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Form 990-EZ

SCANNED JUL 0 2 2010

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ➤ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Form **990-EZ** (2009)

A	For th	e 2009 calendar year, or tax yea	ar beginning		and ending		
В	Check if applicab	le Please C Name of organization				D Employer i	identification number
	Addres	s use IRS label or					
	Name Change	print or IOWA MANUFA	CTURED HOUSING ASSO	CIATION	r	42-0	792115
[Initial	Number and street (or	P.O. box, if mail is not delivered to street ac	ddress)		E Telephone	number
F	Termi	n- Specific 1400 DEAN A	VE			(515) 265-1497
F	Amen	ded tions City or town, state or o		-		F Group Exe	·
\vdash	— return — Applica _ pendin					Number	
			17(a)(1) nonexempt charitable trusts must	attach a compl	eted G Accour	nting method:	
	000		le A (Form 990 or 990-EZ).	attaon a comp	Į.	specify)	
	Neheit	e: ►N/A					the organization is not
		empt status (check only one) — X	501(c) (6) 4 (msert no) 49	47(a)(1) or			Jule B (Form 990, 990-EZ, or 990-PF)
	Check		ection 509(a)(3) supporting organization an				
Λ,	JIIGUN J		ired, but if the organization chooses to file a	=	-		.5,000. AT 01111 950-EZ 01
_	Add line		ne gross receipts; if \$500,000 or more, file F	•		<u>.um.</u> ▶ \$	204,400.
	art I		id Changes in Net Assets or F				
_ F 6	1	1		- dila balai	TOO (OCC THE INSUE	10110113 101 1 4	
		Contributions, gifts, grants, and simil				1	10 551
		Program service revenue including g	overnment lees and contracts			2	10,551. 112,336.
		Membership dues and assessments				3	68,583.
	4	Investment income		ایا		4	00,503.
		Gross amount from sale of assets other	•	5a			
		Less: cost or other basis and sales ex	•				
	1	, ,	er than inventory (Subtract line 5b from line	•		<u>5c</u>	
Revenue	1		te applicable parts of Schedule G). If any am	nount is from ga	iming, check here 📂		
ě.	1	Gross revenue (not including \$	of contributions	1 1			
æ	1	reported on line 1)		6a			
	1	Less: direct expenses other than fund	* :	6b			
	С	Net income or (loss) from special eve	ents and activities (Subtract line 6b from line	e 6a)		_6c	
	7a	Gross sales of inventory, less returns	and allowances	7a			
	Ь	Less: cost of goods sold		7b	,		
			ventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ROY.	ALTIES) 8	12,930.
		Total revenue Aderlines V, E, 9,4,5				▶ 9	204,400.
	10	Grants and similar amounts paid (atta	chedule)			10	
	11	Benefits paid to av for memberso	[ő] .			11	
es	12	Salaries, other compensation, and en				12	118,496.
Sus	13	Professional fees and other paying it	ayı <u>nents</u> lo hdependent contractors				1,460.
Expenses	14	Occupancy Cent Littles, and mainte	Malantenance			14	12,056.
ш	15	Printing, publications, postage, and s				15	1,880.
	16	Other expenses (describe		SEE S	TATEMENT :	1) 16	<u>69,860.</u>
	17	Total expenses. Add lines 10 throug	h 16			▶ 17	203,752.
(D	18	Excess or (deficit) for the year (Subtr	act line 17 from line 9)			18	648.
Net Assets	19	Net assets or fund balances at begins	ning of year (from line 27, column (A))				
Ass		(must agree with end-of-year figure r	eported on prior year's return)			19	<u>379,187.</u>
ēt	20	Other changes in net assets or fund b	alances (attach explanation)			20	
_	21	Net assets or fund balances at end of		·		▶ 21	379,835.
Pa	art II		ssets on line 25, column (B) are \$1,250,000	or more, file Fo			
		(See the instru	uctions for Part II.)		(A) Beginning of		(B) End of year
22	Casi	h, savings, and investments				024. 22	37,249.
23	Land	d and buildings				088. 23	38,197.
24	Othe	er assets (describe 🗲	SEE STATEM	ENT 2)		300.24	637,867.
25	Tota	ıl assets				412. 25	713,313.
26	Tota	ıl liabilities (describe ►	SEE STATEM	ENT 3)		225. 26	333,478.
27	Net	assets or fund balances (line 27 of c	olumn (B) must agree with line 21)		379,	187. 27	379,835.

