

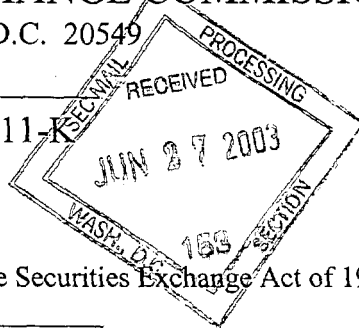


03025144

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 11-K



(Mark One)

Annual report pursuant to Section 15(d) of the Securities Exchange Act of 1934  
For the fiscal year ended \_\_\_\_\_

Transition report pursuant to Section 15(d) of the Securities Exchange Act of 1934  
For the transition period from July 1, 2002 to December 31, 2002

Commission file number 33-77420

A. Full title of the plan and the address of the plan, if different from that of the issuer named below:

**QCR Holdings  
401(k)/Profit Sharing Plan**

B. Name of issuer of the securities held pursuant to the plan and the address of its principal executive office:

**QCR Holdings, Inc.  
3551 Seventh Street, Suite 204  
Moline, Illinois 61265**

**PROCESSED**

**JUL 01 2003**

**THOMSON  
FINANCIAL**

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## REQUIRED INFORMATION

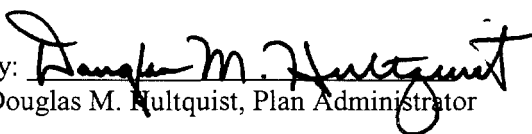
The QCR Holdings 401(k)/Profit Sharing Plan is subject to the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Accordingly, the financial statements prepared in accordance with ERISA are provided as Exhibit 99.1 to this Form 11-K.

## SIGNATURES

*The Plan.* Pursuant to the requirements of the Securities Exchange Act of 1934, the trustees (or other persons who administer the employee benefit plan) have duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

### QCR HOLDINGS 401(k)/PROFIT SHARING PLAN

Date: June 25, 2003

By:   
Douglas M. Hultquist, Plan Administrator

**QCR HOLDINGS, INC. 401(k)/PROFIT SHARING PLAN**

**EXHIBIT INDEX  
TO  
ANNUAL REPORT ON FORM 11-K**

<b>Exhibit No.</b>	<b>Description</b>	<b>Sequential Page No.</b>
99.1	Financial Statements	5

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Form 5500

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Pension and Welfare Benefits  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only  
OMB Nos. 1210-0110  
1210-0089

2002

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For the calendar plan year 2002 or fiscal plan year beginning 07/01/2002 and ending 12/31/2002

- A This return/report is for: (1) a multiemployer plan; (2) a single-employer plan (other than a multiple-employer plan); (3) a multiple-employer plan; or (4) a DFE (specify)
B This return/report is: (1) the first return/report filed for the plan; (2) an amended return/report; (3) the final return/report filed for the plan; (4) a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here
D If filing under an extension of time or the DFVC program, check box and attach required information (see instructions)

Part II Basic Plan Information -- enter all requested information.

1a Name of plan: QCR HOLDINGS, INC. 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan (mo., day, yr.): 02/01/1994
2a Plan sponsor's name and address (employer, if for a single-employer plan): QCR HOLDINGS, INC., 4500 NORTH BRADY STREET, DAVENPORT IA 52806
2b Employer Identification Number (EIN): 42-1397595
2c Sponsor's telephone number: 563-388-4780
2d Business code (see instructions): 522110

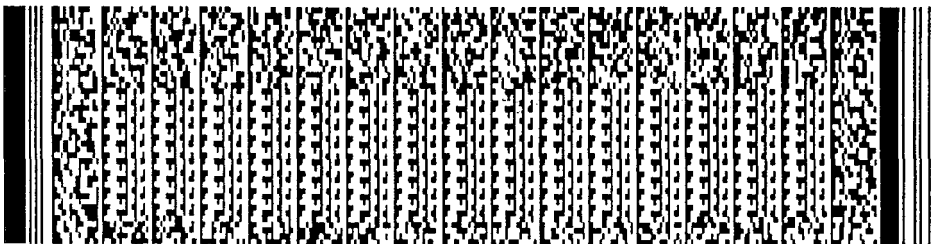
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN HERE Douglas M. Hultquist 6/27/03 DOUGLAS M. HULTQUIST
Signature of plan administrator Date Type or print name of individual signing as plan administrator

SIGN HERE
Signature of employer/plan sponsor/DFE Date Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v5.0 Form 5500 (2002)



**Annual Return/Report of Employee Benefit Plan**  
 This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).  
 ▶ Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only  
 OMB Nos. 1210-0110  
 1210-0089  
**2002**  
 This Form is Open to Public Inspection

**Part I Annual Report Identification Information**

For the calendar plan year **2002** or fiscal plan year beginning 07/01/2002 and ending 12/31/2002

**A** This return/report is for: (1)  a multiemployer plan; (3)  a multiple-employer plan; or  
 (2)  a single-employer plan (other than a multiple-employer plan); (4)  a DFE (specify \_\_\_\_\_)

**B** This return/report is: (1)  the first return/report filed for the plan; (3)  the final return/report filed for the plan;  
 (2)  an amended return/report; (4)  a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here

