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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung OMB No 1545-0047

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

and ending A For the 2010 calendar year, or tax year beginning D Employer identification number Check if C Name of organization Address -IOWA MANUFACTURED HOUSING ASSOCIATION Name change 42-0792115 ]initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 265-1497 Termin-1400 DEAN AVE (515) Amended return 259.964. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-DES MOINES, IA 50316 H(a) Is this a group return pending F Name and address of principal officer: JOE KELLY Yes X No for affiliates? 1400 DEAN AVENUE, DES MOINES, IA H(b) Are all affiliates included? 4947(a)(1) or Tax-exempt status: If "No." attach a list, (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L. Year of formation: 1947 M State of legal domicile: IA Part I Summary Briefly describe the organization's mission or most significant activities ADVANCE MANUFACTURED HOUSING Activities & Governance INDUSTRY Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 19 Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 2 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 Totalmumber of volunteers (estimate if necessary) 6 0. Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990 T, line 34 0. **Prior Year Current Year** 1 2 2011 ත Contributions and grants (Park VIII, line 1h) 0. 0. SCANNED JUL 1
1505 Programservace revenue (Part VIII, line 2g) 122,887. 165,855. LVIII, column (A), lines 3, 4, and 7d) 68,583 -30,688. 12,930 11,736. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 204,400. 146,903. 0 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 118,496. 147,155. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 新公司者 五班 电键图 0. ا ، فياما د-[ b Total fundraising expenses (Part IX, column (D), line 25) 85,256 55,243. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 203,752. 202,398. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 648. -55,495. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** 713,313. 765,322. 20 Total assets (Part X, line 16) 333,478, 378,608 21 Total habilities (Part X, line 26) 379,835. 386,714 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I baye examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is oreparer (other than officer) is based on all information of which preparer has any knowledge Sign EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid TIMOTHY RICE self-employed LLP Firm's name DENMAN & COMPANY, Preparer Firm's EIN Use Only Firm's address 1601 22ND STREET, SUITE 400 WEST DES MOINES, IA 50266-1453 Phone no. (515)225-8400 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

	n 990 (2010) 10WA MANUFACTURED HOUSING ASSOCIATION 42-0/9	2115	Page 2
Pa	rt III Statement of Program Service Accomplishments		(
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission		
	ADVANCE THE MANUFACTURED HOUSING INDUSTRY		
	Dollar and the second of the s		
2	Did the organization undertake any significant program services during the year which were not listed on		<b>₩</b>
	the prior Form 990 or 990-EZ?	Yes	LX No
_	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
	INDUSTRY GROUP STUDY AND RESOLUTION OF PROBLEMS OF THE INDUSTRY	<u>Y</u>	
		·	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		
	PROMOTE FAIR TRADE AND COOPERATION AMONG INDUSTRY MEMBERS	-	
		*	
		<del></del>	
			<del></del>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
	PUBLIC RELATIONS AND PROMOTION OF THE INDUSTRY		
		•	
4d	Other program services. (Describe in Schedule O.)		
₩			
<u>40</u>	Total program service expenses ►	- 00	<b>10</b> (0040)

Form 990 (2010) IOWA MANUFAC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ľ	
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			3.5
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			37
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			,5 <b>2</b> ,
_	as applicable			4
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	_X	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		Α
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
Ī	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	40		Y
20-2	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that	<u>z</u> ua		-42
_	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990 (	2010)
			1	,

Part IV Checklist of Required Schedules (continued)

