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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)

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Inter	nal Reve	nue Service	The organization may have to	use a copy of this return to sa	atisfy state i	reporting requireme	nts	Inspection
A	For th	e 2011 calendar	year, or tax year beginning	and	ending			
В	Check if applicab	C Name of or	ganization			D Employer ider	ıtifica	tion number
Г	Addre	ss TOWA 1	MANUFACTURED HOUS	•				
7	Name					42.	-07	92115
Ε	Initial	Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone nu						<u> </u>
=	Termi	1	DEAN AVE	invoice to street address)	Tioonvouic		15)	265-1497
늗	—∣ated ∏Amen		n, state or country, and ZIP + 4				13)	180,955.
<u> </u>	lreturn ∏Applic		-			G Gross receipts \$		
_	nending					•	ım ☐Yes X No	
					c	for affiliates?		
			EAN AVENUE, DES M			H(b) Are all affiliates		
		empt status	501(c)(3) X 501(c) (6)		or 527	1 '		t. (see instructions)
		te: ► N/A	Corporation Trust A	ongointing Other N	1	H(c) Group exemp		
		organization: X	Corporation Trust As	ssociation Other >	L Year	of formation: 194	<u>/ M S</u>	State of legal domicile: IA
P	art I	Summary						
ė	1		he organization's mission or most	significant activities. ADVA	NCE MA	NUFACTURE) H	OUSING
ä		INDUSTRY						
eru		Check this box		ntinued its operations or dispo	sed of more	than 25% of its ne	t asse	
õ	3	Number of voting	members of the governing body	(Part VI, line 1a)		1	3	19
ಷ	4	Number of indep	endent voting members of the go	verning body (Part VI, line 1b)		Ļ	4	19
es	5	Total number of I	ndıvıduals employed ın calendar y	/ear 2011 (Part V, line 2a)		Ļ	5	2
Σ	6	Total number of v	volunteers (estimate if necessary)				6	0
Activities & Governance	7 a	Total unrelated b	usiness revenue from Part VIII, co	olumn (C), line 12		_	7a	0.
_	b	Net unrelated but	siness taxable incomé from Form	990-T, line 34			7b	0.
						Prior Year		Current Year
ō	8	Contributions and	d grants (Part VIII, line 1h)			(0.	0.
an a	9	Program service	revenue (Part VIII, line 2g)	_		165,859	5.	152,828.
Revenue	10	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					3.	15,907.
Щ	11	Other revenue (P.	art VIII, column (A), lines 5, 6d, 8c	-9c, 10c, and 11e)	<i>∽</i>	11,736	5.	12,050.
	12	Total revenue - ac	dd lines 8 through 11 (must equal	Part VIII, column (A), line 12)	<u></u>	146,903	3.	180,785.
			ar amounts paid (Part IX, column (() .	0.
	14	Benefits paid to d	or for members (Part IX, column (A		15:1	().	0.
Ś	1		ompensation, employee benefits (1	147,159	5.	145,389.
Expenses	16a		draising fees (Part IX, column (A), I	11 1) .	0.
ğ	ь		expenses (Part IX, column (D), lin	1	0.		\neg	
Ω	17		Part IX, column (A), lines 11a-11d	(-		55,243	3.	45,406.
			Add lines 13-17 (must equal Part I	·		202,398		190,795.
	19		penses Subtract line 18 from line			-55,495		-10,010.
Net Assets or Fund Balances					Be	ginning of Current Ye		End of Year
ages	20	Total assets (Part	t X. line 16)			765,322		756,422.
₩ ₩	21	Total liabilities (Pa				378,608		380,739.
ξĔ	22	•	d balances Subtract line 21 from	line 20		386,714		375,683.
	art II	Signature B					<u> </u>	<u> </u>
Und	er pena		clare that I have examined this return,	including accompanying schedule	s and statem	ents, and to the best of	f my k	nowledge and helief it is
			claration of reparer (other than office				,	nomougo una bonor, icio
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Her		N JOE KE	ELLY, EXECUTIVE D	TRECTOR				
Hei	C		t name and title	IRECTOR				
		Print/Type prepare	ar'e name	Preparer's signature /		Date Check		PTIN
Paid	4	TIMOTHY E		Preparer's signature		l rt	ــــا	'
				T.T.D	<u> </u>		nployed	P01259684
Preparer Firm's name DENMAN, & COMPANY, LLP Firm's EIN Use Only Firm's address 1601 22ND STREET, SUITE 400					<u> </u>	42-0794029		
USE	Only	i iiiii s auuress 🕨				Dhaaa	E1 1	E_ 22E 0400
) A A = :	. 4ln = 11	DC diagram Abre :	WEST DES MOINES,	IA 50266-1453			<u> </u>	5-225-8400
1			eturn with the preparer shown abo			···		X Yes No
1320	01 01-2	3-12 LHA For	Paperwork Reduction Act Notice	e, see the separate instructi	ons.			Form 990 (2011)



a	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
	Briefly describe the organization's mission:
	ADVANCE THE MANUFACTURED HOUSING INDUSTRY
	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? Yes $\overline{\mathbf{X}}$
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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
3	(Code) (Expenses \$ including grants of \$) (Revenue \$
	INDUSTRY GROUP STUDY AND RESOLUTION OF PROBLEMS OF THE INDUSTRY
	(Code) (Expense \$) (Decome \$
•	(Code) (Expenses \$
	(Code) (Expenses \$
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	PROMOTE FAIR TRADE AND COOPERATION AMONG INDUSTRY MEMBERS
	PROMOTE FAIR TRADE AND COOPERATION AMONG INDUSTRY MEMBERS (Code) (Expenses \$
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Form 990 (2011) 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			
_	public office? If "Yes," complete Schedule C, Part I	3_	 	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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	3,5	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7	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	,		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		A
0	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	-		
•	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 temporarily restricted endowments, permanent			 -
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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	;	יג	
	as applicable.	-AL -	ر م المساب]
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	3.0		
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			7.7
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	100		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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		X
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		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
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	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_0	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Form	990 (2011\
		. 01111	JJ (2011)