**D** If filing under an extension of time or the DFVC program, check box and attach required information (see instructions)

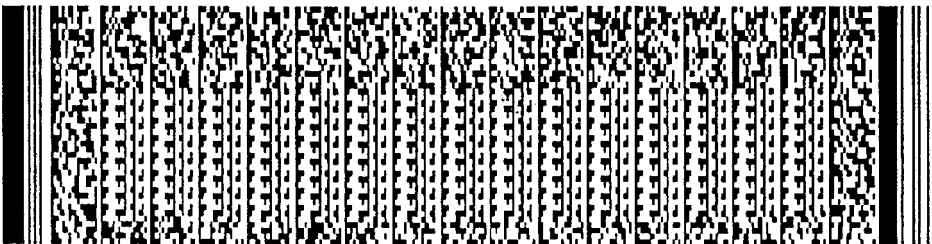
**Part II Basic Plan Information -- enter all requested information.**

<b>1a</b> Name of plan QCR HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
	<b>1c</b> Effective date of plan (mo., day, yr.) 02/01/1994
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) QCR HOLDINGS, INC.  4500 NORTH BRADY STREET  DAVENPORT IA 52806	<b>2b</b> Employer Identification Number (EIN) 42-1397595
	<b>2c</b> Sponsor's telephone number 563-388-4780
	<b>2d</b> Business code (see instructions) 522110
	<input type="checkbox"/>

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  
 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

**SIGN HERE** Douglas M. Hultquist 6/27/03 DOUGLAS M. HULTQUIST  
 Signature of plan administrator Date Type or print name of individual signing as plan administrator

**SIGN HERE** \_\_\_\_\_  
 Signature of employer/plan sponsor/DFE Date Type or print name of individual signing as employer, plan sponsor or DFE



<b>3a</b> Plan administrator's name and address (If same as plan sponsor, enter "Same") SAME	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

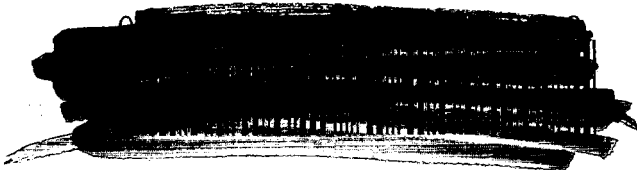
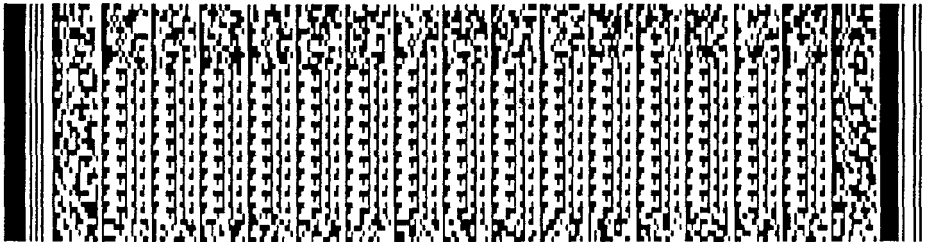
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below: <b>a</b> Sponsor's name	<b>b</b> EIN
	<b>c</b> PN

<b>5</b> Preparer information (optional) <b>a</b> Name (including firm name, if applicable) and address	<b>b</b> EIN
	<b>c</b> Telephone number

<b>6</b> Total number of participants at the beginning of the plan year	<b>6</b>	232
<b>7</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>7a, 7b, 7c,</b> and <b>7d</b> )		
<b>a</b> Active participants	<b>7a</b>	218
<b>b</b> Retired or separated participants receiving benefits	<b>7b</b>	2
<b>c</b> Other retired or separated participants entitled to future benefits	<b>7c</b>	28
<b>d</b> Subtotal. Add lines <b>7a, 7b,</b> and <b>7c</b>	<b>7d</b>	248
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>7e</b>	0
<b>f</b> Total. Add lines <b>7d</b> and <b>7e</b>	<b>7f</b>	248
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>7g</b>	232
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>7h</b>	5
<b>i</b> If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	<b>7i</b>	0

<b>8</b> Benefits provided under the plan (complete <b>8a</b> and <b>8b</b> as applicable)	
<b>a</b> <input checked="" type="checkbox"/> Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):	2E 2F 2G 2J 2K [ ] [ ] [ ] [ ] [ ]
<b>b</b> <input type="checkbox"/> Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(i) insurance contracts	(2) <input type="checkbox"/> Code section 412(i) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor



10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension Benefit Schedules

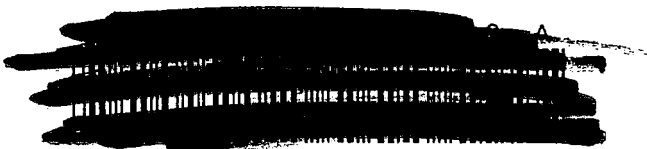
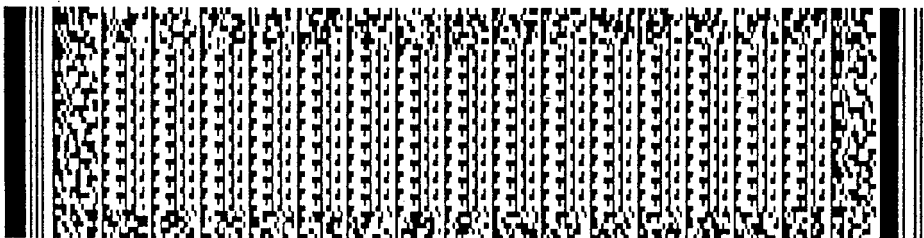
- (1)  R (Retirement Plan Information)
- (2)  1 T (Qualified Pension Plan Coverage Information)

If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year .....