	Check if Schedule O contains a response to any question in this Part V					,
	5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	1 .			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0	-1		,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_1b_	O	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming		***	. 5
0-	(gambling) winnings to prize winners?	1		1c		$\vdash$
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		,	, ,	,	
	filed for the calendar year ending with or within the year covered by this return	2a	2	1	·	~
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned life by the sum of lines 16 and 26 is greater than 250, you may be required to a file (see greater than 250).			_2b	X	<del> </del>
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	15)		شئ	سند	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			_3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	-	₩
4a	At any time during the calendar 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	accou	nt) ?	4a के द्रश्री क	** # j}**	X ST. Sept.
D	If "Yes," enter the name of the foreign country	A			· · · · · · · · · · · · · · · · · · ·	11
E o	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	ns	\$2.585	altiu.	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	201.022	٠	<u>5a</u>		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	actions		_5b_	<u>-</u> -	<del>  ^</del>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ho orac	nuration called	<u>5c</u>	<del></del>	<del>                                     </del>
0a	any contributions that were not tax deductible?	ne orga	anization solicit	-		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r aufto	6a		<u>├</u> ^
b	were not tax deductible?	LIUI IS U	ryiits	e.		Ì
7	Organizations that may receive deductible contributions under section 170(c).			6b	·) ****	31, 95
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices n	rovided to the navor?	a		Then E
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. тооз р	Torided to the payor	7b		<b></b>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rea	ured	15		
	to file Form 8282?	ao ioq	unod	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	\$1' '53''' \$1' 453''' \$1' 553''	1 7 7	5333
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t?	7e	46_adv_239	19993239
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
q	If the organization received a contribution of qualified intellectual property, did the organization file F		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		=	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			194		*
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		• •	8	- Addresitanda	- Annihopata
9	Sponsoring organizations maintaining donor advised funds.	-	•	eilters.	**	130
а	Did the organization make any taxable distributions under section 4966?			9a	1000111111	3444
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			15,44	* * * * * * * * * * * * * * * * * * *	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		· · · · · · · · · · · · · · · · · · ·	ŧ. "	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	# . F	13-38
11	Section 501(c)(12) organizations. Enter:			, 4,1,4 <del>\$</del> ;	the state of	oa
а	Gross income from members or shareholders	11a			, kg	2 3 3
b	Gross income from other sources (Do not net amounts due or paid to other sources against				2.5	r so .
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	1	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.			,,'		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					1
	Enter the amount of reserves the organization is required to maintain by the states in which the	, ,			<u> </u>	l
	organization is licensed to issue qualified health plans	13b		,		ĺ
	Catantha amazunt af maanusa an hand			1	ا . ا	ĺ
	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule.			14a 14b		Х

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI				$\mathbf{X}$
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	19			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		-	] .	
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisions.	ion			
	of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		_5_		X
6	Does the organization have members or stockholders?		6	<u> </u>	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the		_		v
_	governing body?		7a_		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year		7b	,	
8	by the following			~	
а	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			' <b>'</b>	
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	[	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliate	es,			
	and branches to ensure their operations are consistent with those of the organization?		10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3		1
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
	to conflicts?	ŀ	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this is done		12c	-	77
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent	n			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official		15a		Y
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
_	taxable entity during the year?		16a	~	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	ation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	available	for		
	public inspection. Indicate how you make these available. Check all that apply				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	t policy, an	d fina	ncıal	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	organizat	ion. 🕨	<b>-</b>	
	JOE KELLY - (515) 265-1497				
	1400 DEAN AVE, DES MOINES, IA 50316			000	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Check if Schedule O contains a response to any question in this Part VII

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0 in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A)	(B)	Γ		((	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average	ł		Pos	ition	1		Reportable	Reportable	Estimated
	hours per	(c	heck	all	that	app	ly)	compensation	compensation	amount of
	week	į					ļ	from	from related	other
	(describe hours for	or director				Eg.		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	Stee	ruste			ensa		(W·2/1099-MISC)	(***2 1033***********************************	organization
	organizations	al tru	onalt		ploye	8 8		(,		and related
	ın Schedule	ndividual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	O)	=	=	0	×	<b>±</b> 5	- E			
JOHN FAY										
PRESIDENT	1.00	X		X		_	╙	0.	0.	0.
JOANNE STEVENS								_	_	_
SECRETARY/TREASURER	1.00	X		X		<u> </u>	<u> </u>	0.	0.	0.
TROY HAMES	1						1		_	_
VICE PRESIDENT	1.00	X		X			<u> </u>	0.	0.	0.
KRISTI DYER							l			_
DIRECTOR	1.00	X						0.	0.	0.
DENNIS PAYNE										
DIRECTOR	1.00	X				ļ	L	0.	0.	0.
PATTI SHELTON										
DIRECTOR	1.00	X						0.	0.	0.
CAROL OLIVER										
DIRECTOR	1.00	X				╙	ļ	0.	0.	0.
ED KINKADE										
DIRECTOR	1.00	X						0.	0.	0.
CURT ERICKSON										
DIRECTOR	1.00	X	L.			<u> </u>	<u> </u>	0.	0.	0.
MIKE FLUMMERFELT	-					1				
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
HERMAN EMKES										
DIRECTOR	1.00	X				ļ		0.	0.	0.
KYLE TURNBULL		ļ				•	ĺ			
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
KEN BRENTON										
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
JERRY HORKHEIMER										
DIRECTOR	1.00	X				<u> </u>	<u> </u>	0.	0.	0.
BRANDON BEDFORD		ĺ	Ì							
DIRECTOR	1.00	X		L_		<u> </u>	<u> </u>	0.	0.	0.
JIM DYER										
DIRECTOR	1.00	X				$oxed{oxed}$	ļ	0.	0.	0.
CURT HAMES										
DIRECTOR	1.00	X		L				0.	0.	0.
032007 12-21-10										Form <b>990</b> (2010)

