY DEVELOPMENT Grantee Name GREATER DUBUQUE DEVELOPMENT CORPORATION Grantee Address 900 Jackson Street DUBUQUE, IA 52001 Grantee Relationship none Date of Gift 03/31/16 Amount Given 200

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification CHARITABLE Grantee Name CAMP ALBRECHT ACRES Grantee Address 1 4837 Sherril Rd SHERRILL, IA 52073 Grantee Relationship None Date of Gift 05/03/16 Amount Given 1,000 Am

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification CHARITABLE Grantee Name BOYS AND GIRLS CLUB OF GREATER DUBUQUE Grantee Address 1299 LOCUST STREET DUBUQUE, IA 52001 Grantee Relationship None Date of Gift 05/03/16 Amount Given 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification CHARITABLE Grantee Name DUBUQUE RESCUE MISSION Grantee Address 398 MAIN STREET DUBUQUE, IA 52001 Grantee Relationship none Date of Gift 05/03/16 A mount Given 200

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification CHARITABLE Grantee Name Opening Doors Grantee Address 1561 JA CKSON STREET DUBUQUE, IA 52001 Grantee Relationship None Date of Gift 05/03/16 Amount Given 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification ChaRITABLE Grantee Name The Dubuque Arts Council Grantee Address 2728 Asbury Rd DubuqUE, IA 52001 Grantee Relationship None Date of Gift 05/03/16 Amount Given 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification ChaRITABLE Grantee Name Hospice of Dubuque Grantee Address 16 70 JFK Road DubuqueE, IA 52002 Grantee Relationship None Date of Gift 05/03/16 Amount Given 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification ChaRITABLE Grantee Name The Grand Opera House Grantee Address 135 W 8th Street Dubuque, IA 52001 Grantee Relationship None Date of Gift 05/03/16 Amount Given 1,000 A

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification ChaRITABLE Grantee Name Optimist International (Storybook Hill Children's Grantee Name Optimist International (Storybook Hill Children's Grantee Address 12201 N Cascade Rd DubUQUE, IA 52003 Grantee Relationship None Date of Gift 05/03/16 Amount Given 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification ChARITABLE Grantee Name Visting Nurse Association's Parent Education Grantee Name Visting Nurse Association's Parent Education Grantee Address 1454 Iowa St Dubuque, IA 52001 Grantee Relationship none Date of Gift 05/03/16 Amount Given 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification chARITABLE Grantee Name Dubuque Jaycees Grantee Address 890 Iowa St Dubuque, IA 52001 Grantee Relationship None Date of Gift 05/03/16 Amount Given 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification chaRITABLE Grantee Name Dubuque packers independent special oly mpics Grantee Address 17445 Five Points Rd durango, IA 52039 Grantee Relationship none Date of Gift 05/03/16 Amount Given 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification cHARITABLE Grantee Name Society for special needs Grantee Address 475 Cedar Cross Road Dubuque, IA 52003 Grantee Relationship None Date of Gift 05/03/16 Amount Given 200

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification cHARITABLE Grantee Name Tri-state independent blind society Grantee Address 3333 Asbury Rd Dubuque, IA 52002 Grantee Relationship none Date of Gift 05/03/16 Amount Given 200 Total included on Form 990-EZ, line 10 10,300

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 14	Description Depreciation Amount 132 Description Other Expenses Amount 4,548

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description advertising expense Amount 551 Description bar expense Amount 5,148 Description blitz build expense Amount 2,873 Description DUES EXPENSE Amount 219 Description fish bowl expense Amount 800 Description home show expense Amount 1,021 Description Insurance Amount 697 Description MEETING EXPENSE Amount 12,166 Description MISCELLANEOUS Amount 50 Description OFFICE EXPENSE Amount 1,028 Description parade of homes expense Amount 31,569 Description PARKING EXPENSE Amount 526 Description RECOGNITION & MEMORIALS Amount 80 Description TELEPHONE Amount 1,250 Description WEBSITE EXPENSE Amount 1,510 Total to Form 990-EZ, line 16 59,488

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part II, Line 24 - Other Assets	Description Other Depreciable Assets Beg of Year Amount 132 End of Year Amount 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26 - Other Liabilities	Description PAYROLL TAXES PAYABLE Beg of Year Amount 820 End of Year Amount 794 Description ACCOUNTS PAYABLE Beg of Year Amount 150 End of Year Amount 375 Description PREPAID MEMBERSHIP Beg of Year Amount 4,750 End of Year Amount 6,330 Description FISHBOWL PAYABLE Beg of Year Amount 600 End of Year Amount 900