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

Form 990-EZ (2009) IOWA MANUFACTURED HOUSING	ASSOCIATION :		<u> 42-</u>	<u> 07921</u>	<u>L</u> 15 Page 2
Part III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		E	xpenses
What is the organization's primary exempt purpose? ADVANCE MANUFA	ACTURED HOUSIN	IG INDUSTR	Ϋ́		or section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt pur					4) organizations and
the services provided, the number of persons benefited, and other relevan	•			for others)	17(a)(1) trusts, optional
28 INDUSTRY GROUP STUDY AND RESOLUTION	OF PROBLEMS	OF THE			
INDUSTRY					
(Grants \$) If this amount includes foreign (grants check here		$\overline{}$	28a	
29 PROMOTE FAIR TRADE AND COOPERATION		Y MEMBERS		ZUA	
INCHORDED THEN THANKS AND COOLDINATION	AMONG INDUDIT	CI PIDITIDEICO			
			—	1 [
(Consta C			\neg	00-	
(Grants \$) If this amount includes foreign of PUBLIC RELATIONS AND PROMOTON OF TH			<u></u>	29a	
30 PUBLIC RELATIONS AND PROMOTON OF TH	IE INDUSTRI		—		
					
			_		
(Grants \$) If this amount includes foreign of				30a	
31 Other program services (attach schedule) SEE STATEMENT	•	_			
(Grants \$) If this amount includes foreign of	grants, check here			31a	
32 Total program service expenses (add lines 28a through 31a)	· · · · · · · · · · · · · · · · · · ·			32	
Part IV List of Officers, Directors, Trustees, and Key E	:mployees. List each one e	ven if not compensated	T		T
	(b) Title and average hours	(c) Compensation	, ,	intributions	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		employee fit plans &	account and
• •	position	-0)		eferred	other allowances
		-	com	pensation	
JOE KELLY	EXECUTIVE DIR	ECTOR			
DES MOINES, IA	40.00	77,720.		0.	0.
JOHN FAY	PRESIDENT				
DES MOINES, IA	2.00	0.		0.	0.
JOANNE STEVENS	SECRETARY/TRE	ASURER			
	2.00	0.		0.	0.
TROY HAMES	VICE PRESIDEN	T			
	2.00	0.		0.	0.
SEE ATTACHED LISTING	BOARD MEMBER				
	1.00	0.	ł	0.	0.
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023472	<u> </u>				L
932172 02-08-10	•			Form !	990-EZ (2009)