Form **990** (2010)

Part VII Section A. Officers, Directors, Trustees, Key												
. (A)	(B)			(0				(D)	(E)	(1	F)	
Name and title	Average			Posi				Reportable	Reportable	Estin	nated	
	hours per	(C	heck	allt	that	арр	ly)	compensation	compensation		unt of	
	week (describe	Ę						from	from related	· ·	her	
	hours for	die				, n		the organization	organizations (W-2/1099-MISC		nsation the	
	related	tee or	ıstee			l safe		(W-2/1099-MISC)	(***2/1099*101130		ızatıon	
	organizations	l trus	盲		oye e	E .		(** 25 1055 111100)		-	elated	
	ın Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			1	zations	
GEORGE JORDAN	,		<del>                                     </del>	_	_						<del></del>	
DIRECTOR	1.00	X				_	_	0.	(	).	0.	
DAVE RIPLEY	1 00						•		_		•	
DIRECTOR	1.00	X						0.		0.	0.	
***************************************		-										
			-									
		<u> </u>										
1b Sub-total	•							0.		0.	0.	
c Total from continuation sheets to Part VI	I, Section A							0.		).	0.	
d Total (add lines 1b and 1c)			1			• \		0.		/ •	0.	
2 Total number of individuals (including but n compensation from the organization	ot iimitea to tr	iose	iiste	eo ac	OOVE	e) wr	ЮТ	eceived more than \$100	,000 in reportable		0	
										Ye		
3 Did the organization list any former officer,		stee	, ke	em e	plo	yee,	or h	nighest compensated en	nployee on	2 "\	* 1,1\$	
line 1a? If "Yes," complete Schedule J for s										3	X	
4 For any individual listed on line 1a, is the su	-		-						the organization	*******	ii	
and related organizations greater than \$150			-							4	X	
5 Did any person listed on line 1a receive or a							elati	ed organization or indivi	dual for services		X	
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scriedui	e J i	OF SL	<u>ICH F</u>	oers	son				5		
Complete this table for your five highest co the organization NONE	mpensated inc	depe	ende	nt co	ontr	acto	ors t	hat received more than	\$100,000 of compe	nsation from	n	
(A)			·					(B)		(C)		
Name and business	address							Description of s	ervices	Compensa	ation	
							_					
	<del></del>						_					
	<del> </del>						_					
							_					
2 Total number of independent contractors (i	ncludina but n	ot lu	mite	d to	tho	se lis	sted	above) who received m	ore than			
\$100,000 in compensation from the organia						0						
<del></del>										Form <b>99</b>	0 (2010)	

146,903.

032009 12-21-10 Total, Add lines 11a-11d

Total revenue. See instructions.

120,648

26,255.

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must com				D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and			,	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			,	
	the U.S See Part IV, line 22				· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments,			,	
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	· · · · · · · · · · · · · · · · · · ·			, ,
5	Compensation of current officers, directors,				
	trustees, and key employees	·			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	122,663.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	12,694.			
10	Payroll taxes .	11,798.			
11	Fees for services (non-employees)				
а	Management				
b	Legal	6 040			
C	Accounting	6,940.			
d	Lobbying			245 4H , 2 24 1	<del></del>
e	Professional fundraising services. See Part IV, line 17		المراجع المراج	ARINA STENDE LAND THE	
f	Investment management fees				
g	Other				
12	Advertising and promotion	2,703.			
13	Office expenses Information technology	1,516.			
14	<u> </u>	1,510.			
15 16	Occupancy				
17	Travel	1,746.			
18	Payments of travel or entertainment expenses	27,200			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,656.			
20	Interest	569.			
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization	6,891.			
23	Insurance	3,669.			
24	Other expenses. Itemize expenses not covered				,
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)				
а	UTILITIES & TELEPHONE	5,785.			
b	REPAIRS & MAINTENANCE	5,728.			
С	PROPERTY TAX	3,278.			
d	POSTAGE & PRINTING	3,181.			
е	DUES	1,990.			
f	All other expenses	591.			
<u>25</u>	Total functional expenses. Add lines 1 through 24f	202,398.		<del>-</del>	
26	Joint costs. Check here If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	JUNUILLIUII				