- (3)  B (Actuarial Information)
- (4)  E (ESOP Annual Information)
- (5)  SSA (Separated Vested Participant Information)

b Financial Schedules

- (1)  H (Financial Information)
- (2)  I (Financial Information – Small Plan)
- (3)  1 A (Insurance Information)
- (4)  C (Service Provider Information)
- (5)  D (DFE/Participating Plan Information)
- (6)  G (Financial Transaction Schedules)
- (7)  1 P (Trust Fiduciary Information)





**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

- ▶ File as an attachment to Form 5500.
- ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2002**

**This Form is Open to  
Public Inspection**

For calendar year 2002 or fiscal plan year beginning 07/01/2002 and ending 12/31/2002

<b>A</b> Name of plan QCR HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	<b>B</b> Three-digit plan number ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 QCR HOLDINGS, INC.	<b>D</b> Employer Identification Number 42-1397595	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**  
Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage:

(a) Name of insurance carrier

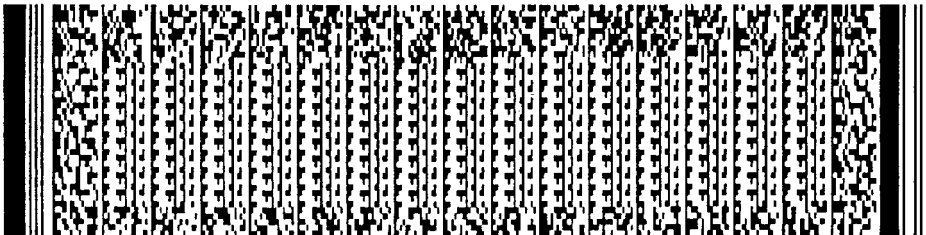
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA007221	232	07/01/2002	12/31/2002

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals	
Total amount of commissions paid	Total fees paid / amount
3921	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v5.0 Schedule A (Form 5500) 2002



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

LINSCO/PRIVATE LEDGER  
9785 TOWNE CENTRE DRIVE  
SAN DIEGO CA 92121

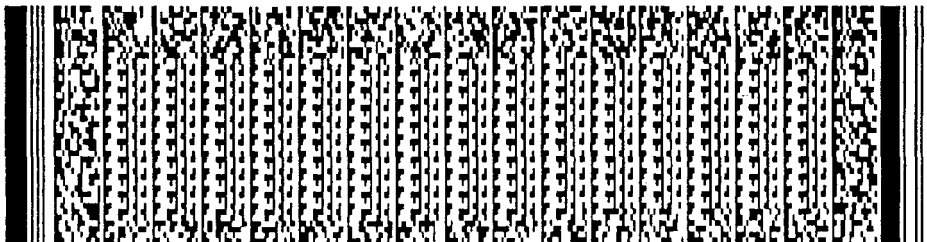
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
3921			4

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

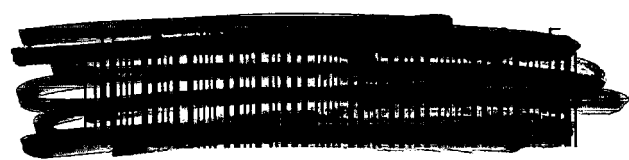
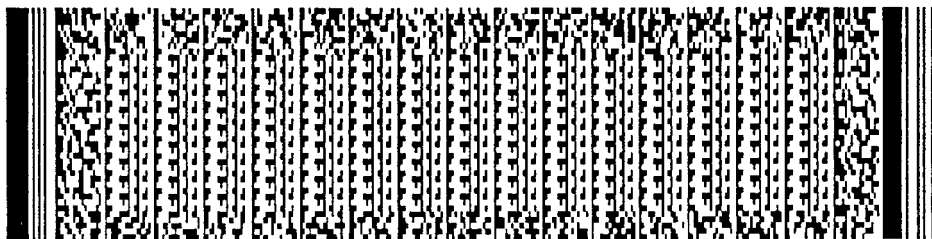
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b> Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b> Current value of plan's interest under this contract in separate accounts at year end .....	2925006
<b>5</b> Contracts With Allocated Funds	
<b>a</b> State the basis of premium rates ▶ .....	
<b>b</b> Premiums paid to carrier .....	
<b>c</b> Premiums due but unpaid at the end of the year .....	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
Specify nature of costs ▶ .....	
<b>e</b> Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b> Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
<b>a</b> Type of contract (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b> Balance at the end of the previous year .....	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	
(2) Dividends and credits .....	
(3) Interest credited during the year .....	
(4) Transferred from separate account .....	
(5) Other (specify below) .....	
▶ .....	
(6) Total additions .....	0
<b>d</b> Total of balance and additions (add <b>b</b> and <b>c</b> ) .....	0
<b>e</b> Deductions:	
(1) Disbursed from fund to pay benefits or purchase annuities during year .....	
(2) Administration charge made by carrier .....	
(3) Transferred to separate account .....	
(4) Other (specify below) .....	
▶ .....	
(5) Total deductions .....	0
<b>f</b> Balance at the end of the current year (subtract <b>e</b> (5) from <b>d</b> ) .....	0