33 Dut the organization engage in any activity on tip reviously reported to the IRSP If Yes,* attach a delated description of each activity 34	P	art V Other Information (Note the statement requirements in the instructions for Part V)		T	1
34 We any changes made to the organization gor governing documents? If "res," attach a conformed copy of the changes If the organization had mome from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has if filed a tax return on Form 990-T for this year? b Uff the organization undergo a biquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 73 Either amount of political expenditures, direct or indirect, as described in the instructions. b Uff the organization to Horganization the Form 1120-POL for this year? 37 Either amount of political expenditures, direct or indirect, as described in the instructions. b Uff the organization to Horganization 120-POL for this year? 38 Did the organization of Horganization and 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 period covered by this return? a finition fees and capital contributions included on line 9 38 Economication 50 (c)(7) organizations. Enter amount of the wine the prior of the prior the section 50 (c)(7) organizations. Enter amount of the wine section 4919 excess benefit transaction during the year under sections 4912 to 18 (c)(4) organizations. Enter amount of tax minesed on organization managers or disqualified persons during the year under sections 4912 to 18 (c)(4) organizations. Enter amount of tax minesed on organization managers or disqualified persons during the prior mages and the prior of the organization should any organization should be a made organization to tax on line 40c reimbursed by the prior of the foreign country (such as		.		Yes	
35 If the organization had income from business activates, such as those reported on lines 2, 63, and 73 (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(s) notice, reporting, and proxy tax requirements? b If Yes, its ask filed a tax return on Form 990-T for this year? b If Yes, its ask filed a tax return on Form 990-T for this year? b If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete agricultures, direct or indirect, as described in the instructions. b If Yes, complete agricultures, direct or indirect, as described in the instructions. b If Yes, complete special to Stot. N 36				—	-
reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross more of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b If vers, has it filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissoplution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 358			34	<u> </u>	X
a Did the organization have unrelated business gross moome of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 5 but the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 55b N/A 5 but the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 55b N/A 5 but the organization of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 0.5 5 but the organization before whom, or make any leans 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 period covered by this return? 5 li 1''es, complete Schedule I, Part II and enter the total amount involved 5 li 1''es, complete Schedule I, Part II and enter the total amount involved 5 li 1''es, complete Schedule I, Part II and enter the total amount involved 5 li 1''es, complete Schedule I, Part II and enter the total amount involved 5 li 1''es, complete Schedule I, Part II and enter the total amount involved 6 li 1''es, complete Schedule I, Part II and enter the distal amount involved 6 li 1''es, complete Schedule I, Part II and enter the into all amount involved 7 li 1''es, complete Schedule I, Part II and enter the into amount of tax imposed on the organization during the year under: 8 li 1''es, complete Schedule I, Part II and enter the intransaction with a discualified person and prior year, and that the transaction during the year under: 9 li 1''es, complete Schedule I, Part II and enter the intransaction with a discualified person and prior year, and that the transaction during the year under: 9 li 1''es, complete Schedule I, Part II and enter the amount of tax on the discussion and prior year, and that the transaction during the year under: 9 li 1''es, complete Schedule I, Part II and enter the amount of tax organization and prior year, an	35				
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b If Yes,* nas af filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Sch. N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a O. 37 b X 38 Did the organization the Form 1120-POL for this year? 38 Did the organization for form 1120-POL for this year? 39 Section 501(x)7 organizations are price that the end of the period covered by this return? 38 If Yes,* complete Schedule, 1, and It and enter the total amount involved 39 Section 501(x)7 organizations. Enter: 39 Intraction of the complete schedule, 1, and It and enter the total amount of tax imposed on the organization during the year under: 39 Intraction of the complete schedule, 1, and I and enter the total amount of tax imposed on the organization during the year under: 39 Section 501(x)3) and 501(x)4) organizations. Enter amount of tax imposed on the organization during the year under: 39 Section 501(x)3) and 501(x)4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any to the organizations spin of forms 900 e90-E72 if Yes, complete Schotelle, 1, and I do N/A 5 Section 501(x)3) and 501(x)4) organizations. Enter amount of tax imposed on organization managers or disqualified person is a prior year, and that the transaction and the transaction of the organization is books are in care of ▶ JOB KELLY 5 Section 501(x)3) and 501(x)4) organizations. Enter amount of tax on line 40c rembursed by the organization shooks are in care of ▶ JOB KELLY 5 Alary time during the calcadry ear, did the organization have an interest in or a signature or other aut	а				
38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a Did the organization brown file Form 1120-POL for this year? 38 a Did the organization file Form 1120-POL for this year? 39 a Did the organization file Form 1120-POL for this year? 30 b Did the organization file Form 1120-POL for this year? 30 b Did the organization file Form 1120-POL for this year? 30 b Did the organization file Form 1120-POL for this year? 30 b Did the organization file Form 1120-POL for this year? 31 b Did the organization file Form 1120-POL for this year? 32 b Did the organization file Form 1120-POL for this year? 33 b Did the Organization file Form 1120-POL for this year? 34 b Did the organization file Form 1120-POL for this year? 35 b Did Form 1120-POL for this year? 36 b Did Form 1120-POL for this year? 37 b X 38 b Did Form 1120-POL for this year? 38 b Did Form 1120-POL for this year? 39 b Did Form 1120-POL for this year? 30 b Did Form 1120-POL for this year? 30 b Did Form 1120-POL for this year? 31 b Did Form 1120-POL for this year? 32 b Did Form 1120-POL for this year? 38 b Did Form 1120-POL for this year? 39 b Did Form 1120-POL for this year? 30 b Did Form 1120-POL for this year? 30 b Did Form 1120-POL for this year? 31 b Did Form 1120-POL for this year? 32 b Did Form 1120-POL for this year? 38 b Did Form 1120-POL for this year? 39 b Did Form 1120-POL for			35a		
as a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	þ	•	35b	N/	A