Form 990 (2010) IOWA MANUFACTURED HOUSING ASSOCIATION 42-0792115 Page 11 Part X Balance Sheet (A) (B) Beginning of year End of year 37,249 Cash - non-interest-bearing 48,030. 1 1 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 12.811 16,722. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 12,309 Prepaid expenses and deferred charges 9 7,841 10a Land, buildings, and equipment cost or other 歌声 お事役員 basis. Complete Part VI of Schedule D 125,394 10a 94,089 38,197. 31,305. b Less: accumulated depreciation 10b 10c 612,747. 661,424. 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 713,313 765,322 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 11,124. Accounts payable and accrued expenses 17 17 18 Grants payable 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 322,354 Other liabilities. Complete Part X of Schedule D 370,393 333,478 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here and complete

> 765,322. Form **990** (2010)

386,714.

386,714.

0.

27

28

29

30

31

32

33

0.

0.

379,835.

379,835.

Net Assets or Fund Balances

27

28

29

30

31

32

33

lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117, check here 

X and

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

	990 (2010) IOWA MANUFACTURED HOUSING ASSOCIATION	42-	-0792115	Pa	ge <b>12</b>	
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				$\mathbf{X}$	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	140	5,9	03.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	202	$\frac{1}{2}, 3$	98.	
3	Revenue less expenses. Subtract line 2 from line 1	3	-5!	5,4	95.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	379	7,8	35.	
5	Other changes in net assets or fund balances (explain in Schedule O)	5	62	$\frac{1}{2}, 3$	74.	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	386	5,7	14.	
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990			, , , , , , , , , , , , , , , , , , ,	<u> </u>	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	0		生"	, r (, 9497)	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
þ	Were the organization's financial statements audited by an independent accountant?		2b		X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	l on a	्रात्मे । जुल्ला	Î 🙀		
	separate basis, consolidated basis, or both		19 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15		The state	
	Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	dit /			
	Act and OMB Circular A:133?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir	ed auc	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		Ĺ	

#### **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

See separate instructions.

OMR No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

Inspection

Schedule C (Form 990 or 990-EZ) 2010

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiz	ations: Complete Part III	<u> </u>		<i>.</i>
Nan	ne of organization			"	loyer identification number
_	IOWA_MZ	ANUFACTURED HOUS	NG ASSOCIAT	ION	42-0792115
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organ Political expenditures Volunteer hours	ization's direct and indirect politi	cal campaign activities	ın Part IV ►\$	
D	art I-B Complete if the or	ganization is exempt und	der section 501(c)	(2)	
	Enter the amount of any excise ta			((3). ▶\$	
	Enter the amount of any excise ta				
	If the organization incurred a secti	, ,		ΨΨ	Yes No
	Was a correction made?	on too tax, ald it iio t on the	, nor time your	•	Yes No
	o If "Yes," describe in Part IV	· ··	•		
	art I-C Complete if the or	ganization is exempt und	der section 501(c)	, except section 501(	c)(3).
1	Enter the amount directly expende	ed by the filing organization for se	ection 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing orga	inization's funds contributed to o	ther organizations for s	ection 527	
	exempt function activities			▶ \$	
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here	and on Form 1120-POL	<del>-,</del>	
	iıne 17b			▶\$	
4	Did the filing organization file Form	n 1120-POL for this year?			Yes No
5	Enter the names, addresses and emade payments For each organiz contributions received that were political action committee (PAC).	ation listed, enter the amount pa promptly and directly delivered to	id from the filing organi a separate political org	zation's funds. Also enter th ganization, such as a separa	ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	<b>(-)</b>	(4)	(6)	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization If none, enter -0