**SCHEDULE C  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Service Provider Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2002**

**This Form is Open  
to Public Inspection**

For calendar year 2002 or fiscal plan year beginning 07/01/2002 and ending 12/31/2002

<b>A</b> Name of plan QCR HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	<b>B</b> Three-digit plan number 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 QCR HOLDINGS, INC.	<b>D</b> Employer Identification Number 42-1397595

**Part I Service Provider Information (see instructions)**

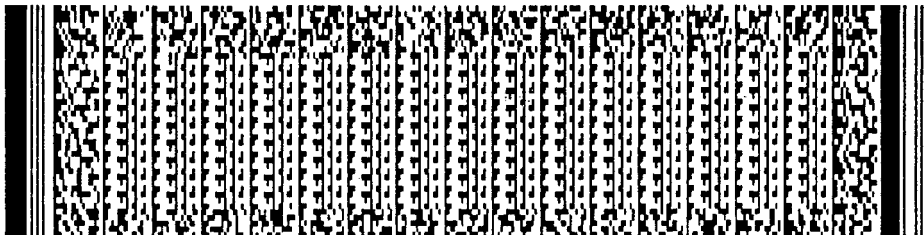
**1** Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: 1 0

**2** On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		CONTRACT ADMINISTRATOR				12

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v5.0 Schedule C (Form 5500) 2002



**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration

**DFE/Participating Plan Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2002**

**This Form is Open to  
Public Inspection**

For calendar plan year 2002 or fiscal plan year beginning 07/01/2002 and ending 12/31/2002

<b>A</b> Name of plan or DFE <u>QCR HOLDINGS, INC. 401(K) PROFIT SHARING PLAN</u>		<b>B</b> Three-digit plan number ▶ <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>QCR HOLDINGS, INC.</u>		<b>D</b> Employer Identification Number <u>42-1397595</u>

**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**

(a) Name of MTIA, CCT, PSA, or 103-12IE HARTFORD ADVANTAGE TK1

(b) Name of sponsor of entity listed in (a) HARTFORD LIFE INSURANCE COMPANY

(c) EIN-PN 06-0974148-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 2259157

(a) Name of MTIA, CCT, PSA, or 103-12IE SEPARATE ACCOUNT K1

(b) Name of sponsor of entity listed in (a) HARTFORD LIFE INSURANCE COMPANY

(c) EIN-PN 06-0974148-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 665849

(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

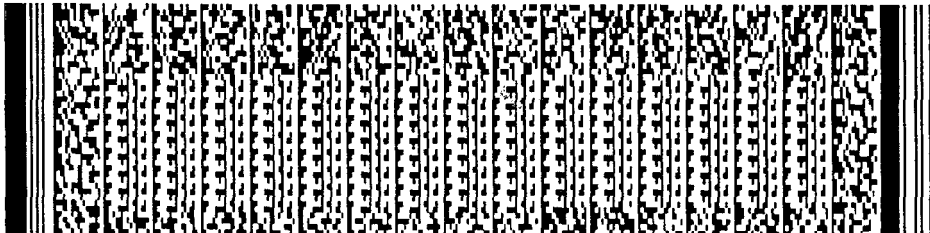
(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_



**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits  
Administration

Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2002**

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For calendar year 2002 or fiscal plan year beginning 07/01/2002 and ending 12/31/2002

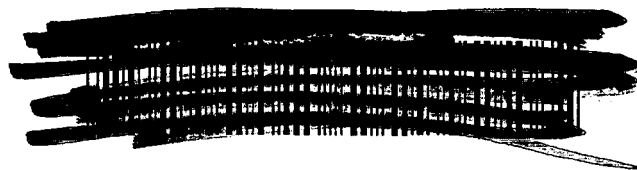
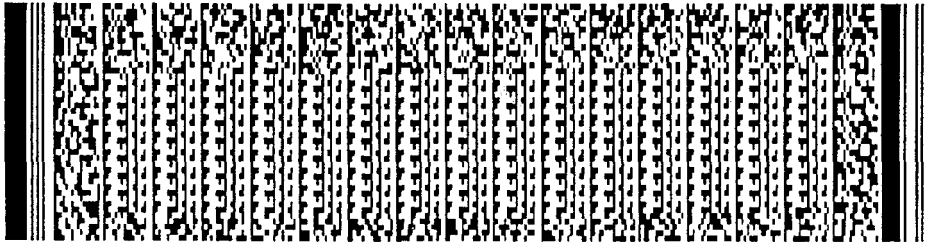
<b>A</b> Name of plan QCR HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	<b>B</b> Three-digit plan number ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 QCR HOLDINGS, INC.	<b>D</b> Employer Identification Number	42-1397595

**Part I Asset and Liability Statement**

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** DFEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See instructions.