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. □ Did the organization file Form 1120-PQL for this year? □ Did the organization form 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 period covered by this return? □ If Yes, complete Schedule L, Part II and enter the total amount involved □ Section 501(c)(7) organizations. Enter: □ Institution fees and capital contributions included on line 9 □ Gross receipts, included on line 9, for public use of club facilities □ Gross receipts, included on line 9, for public use of club facilities □ Gross receipts, included on line 9, for public use of club facilities □ Gross receipts, included on line 9, for public use of club facilities □ Gross receipts, included on line 9, for public use of club facilities □ Gross receipts, included on line 9, for public use of club facilities □ Gross receipts, included on line 9, for public use of club facilities □ Gross receipts, included on line 9, for public use of club facilities □ Gross receipts, included on line 9, for public use of club facilities □ Gross receipts, included on line 9, for public use of club facilities □ Gross receipts, included on line 9, for public use of club facilities □ Gross receipts, included on line 9, for public use of club facilities □ Gross receipts included on line 9, for public use of club facilities □ Gross receipts included on line 9, for public use of club facilities □ Gross receipts included on line 9, for public use of club facilities □ Institute □ Institu	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
b Did the organization file Form 1120-POL for this year? 37b		complete applicable parts of Sch. N	36		X
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 period covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A 39 Section 501(c)/7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a priory year, and that the transaction has not been reported on any of the organizations. First amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-7 10 List the states with which a copy of this return is filed. ► NONE 11 List the organizations hooks are in care of ► JOE KELLY 12 Telephone no. ► (515) 265-1497 13 Located at 1 400 DEAN AVE, DES MOINES, IA 21 List the states with which a copy of this return is filed. ► NONE 22 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. ► 23 Section 4947(a)(1) nonexempted that she organization maintain an office outside of the U.S.? 14 Yes, enter	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	<u>.</u>		
an a priory year and still outstanding at the end of the period covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4958 excess benefit transaction during the year or is taware that it engaged in an excess benefit transaction with a disqualified person in a priory year, and that the transaction has not been reported on any of the organizations brief prior forms 990 or 990-EZ? If Yes, complete Schedule L, Part II c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons in arming the year or is the section 4912 ★ N/A d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization in the 40c reimbursed by the organizations. At any time during the lax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T Located at ► 1400 DEAN AVE, DES MOINES, IA 2IP + 4 ► 50316 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. ► See the instructions for exceptions and filing requirements for Form T0 F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an orffice outside of the U.S.? If Yes, enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form T0 F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an orffice outside of the U.S.? If Yes, enter the name of the foreign co	b	Did the organization file Form 1120-POL for this year?	37b		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 b N/A 39 Section 501(c)(7) organizations. Einter: a Indiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39 a N/A 40 a Section 501(c)(3) organizations. Einter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and that the transaction and the organization with a disqualified person in a prior year, and that the transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction during the year under sections 4912, 4955, and 4958 6 Section 501(c)(3) and 501(c)(4) organizations. Einter amount of tax on line 40c reimbursed by the organization of 501(c)(3) and 501(c)(4) organizations. Einter amount of tax on line 40c reimbursed by the organization? If Yes, complete Form 8886-T 40e	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A Section 501(c)(3) organizations. Did the organization engage in an insection 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If Yes, complete Schedule L, Part I 40b N/A Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955 A Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of 11 Yes, complete Form 8886-T List the states with which a copy of this return is filed. ► NONE 12 The organization's books are in care of ► JOB KELLY Telephone no. ► (515) 265-1497 Located at ► 1400 DEAN AVE, DES MOTINES, IA 2(P+4 ► 50316 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: ► See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. 42b X 16 Yes, Indeed a second in the foreign country: ► Section 4947(a)(1) nonexempt charable 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		in a prior year and still outstanding at the end of the period covered by this return?	38a		_X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 390 N/A 390 N/	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4955 ► N/A b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organization. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T List the states with which a copy of this return is filed. ► NONE 11 February 11 February 12 February 13 February 13 February 1400 DEAN AVE, DES MOINES, IA 12 Telephone no. ► (515) 265-1497 13 Located at ► 1400 DEAN AVE, DES MOINES, IA 24 DATE of the during the calendary year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts) 13 February 14 February 15	39	Section 501(c)(7) organizations. Enter:			
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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 List the states with which a copy of this return is filed. ► NONE 142a The organization's books are in care of ► JOE KELLY Located at ► 1400 DEAN AVE, DES MOINES, IA 155 Located at ► 1400 DEAN AVE, DES MOINES, IA 165 A tany 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 accounts? 16 If "Yes," enter the name of the foreign country: 26 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 27 If "Yes," enter the name of the foreign country: 38 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 39 August 19 Augu	ď	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. NONE 142		organization N/A			
List the states with which a copy of this return is filed. NONE 100	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
42a The organization's books are in care of ▶ JOE KELLY Located at ▶ 1400 DEAN AVE, DES MOINES, IA 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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ 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 Yes No Yes No Id the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ KELLY Telephone no. ▶ (515) 265-1497 ZIP + 4 ▶ 50316 Yes No		transaction? If "Yes," complete Form 8886-T	40e		<u>X</u>
Located at > 1400 DEAN AVE, DES MOINES, IA 2IP+4 > 50316 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 accounts)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 Yes No Yes No Yes No Yes No Yes No If "Yes," Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	41	List the states with which a copy of this return is filed. NONE			_
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over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		Located at ► 1400 DEAN AVE, DES MOINES, IA ZIP+4 ►	<u> 1031</u>	6	
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completed instead of Form 990-EZ	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
			45		X
			Form 9	90-EZ (2009)