032041 02-02-11

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010 Part II-A   Complete if the org					792115 Page 2
(election under sec		empi under secud	ni soricijs, and n	ieu i oiiii 5706	
	ition belongs to an a	offiliated group			
	-	and "limited control" pr	ovisions anniv		
Limi	ts on Lobbying Exp			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinio	n (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to infl	=				
c Total lobbying expenditures (add I	ines 1a and 1b)				
d Other exempt purpose expenditur	es .				
e Total exempt purpose expenditure	s (add lines 1c and	1d)			
f Lobbying nontaxable amount. Ent	er the amount from	the following table in bot	th columns.		
If the amount on line 1e, column (a) of	or (b) is: The le	obbying nontaxable am	ount is:		الاحداد الإداد بيا ميطور من يادي الأداد الاستارك سرائيسي
Not over \$500,000	20%	of the amount on line 1e	·	2 1 - 144 - 151 13 13 17 15 16 5 4 - 144 - 151 13 15 15 16 16	R 4
Over \$500,000 but not over \$1,00	0,000 \$100,	000 plus 15% of the exc	cess over \$500,000	F. F. Wild of Water Her His	\$ 1.4 12 to print 1 2
Over \$1,000,000 but not over \$1,5	500,000 \$175,	000 plus 10% of the exc	cess over \$1,000,000.	事學學 斯姆克鲁特的	The state of the s
Over \$1,500,000 but not over \$17	,000,000 \$225,	000 plus 5% of the exce	ess over \$1,500,000	hand many of	المارك الأوامة وم قي را .
Over \$17,000,000	\$1,00	0,000	<u> </u>	大学	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				4-11 2 Pr	المُعْلِقِينَ اللَّهُ اللَّهِ
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero	o or less, enter -0-				<u> </u>
j If there is an amount other than ze	ro on either line 1h	or line 1i, did the organiz	ation file Form 4720	_	
reporting section 4911 tax for this	year?				Yes No
• • • • • • • • • • • • • • • • • • • •	ations that made a	veraging Period Under section 501(h) election the instructions for line	n do not have to com	-	
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2007	( <b>b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) Total
2a Lobbying nontaxable amount	The state of the s	ber a und setter - a set of beginning	d ingredicue ble gradice (basele, d	do lare la constitución de la co	
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	· · · · · · · · · · · · · · · · · · ·		1	a december a figure and a second	
Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990 EZ) 2010 IOWA MANUFACTURED HOUSING ASSOCIATION 42-0792115 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(	a)		(1	b)
		Yes	No	,	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or	-			ط د چ	
	local legislation, including any attempt to influence public opinion on a legislative matter	1.	, ,			
	or referendum, through the use of		1 41		* H* *	4
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				412-34	1
С	Media advertisements?		<u> </u>			
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<del></del>				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV				<del> </del>	
j	Total Add lines 1c through 1i	m of him to 1 the	Pa ja	19 19	1 a ac .0	75 -397 44 -0000 AFB
2a	3				Francisco Contract	List Card
b	If "Yes," enter the amount of any tax incurred under section 4912			4°. 14		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	19.19	Sand of E.	Private .	Marie C. In Marie	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					Francis Francisky Paj
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	tion 501(c)	(5), o	r se	ction	
	501(c)(6).					· · · · · · · · · · · · · · · · · · ·
				I	Yes	No
				_		l
1	Were substantially all (90% or more) dues received nondeductible by members?			1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  † III B Complete if the organization is exempt under section 501(c)(4), sect			2 3 r <b>se</b>	X	X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?			2 3 r <b>se</b>	X	
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  t.III:B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part Yes."	art III-A, li	ne 3 i	2 3 r se s ar	X	
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  t-III*B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part Yes."  Dues, assessments and similar amounts from members	art III-A, li	ne 3 i	2 3 r se s ar	X	
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  t-III;*B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Party es."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	art III-A, li	ne 3 i	2 3 r se s ar	X	
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  This B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	art III-A, li	ne 3 i	2 3 r se s ar	X	
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	art III-A, li	ne 3 i	2 3 r se s ar 1	X	
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  **Tomplete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	art III-A, li	ne 3 i	2 3 r se s ar 1 2a 2b 2c 3	X	
2 3 Par 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  Total  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lift notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses is a section of the expense of the amount on line 3.	art III-A, li	ne 3 i	2 3 r se s ar 1 2a 2b 2c	X	
2 3 Par 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lf notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the endoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	art III-A, li	ne 3 i	2 3 r se s ar 1 2a 2b 2c 3	X	
2 3 Par 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	art III-A, li	ne 3 i	2 3 r se s ar 1 22a 22b 22c 3	X	
2 3 Par 1 2 a b c 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	art III-A, li	ne 3 i	2 3 r se s ar 1 2a 2b 2c 3	X	
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### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public "