<b>Assets</b>		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash	<b>a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions	<b>b(1)</b>	367457	240430
<b>(2)</b> Participant contributions	<b>b(2)</b>	28684	0
<b>(3)</b> Other	<b>b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (incl. money market accounts and certificates of deposit)	<b>c(1)</b>		
<b>(2)</b> U.S. Government securities	<b>c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred	<b>c(3)(A)</b>		
<b>(B)</b> All other	<b>c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred	<b>c(4)(A)</b>		
<b>(B)</b> Common	<b>c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests	<b>c(5)</b>		
<b>(6)</b> Real estate (other than employer real property)	<b>c(6)</b>		
<b>(7)</b> Loans (other than to participants)	<b>c(7)</b>		
<b>(8)</b> Participant loans	<b>c(8)</b>	34963	45199
<b>(9)</b> Value of interest in common/collective trusts	<b>c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts	<b>c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts	<b>c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities	<b>c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds)	<b>c(13)</b>	2540119	2925006
<b>(14)</b> Value of funds held in insurance co. general account (unallocated contracts)	<b>c(14)</b>		
<b>(15)</b> Other	<b>c(15)</b>		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v5.0 Schedule H (Form 5500) 2002

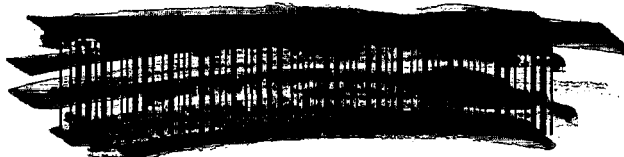
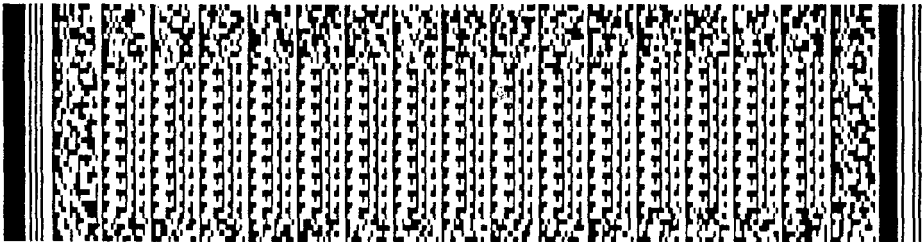


	(a) Beginning of Year	(b) End of Year
<b>d</b> Employer-related investments:		
<b>(1)</b> Employer securities	1437930	1770312
<b>(2)</b> Employer real property		
<b>e</b> Buildings and other property used in plan operation		
<b>f</b> Total assets (add all amounts in lines 1a through 1e)	4409153	4980947
<b>Liabilities</b>		
<b>g</b> Benefit claims payable		
<b>h</b> Operating payables		
<b>i</b> Acquisition indebtedness		
<b>j</b> Other liabilities		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j)	0	0
<b>Net Assets</b>		
<b>l</b> Net assets (subtract line 1k from line 1f)	4409153	4980947

**Part II Income and Expense Statement**

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

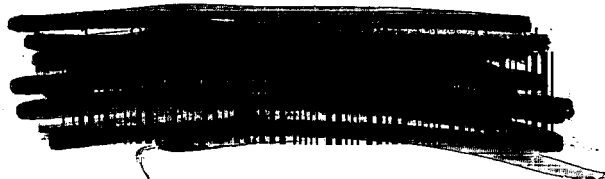
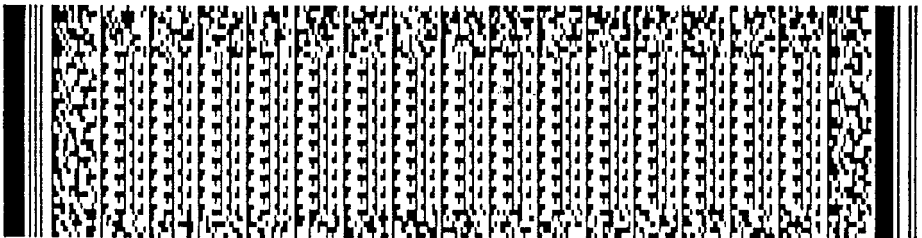
	(a) Amount	(b) Total
<b>Income</b>		
<b>a</b> Contributions:		
<b>(1)</b> Received or receivable in cash from:		
<b>(A)</b> Employers	240430	
<b>(B)</b> Participants	352756	
<b>(C)</b> Others (including rollovers)	0	
<b>(2)</b> Noncash contributions		
<b>(3)</b> Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)		593186
<b>b</b> Earnings on investments:		
<b>(1)</b> Interest:		
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit)		
<b>(B)</b> U.S. Government securities		
<b>(C)</b> Corporate debt instruments		
<b>(D)</b> Loans (other than to participants)		
<b>(E)</b> Participant loans		
<b>(F)</b> Other		
<b>(G)</b> Total interest. Add lines 2b(1)(A) through (F)		0
<b>(2)</b> Dividends:		
<b>(A)</b> Preferred stock		
<b>(B)</b> Common stock		
<b>(C)</b> Total dividends. Add lines 2b(2)(A) and (B)		0
<b>(3)</b> Rents		
<b>(4)</b> Net gain (loss) on sale of assets:		
<b>(A)</b> Aggregate proceeds		
<b>(B)</b> Aggregate carrying amount (see instructions)		
<b>(C)</b> Subtract line 2b(4)(B) from line 2b(4)(A) and enter result		0