Paid Preparer's signature Date Check if self-Preparer's identifying number (See instr.) employed 🛌 Preparer's 5/1-10 Use Only DENMAN & COMPANY, LLP EIN 📂 Firm's name (or yours 1601 22ND STREET, SUITE 400 Phone > WEST DES MOINES, IA 50266-1453 (515)225-8400 May the IRS discuss this return with the preparer shown above? See instructions ► LX Yes

ecutive Vice Presiden

Form **990-EZ** (2009)

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
RETIREMENT PLAN			11,87	8.
OTHER BENEFITS			11,10	
PAYROLL TAXES			10,30	
INFORMATION TECHNOLOGY			2,56	
INTEREST DEPRECIATION			14 6,89	
INSURANCE			3,63	
MISCELLANEOUS			6,21	
DUES			2,21	
BANK CHARGES			49	
SUPPLIES			1,27	
RETURNED CHECKS			75	
TELEPHONE TRAVEL			3,03 2,14	
MEETINGS			7,22	
TOTAL TO FORM 990-EZ, LINE 16			69,86	0.
BODY 000 FIZ	OMITTO A GGTTTG			
FORM 990-EZ	OTHER ASSETS		STATEMENT	
DESCRIPTION		BEG. OF YEAR	END OF YEAL	R
ACCOUNTS RECEIVABLE		15,657.	12,81	
PREPAID EXPENSES		16,415.	12,30	
SECURITIES		505,228.	612,74	7 .
FOTAL TO FORM 990-EZ, LINE 24		537,300.	637,86	7.
FORM 990-EZ OT	THER LIABILITIES		STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEAL	R
ACCOUNTS PAYABLE	•	6,809.	11,12	4.
NOTES PAYABLE		18,963.	11,429	9.
		225,453.	310,92	_
DEFERRED COMPENSATION		223,1331	310,32	э.
COTAL TO FORM 990-EZ, LINE 26		251,225.	333,478	

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		s	TATE	MENT	4
DIRECTLY OR	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL ITRACT?	[]	YES	[X]	NO
	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• []	YES	[X]	NO

FORM 990-EZ	OTHER PROGRAM SERVICES		STATEMENT	5
DESCRIPTION		GRANTS	EXPENSES	;
MONITOR LAWS AND REGU	LATIONS			
TOTAL TO FORM 990-EZ,	LINE 31			

2010 IMHA Board of Directors

John Fay, President Troy Hames, Vice President Joanne Stevens, Secretary/Treasurer

2010

Ken Brenton Jerry Horkheimer

2011

Kristi Dyer Dennis Payne Patti Shelton Joanne Stevens John Fay

2012

Troy Hames Carol Oliver Ed Kinkade Curt Erickson

One-Year Terms

Mike Flummerfelt Herman Emkes Kyle Turnbull

Lifetime Members

Jim Dyer Curt Hames George Jordan Dave Ripley