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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

# Short Form
## Return of Organization Exempt From Income Tax

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/form990ez.

OMB No 1545-1150

**2017**

**Open to Public Inspection**

**A** For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

**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) | Room/suite
P O BOX 1352

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 ▶

**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 . . . . . ▶ $ 133,038

**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 | 4,218 |
| | 2 | Program service revenue including government fees and contracts | | 2 | 68,529 |
| | 3 | Membership dues and assessments | | 3 | 21,000 |
| | 4 | Investment income | | 4 | 558 |
| | 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 | 35,433 | |
| | c | Less direct expenses from gaming and fundraising events | 6c | 23,831 | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | 6d | 11,602 |
| | 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 | 3,300 |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | 9 | 109,207 |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | 10 | 11,300 |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | 15,634 |
| | 13 | Professional fees and other payments to independent contractors | | 13 | 2,202 |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | 4,738 |
| | 15 | Printing, publications, postage, and shipping | | 15 | 1,914 |
| | 16 | Other expenses (describe in Schedule O) | | 16 | 49,364 |
| | 17 | **Total expenses.** Add lines 10 through 16 | | 17 | 85,152 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | 24,055 |
| | 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 | 73,510 |
| | 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 | 97,565 |

**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 | 81,909 | 22 | 94,845 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | 0 | 24 | 3,526 |
| 25 **Total assets** | 81,909 | 25 | 98,371 |
| 26 **Total liabilities** (describe in Schedule O) | 8,399 | 26 | 806 |
| 27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 73,510 | 27 | 97,565 |

**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 . . ☑

**Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )

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

**28**
See Additional Data Table

(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

**29**

(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

**30**

(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

**31** Other program services (describe in Schedule O) . . . . . .
(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

**32 Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32**

**Part IV** **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

| (a) Name and 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 |
|---|---|---|---|---|
| RICK BARTON<br>DIRECTOR | 2 00 | 0 | 0 | 0 |
| JOHN COOK<br>DIRECTOR | 2 00 | 0 | 0 | 0 |
| MARK ERNST<br>PRESIDENT | 2 00 | 0 | 0 | 0 |
| MARK GUDENKAUF<br>SOCIAL DIRECTOR | 2 00 | 0 | 0 | 0 |
| DAVE GRABLE<br>DIRECTOR | 2 00 | 0 | 0 | 0 |
| JULIE KINSELLA<br>EXECUTIVE DIRECTOR | 16 28 | 14,417 | 0 | 0 |
| DOUG LEX<br>DIRECTOR | 2 00 | 0 | 0 | 0 |
| CRAIG SMITH<br>VICE PRESIDENT | 2 00 | 0 | 0 | 0 |
| JOEL MOZENA<br>DIRECTOR | 2 00 | 0 | 0 | 0 |
| JOE SCHMITT<br>SECRETARY | 2 00 | 0 | 0 | 0 |
| CHAD WAGENER<br>TREASURER | 2 00 | 0 | 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 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 | | | |
| 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 sections4912, 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 ▶ JULIE KINSELLA 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 | | | |

| | | | Yes | No |
|---|---|---|---|---|
| 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 | | |
| 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 | (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 — 2018-10-31 Date

JULIE KINSELLA EXECUTIVE DIRECTOR Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| RENEE E HESSELMAN CPA | | 2018-10-31 | | 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**<br>PROVIDED 235 MEMBERS WITH AN INTERCHANGE OF INFORMATION TO IMPROVE THEIR BUSINESSES AND TO AFFORD THE PUBLIC THE OPPORTUNITY TO TOUR HOMES BUILT BY LOCAL HOMEBUILDERS<br>(Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐ | **28a** | 0 |

# TY 2017 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.

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" 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