	(a) Amount	(b) Total
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A)	
(B) Other	b(5)(B)	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)	0
(6) Net investment gain (loss) from common/collective trusts	b(6)	
(7) Net investment gain (loss) from pooled separate accounts	b(7)	
(8) Net investment gain (loss) from master trust investment accounts	b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)	3162
c Other income	c	
d Total income. Add all income amounts in column (b) and enter total	d	596348
<b>Expenses</b>		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	24518
(2) To insurance carriers for the provision of benefits	e(2)	
(3) Other	e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)	24518
f Corrective distributions (see instructions)	f	
g Certain deemed distributions of participant loans (see instructions)	g	
h Interest expense	h	
i Administrative expenses: (1) Professional fees	i(1)	
(2) Contract administrator fees	i(2)	
(3) Investment advisory and management fees	i(3)	
(4) Other	i(4)	36
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)	36
j Total expenses. Add all expense amounts in column (b) and enter total	j	24554
<b>Net Income and Reconciliation</b>		
k Net income (loss) (subtract line 2j from line 2d)	k	571794
l Transfers of assets		
(1) To this plan	l(1)	
(2) From this plan	l(2)	

**Part III Accountant's Opinion**

- 3 The opinion of an independent qualified public accountant for this plan is (see instructions):
- a Attached to this Form 5500 and the opinion is: (1)  Unqualified (2)  Qualified (3)  Disclaimer (4)  Adverse
- b Not attached because: (1)  the Form 5500 is filed for a CCT, PSA or MTIA.  
 (2)  the opinion will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.
- c Also check this box if the accountant performed a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 2520.103-12(d)
- d If an accountant's opinion is attached, enter the name and EIN of the accountant (or accounting firm)





**Part IV Transactions During Plan Year**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

During the plan year:

- a** Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (see instructions and DOL's Voluntary Fiduciary Correction Program)
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)
- c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)
- d** Did the plan engage in any nonexempt transaction with any party-in-interest? (Attach Schedule G (Form 5500) Part III if "Yes" is checked)
- e** Was this plan covered by a fidelity bond?
- f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?
- g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?
- h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?
- i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)
- j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements)
- k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan or brought under the control of the PBGC?

	Yes	No	Amount
<b>a</b>		X	
<b>b</b>		X	
<b>c</b>		X	
<b>d</b>		X	
<b>e</b>	X		2000000
<b>f</b>		X	
<b>g</b>		X	
<b>h</b>		X	
<b>i</b>	X		
<b>j</b>		X	
<b>k</b>		X	

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year  Yes  No Amount \_\_\_\_\_

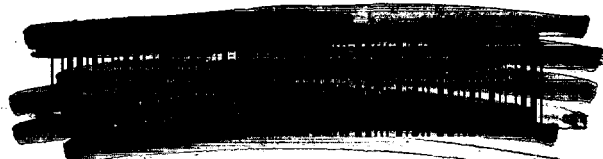
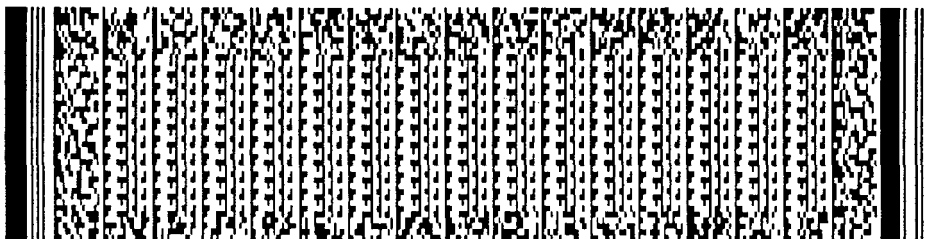
**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

**5b(1)** Name of plan(s)

**5b(2)** EIN(s)

**5b(3)** PN(s)

_____	_____	_____
_____	_____	_____
_____	_____	_____



SCHEDULE P  
(FORM 5500)

Annual Return of Fiduciary  
of Employee Benefit Trust

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

File as an attachment to Form 5500 or 5500-EZ.

Department of the Treasury  
Internal Revenue Service

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to  
Public Inspection.

For trust calendar year 2002 or fiscal year beginning 07/01/2002 and ending 12/31/2002

1a Name of trustee or custodian

ALLFIRST TRUST COMPANY

b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)

25 SOUTH CHARLES STREET

c City or town, state, and ZIP code

BALTIMORE MD 21201-3396

2a Name of trust  
QCR HOLDINGS, INC. 401(K) PROFIT SHARING PLAN

b Trust's employer identification number 54-1834572

3 Name of plan if different from name of trust

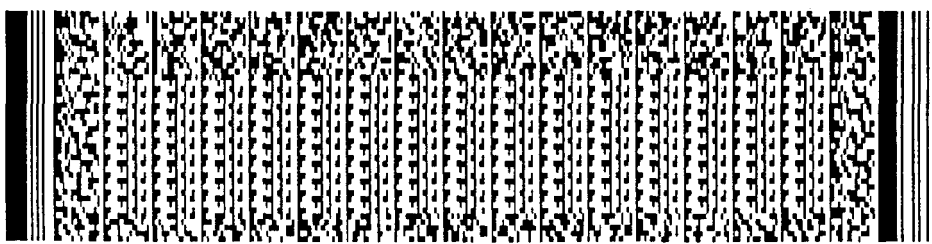
4 Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)?  Yes  No