OMB No 1545-0047

Inspection

Name of the organization

IOWA MANUFACTURED HOUSING ASSOCIATION

**Employer identification number** 42-0792115

Pa		d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		· · · · · · · · · · · · · · · · · · ·
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	ed funds
Ŭ	are the organization's property, subject to the organization's	<del>-</del>	Yes No
6	Did the organization inform all grantees, donors, and donor ac		· <del></del>
	for charitable purposes and not for the benefit of the donor or		•
	impermissible private benefit?		Yes No
Pai	rt II 4 Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
	, ,		🗝 🖾 Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structu	ire
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		-
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the pen	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	inforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	the organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form	- <u></u>	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	·	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	•	<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		. \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

				ASSOCIATION				Page 2	
Pa	t III   Organizations Maintaining (	Collections of A	rt, Historical T	reasures, or Oth	er Simil	ar Asse	<b>ts</b> (contii	nued)	
3,	3 . Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
	(check all that apply)								
а	Public exhibition	d	I Loan or exc	change programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how they further	the organization's ex	empt purp	ose in Part	XIV		
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	asures, or other simila	ar assets				
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Pa	rt X, line 21							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other assets no	t included				
	on Form 990, Part X?						Yes	No No	
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table.						
							Amount		
С	Beginning balance	_			1c				
d	Additions during the year				1d	-			
е	Distributions during the year	_			1e				
f	Ending balance				1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Yes	No No	
b	If "Yes," explain the arrangement in Part XIV					•			
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	orm 990, Part IV, line	10				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back	
1a	Beginning of year balance				23 YET 1-4-4 BA	Property (A)	* \$ . T . B . 3		
b	Contributions				- :	. ,	1, \$	1 Lange	
С	Net investment earnings, gains, and losses					J. F ' , "	· 4 1 -	(-15, "#H9#C}	
d	Grants or scholarships						LE A		
е	Other expenditures for facilities				실수원생				
	and programs								
f	Administrative expenses					Him at	bir##	f-,2 114-5-41	
g	End of year balance						had the factor		
2	Provide the estimated percentage of the year end balance held as						THE CONTROL OF THE PARTY OF		
а	Board designated or quasi-endowment   %								
b	Permanent endowment ▶	%	<del>_</del>						
c									
	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administered for	the organiz	zation			
	by:						ſ.	Yes No	
	(i) unrelated organizations						3a(i)	100 110	
	··								
b	(ii) related organizations  If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  3b								
4									
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.									
	Description of investment	(a) Cost or o	<del> </del>	t or other (c) A	Accumulate	ed	(d) Book	value	
		basis (investr	1 , ,		preciation		(4) 500		
1a	Land	,	<del></del>	7,500.		-	7	,500.	
	Buildings		1	88,306.	29,1	11.		,195.	
	Leasehold improvements		<u> </u>			<del></del>		,	
	Equipment	-	1 7	79,588.	64,9	78.	1 4	,610.	
	Other		·	- /	<u> </u>	- 🗸		., 0 = 0 +	
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B). line	10(c) )			31	,305.	

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 IOWA MANUFACTURED HOUSING A				0792115 Page <b>4</b>
	Total revenue (Form 990, Part VIII, column (A), line 12)	- Tuditou : Illuli	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		<del></del>
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net) Add lines 4 through 8		9		<del></del>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		
	t XII   Reconciliation of Revenue per Audited Financial Stateme	nts With Revei	nue per H	eturn	
1	Total revenue, gains, and other support per audited financial statements			1	······
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		tel gen	
а	Net unrealized gains on investments	2a		. 3	
b	Donated services and use of facilities	2b		10 AST 1	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d		3 mg 1g	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		·	. £4, ×,	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 - 14	
b	Other (Describe in Part XIV)	4b		L40, "-	
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses per		m
1	Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · · · · ·	•	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			is were	
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		interest	
c	Other losses	2c		M. William	
-	Other (Describe in Part XIV.)	2d			
d	•			LHIERI	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3 ************************************	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		in lit	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl				
		· · ·	<del></del>		
			<u>.</u>		

Schedule D (Form 990) 2010

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

# 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-FZ.

2010
Open to Public

Department of the Treasury
Internal Revenue Service

Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ.