**2017**

**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" 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? **Yes** | **No** | **(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 |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| **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 GOLF OUTING (event type) | (b) Event #2 ANNUAL CHRISTMAS PARTY (event type) | (c) Other events 2 (total number) | (d) Total events (add col (a) through col (c)) |
|---|---|---|---|---|---|
| | 1 Gross receipts | 21,998 | 7,860 | 5,575 | 35,433 |
| | 2 Less Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 21,998 | 7,860 | 5,575 | 35,433 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 2,357 | 831 | | 3,188 |
| | 6 Rent/facility costs | | | 2,300 | 2,300 |
| | 7 Food and beverages | 6,658 | 28 | 4,317 | 11,003 |
| | 8 Entertainment | 6,784 | | | 6,784 |
| | 9 Other direct expenses | 481 | 75 | | 556 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 23,831 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 11,602 |

**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 provide any additional information (see instructions).

| Return Reference | Explanation |
|---|---|

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 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

**2017**

**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 558 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE | DESCRIPTION NEWSLETTER AND WEBSITE ADVERTISING AMOUNT 3,300 |

**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 03/06/17 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 04/11/17 AM OUNT 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 BOYS AND GIRLS CLUB OF GREATER DUBUQUE GRANTEE ADDRESS 1299 LOCUST STREET DUBUQUE, IA 52001 GRANTEE RELATIONSHIP NONE DATE O F GIFT 04/11/17 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 04/11/17 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 04/11/17 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 04/06/17 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 1670 JFK ROAD DUBUQUE, IA 52002 GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/11/17 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 OPTIMIST INTERNATIONAL (STORYBOOK HILL CHILDREN'S GRANTEE NAME OPTIMIST INTERNATIONAL (STORYBOOK HILL CHILDREN'S GRANTEE ADDRES S 12201 N CASCADE RD DUBUQUE, IA 52003 GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/06/1 7 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 EDUC ATION GRANTEE NAME VISTING NURSE ASSOCIATION'S PARENT EDUCATION GRANTEE ADDRESS 1454 IO WA ST DUBUQUE, IA 52001 GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/11/17 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 OLYMPICS GRANTEE ADDRESS 17445 FIVE POINTS RD DURANGO, IA 52039 GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/06/17 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 ADDR ESS 475 CEDAR CROSS ROAD DUBUQUE, IA 52003 GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/ 11/17 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 GR ANTEE ADDRESS 3333 ASBURY RD DUBUQUE, IA 52002 GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/11/17 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 DUBUQUE NOON LIONS CLUB GRANTEE ADDRES S 1641 ASBURY RD DUBUQUE, IA 52001 GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/11/17 A MOUNT 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 POLICE PROTECTIVE ASSOCIATION GRANTEE ADDRESS 770 IOWA ST DUBUQUE, IA 52001 GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/11/17 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 ARK ADVOCATES GRANTEE ADDRESS PO BOX 3024 DUBUQUE, IA 52004 GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/11/17 AMOUNT GIVEN 1,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 11,300 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION BAR EXPENSE AMOUNT 2,679 DESCRIPTION DUES EXPENSE AMOUNT 219 DESCRIPTI ON FISH BOWL EXPENSE AMOUNT 700 DESCRIPTION HOME SHOW EXPENSE AMOUNT 1,393 DESCRIP TION INSURANCE AMOUNT 7 DESCRIPTION MEETING EXPENSE AMOUNT 11,447 DESCRIPTION MIS CELLANEOUS AMOUNT 1,246 DESCRIPTION OFFICE EXPENSE AMOUNT 1,529 DESCRIPTION PARADE OF HOMES EXPENSE AMOUNT 26,350 DESCRIPTION PARKING EXPENSE AMOUNT 549 DESCRIPTION RECOGNITION & MEMORIALS AMOUNT 193 DESCRIPTION TELEPHONE AMOUNT 1,252 DESCRIPTION WEBSITE EXPENSE AMOUNT 1,800 TOTAL TO FORM 990-EZ, LINE 16 49,364 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS | DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 3,150 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 376 |

## 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 794 END OF YEAR AMOUNT 0 DESCR IPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 375 END OF YEAR AMOUNT 406 DESCRIPTION PREPAID MEMBERSHIP BEG OF YEAR AMOUNT 6,330 END OF YEAR AMOUNT 0 DESCRIPTION FISHBO WL PAYABLE BEG OF YEAR AMOUNT 900 END OF YEAR AMOUNT 400 |