5 Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ 42-1397595

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

SIGN HERE Signature of fiduciary *Sharon M. Stewart*, VICE PRESIDENT Date MAY 7, 2003

For the Paperwork Reduction Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-EZ. v5.0 Schedule P (Form 5500) 2002



**SCHEDULE R  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits  
Administration

Pension Benefit Guaranty Corporation

**Retirement Plan Information**

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an Attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2002**

**This Form is Open to  
Public Inspection.**

For calendar year 2002 or fiscal plan year beginning 07/01/2002 and ending 12/31/2002

<b>A</b> Name of plan <u>QCR HOLDINGS, INC. 401(K) PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>QCR HOLDINGS, INC.</u>	<b>D</b> Employer Identification Number <u>42-1397595</u>

**Part I Distributions**

All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....	<b>1</b> \$ <u>0</u>
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). <u>42-1422405</u> <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>	
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b> <u>3</u>

**Part II Funding Information** (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)?  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 7.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver ..... ▶ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.**

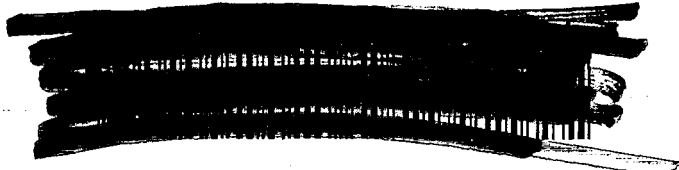
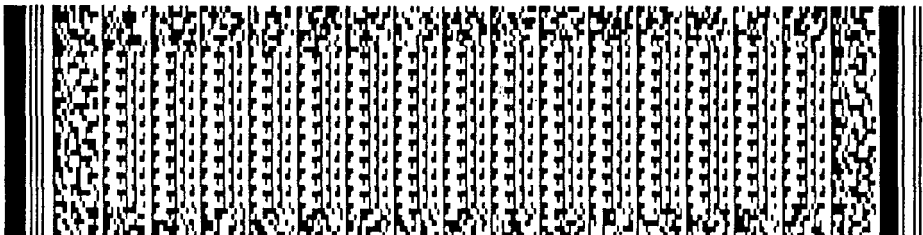
<b>6a</b> Enter the minimum required contribution for this plan year .....	<b>6a</b> \$ _____
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b> \$ _____
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....	<b>6c</b> \$ _____

**If you completed line 6c, do not complete the remainder of this schedule.**

**7** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

**Part III Amendments**

**8** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased the value of benefits? (see instructions) .....  Yes  No



**SCHEDULE T  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

**Qualified Pension Plan Coverage Information**

This form is required to be filed under section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2002**

**This Form is Open to  
Public Inspection.**

For calendar year 2002 or fiscal plan year beginning 07/01/2002 and ending 12/31/2002

<b>A</b> Name of plan QCR HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	<b>B</b> Three-digit plan number ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 QCR HOLDINGS, INC.	<b>D</b> Employer Identification Number <u>42-1397595</u>

Note: If the plan is maintained by:

- More than one employer and benefits employees who are not collectively-bargained employees, a separate Schedule T may be required for each employer (see the instruction for line 1).
- An employer that operates qualified separate lines of business (QSLOBs) under Code section 414(r), a separate Schedule T may be required for each QSLOB (see the instruction for line 2).

**1** If this schedule is being filed to provide coverage information regarding the noncollectively bargained employees of an employer participating in a plan maintained by more than one employer, enter the name and EIN of the participating employer:

<b>1a</b> Name of participating employer	<b>1b</b> Employer identification number
--	--

**2** If the employer maintaining the plan operates QSLOBs, enter the following information:

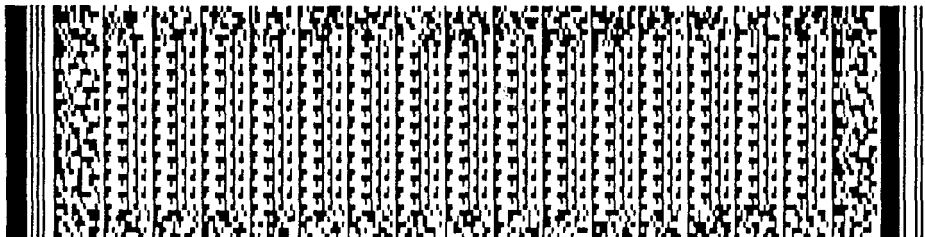
- a** The number of QSLOBs that the employer operates is \_\_\_\_\_.
- b** The number of such QSLOBs that have employees benefiting under this plan is \_\_\_\_\_.
- c** Does the employer apply the minimum coverage requirements to this plan on an employer-wide rather than a QSLOB basis? ...  Yes  No
- d** If the entry on line 2b is two or more and line 2c is "No," identify the QSLOB to which the coverage information given on line 3 or 4 relates.  
▶

**3** Exceptions -- Check the box before each statement that describes the plan or the employer. Also see instructions.

If you check any box, do not complete the rest of this Schedule.