Name of the organization

Inspection
Employer identification number

	IOWA MANUF	ACTURED I	HOUSING A	SSOCIATION	<u> </u>	42-0792115
FORM 990, PART	III, LINE 41	O, OTHER	PROGRAM	SERVICES:		
MONITOR LAWS A	ND REGULATION	1S			****	
						WILL RECEIVE
FORM 990, PART		C, LINE	19: GOVE	RNING DOCU	JMENTS	AND FINANCIAL
STATEMENTS ARE	AVAILABLE TO	THE PUI	BLIC UPON	REQUEST		
FORM 990, PART	XI, LINE 5,	CHANGES	IN NET A	SSETS:	<u> </u>	
NET UNREALIZED	GAINS ON INV	ESTMENTS	5:			62,374.
		_			•	
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### Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, comple are filing for an Additional (Not Automatic) 3-Month Ex			form)	•	X		
Do not concept the concept of the co	omplete Part II unless you have already been granted a ic filing (e-file). You can electronically file Form 8868 if to file Form 990-T), or an additional (not automatic) 3-mo of file any of the forms listed in Part I or Part II with the ex	an automa you need a inth extens ception of	atic 3-month extension on a previously fi a 3-month automatic extension of time t sion of time You can electronically file F Form 8870, Information Return for Trar	led Fo o file ( orm 8 nsfers	6 months for a corpo 868 to request an ex Associated With Ce	xtension rtain		
Personal	Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions) For more details on to	he ele	ctronic filing of this f	orm,		
	urs gov/efile and click on e-file for Charities & Nonprofits							
Part I	Automatic 3-Month Extension of Time	e. Only su	ibmit onginal (no copies needed)					
Part I only All other o	ation required to file Form 990-T and requesting an autor y corporations (including 1120-C filers), partnerships, REM ome tax returns.				sion of time			
Type or	Name of exempt organization	Emp	loyer identification	number				
print 	IOWA MANUFACTURED HOUSING	ASSOC:	IATION	42-0792115				
File by the due date for filing your return See	Number, street, and room or surte no. If a P O box, see instructions.  1400 DEAN AVE							
instructions								
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			01		
Applicati	on	Return Code	Application Is For	Return Code				
Form 990		01	Form 990-T (corporation)		07			
Form 990	-BL	02	Form 1041-A		08			
Form 990	ŀEZ	03	Form 4720		09			
Form 990	-PF	04	Form 5227		10			
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11			
Form 990	-T (trust other than above)	06	Form 8870		12			
	JOE KELLY	•						
• The bo	ooks are in the care of > 1400 DEAN AVE	- DES	MOINES, IA 50316					
	none No. ► (515) 265-1497		FAX No ▶					
<ul><li>If the c</li><li>If this is</li></ul>	organization does not have an office or place of business is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If thi		r the whole group, c			
box ▶ │	If it is for part of the group, check this box				ers the extension is	for		
1 1 re	quest an automatic 3-month (6 months for a corporation	•	,					
		t organiza	tion return for the organization named a	bove.	The extension			
	or the organization's return for:							
<b>▶</b> [	x calendar year 2010 or							
	tax year beginning	, an	d ending		_·			
O 16 +1	on tax year antored in line 1 in far loss than 12 months. a	book roos	on Initial return Fina		_			
2 If th	ne tax year entered in line 1 is for less than 12 months, c	HECK TEAS	on miliai retum rina	ıl retur	rı			
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					0.		
	prefundable credits. See instructions.	3a	\$					
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					0.		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,							
	using EFTPS (Electronic Federal Tax Payment System).	-		_3c	\$	0.		
Caution.	If you are going to make an electronic fund withdrawal v	with this Fo	orm 8868, see Form 8453-EO and Form	8879-	EO for payment inst	ructions.		
IHA F	or Paperwork Reduction Act Notice, see Instructions	2			Form 8868 (Re	v 1.2011\		

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