- a**  The employer employs only highly compensated employees (HCEs).
- b**  No HCEs benefited under the plan at anytime during the plan year.
- c**  The plan benefits only collectively-bargained employees.
- d**  The plan benefits all nonexcludable nonhighly compensated employees of the employer (as defined in Code sections 414(b), (c), and (m)), including leased employees and self-employed individuals.
- e**  The plan is treated as satisfying the minimum coverage requirements under Code section 410(b)(6)(C).

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v5.0 Schedule T (Form 5500) 2002



4 Enter the date the plan year began for which coverage data is being submitted. Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

a Did any leased employees perform services for the employer at any time during the plan year?  Yes  No

b In testing whether the plan satisfies the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4), does the employer aggregate plans?  Yes  No

c Complete the following:

- (1) Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), including leased employees and self-employed individuals c(1) \_\_\_\_\_
- (2) Number of excludable employees as defined in IRS regulations (see instructions) c(2) \_\_\_\_\_
- (3) Number of nonexcludable employees. (Subtract line 4c(2) from line 4c(1)) c(3) \_\_\_\_\_
- (4) Number of nonexcludable employees (line 4c(3)) who are HCEs c(4) \_\_\_\_\_
- (5) Number of nonexcludable employees (line 4c(3)) who benefit under the plan c(5) \_\_\_\_\_
- (6) Number of benefiting nonexcludable employees (line 4c(5)) who are HCEs c(6) \_\_\_\_\_

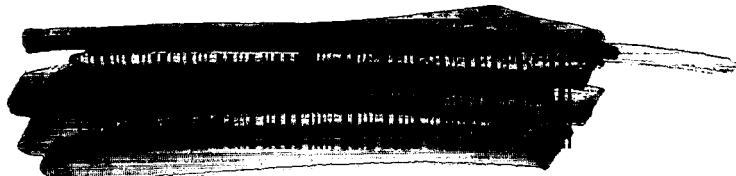
d Enter the plan's ratio percentage and, if applicable, identify the disaggregated part of the plan to which the information on lines 4c and 4d pertains (see instructions) d \_\_\_\_\_ %

e Identify any disaggregated part of the plan and enter the ratio percentage or exception (see instructions).

Disaggregated part:	Ratio Percentage:	Exception:
---------------------	-------------------	------------

- |           |       |       |
|-----------|-------|-------|
| (1) _____ | _____ | _____ |
| (2) _____ | _____ | _____ |
| (3) _____ | _____ | _____ |

f This plan satisfies the coverage requirements on the basis of (check one): (1)  the ratio percentage test (2)  average benefit test



QUAD CITY HOLDINGS  
401(k) PROFIT SHARING PLAN

SCHEDULE H - PART IV  
EIN: 42-1397595

ITEM 4i - ASSETS HELD FOR INVESTMENT PURPOSES  
December 31, 2002

Identity of Issue, Borrower Lessor or Similar Party	Description of Investment	Face Value or Number of Units	Current Value
Quad City Holding, Inc.	Common stock, Quad City Holdings, Inc.	106,040	\$ 1,770,312
Hartford Life Insurance Company	Hartford Money Market Fund	133,352	166,870
Hartford Life Insurance Company	Hartford Index Fund	383,633	498,979
Hartford Life Insurance Company	Templeton Foreign	59,061	70,531
Hartford Life Insurance Company	American Century Ultra Fund	442,354	541,685
Hartford Life Insurance Company	Pimco Total Return	21,758	235,874
Hartford Life Insurance Company	Franklin Balanced Sheet Inv.	1	11
Hartford Life Insurance Company	Janus Balanced Fund	514,887	631,761
Hartford Life Insurance Company	Franklin Small-Mid Cap Growth Fund	478,345	569,939
Hartford Life Insurance Company	Mutual Shares Fund	162,245	209,356
Hartford Life Insurance Company	Participant Loans	N/A	45,199
			<u>\$ 4,740,517</u>

QCR Holdings, Inc. 401(k) Profit Sharing Plan  
December 31, 2002

Schedule H  
Question 3b

Short Plan Year, Deferral of Accountant's Report

Statement Under Labor Reg. 2520.104-50(b)(1)(iii)

The plan year ended December 31, 2002 is for the six month period from July 1, 2002 through December 31, 2002. The short plan year is due to a change to a calendar year-end. The next plan year will commence January 1, 2003 and end December 31, 2003.

Labor Reg. 2520.104-50 provides that a plan, with a short plan year of seven months or less, can defer the Independent Qualified Public Accountant's report until the following year (2003). The Financial Statements and accompanying schedules reported by the Accountant will include the information for both the short plan year, ending December 31, 2002, and the 12 month plan year, ending December 31, 2003. This Accountant's report will be attached to the Form 5500 for the plan year ended December 31, 2003.

OFFICER-1  
NOTE  
PRINCIPAL  
BALANCE  
Unused Closed-end  
Net

144  
18,182,927.77  
127,921.57-  
TOTAL  
COUNT 113