Form 990 (2011) IOWA MANUFACTURED
Part IV Checklist of Required Schedules (continued)

			1	
0.4	Did the surger leakes were the off 000 of seats and other seats.		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			v
22	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	<u></u>	X
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		r	17. 茅村
	instructions for applicable filing thresholds, conditions, and exceptions)		m ward 1	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_	١,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X 000 (2044)
		Form 9	33U (2011)

Form 990 (2011) IOWA MANUFACTURED HOUSING ASSOCIATION 42-0792115 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b 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 authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 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? 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. a 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

Form 990 (2011)

14a

X

b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

c Enter the amount of reserves on hand

organization is licensed to issue qualified health plans

13b

13c

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					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			
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			ŀ		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19			٠,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other		_	
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	-	5		<u>X</u> _
6	Did the organization have members or stockholders?		-	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a		_X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or			
	persons other than the governing body?			7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			ال سب
а	The governing body?			8a	X	
b	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 real	iched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		- #Cl4	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napter	s, aniliates,	405		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		6l Ala - 6a0	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y belo	re tiling the form?	11a	Δ	11 # 14 H
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	to con	fliato?	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			12b		
С	in Schedule O how this was done	es, u	scribe	100		
13	Did the organization have a written whistleblower policy?			12c 13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approve	al by in	denendent	14		,
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	acpendent	-		٠. ١
а	The organization's CEO, Executive Director, or top management official			15a		X
-	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)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	rith a			
	taxable entity during the year?		-	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its r	articipation			,
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic		•			
	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 990-1	「(Sect	on 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made 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 made its governing documents, co	onflict	of interest policy, an	d finar	ncial	
	statements available to the public during the tax year		-			
20	State the name, physical address, and telephone number of the person who possesses the books a $JOE\ KELLY\ -\ (515)\ 265-1497$	nd rec	ords of the organiza	tion:		
	1400 DEAN AVE, DES MOINES, IA 50316				-	
13200 01-23-	· · · · · · · · · · · · · · · · · · ·			Form	990	(2011)

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
- 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)	organization compe						(D)	(E)	(F)
Name and Title	Average	/do	Positi (do not check n			osition		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	\vdash	ceran	dad	irecto	or/trus	itee)	from	from related	other
	(describe hours for	liect		i		_		the	organizations (W-2/1099-MISC)	compensation from the
	related	96 07 0	ste			sated		organization (W-2/1099-MISC)	(VV-2/1099-IVIISC)	organization
	organizations	trast	al tru		yee	in per		(** 2. 1000 *********************************		and related
	ın Schedule	individual trustee or director	Institutional trustee	ie.	Key employee	Highest compensated employee	Jer			organizations
	O)	ğ	Inst	Officer	ş.	噩	Former	· · ·		
(1) TROY HAMES								_	_	
PRESIDENT	1.00	X		X		<u> </u>		0.	0.	0.
(2) PATTY PRATT								_	_	_
SECRETARY/TREASURER	1.00	Х		X		ļ		0.	0.	0.
(3) JOANNE STEVENS	1 00								_	_
VICE PRESIDENT	1.00	Х		X				0.	0.	0.
(4) CAROL OLIVER	1 200							_		
DIRECTOR	1.00	X				├		0.	0.	0.
(5) ED KINKADE	1 00							•		
DIRECTOR	1.00	Х				<u> </u>	H	0.	0.	0.
(6) CURT ERICKSON	1 00	v						0	•	
DIRECTOR	1.00	Х				 		0.	0.	0.
(7) MIKE FLUMMERFELT	1.00	х						0.	0.	•
DIRECTOR (8) HERMAN EMKES	1.00	Λ				┢		U•	U.	0.
DIRECTOR	1.00	x						0.	0.	0.
(9) KYLE TURNBULL	1.00	1								
DIRECTOR	1.00	х						0.	0.	0.
(10) KEN BRENTON						T				•
DIRECTOR	1.00	x						0.	0.	0.
(11) JERRY HORKHEIMER										
DIRECTOR	1.00	x						0.	0.	0.
(12) BRANDON BEDFORD				_						
DIRECTOR	1.00	X						0.	0.	0.
(13) KRISTI MOTTET	-									
DIRECTOR	1.00	X						0.	0.	0.
(14) JOHN FAY										
DIRECTOR	1.00	Х						0.	0.	0.
(15) MONTE BURRELL										
DIRECTOR	1.00	X						0.	0.	0.
(16) JIM DYER										
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
(17) CURT HAMES										,
DIRECTOR	1.00	X			L,			0.	0.	0.
132007 01-23-12										Form 990 (2011)

Form 990 (2011)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

180,785

132009 01-23-12

Total revenue. See instructions.

152,679

0.

28,106.

Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respon				
	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	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21			,	
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States 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)	113,386.			
7	Other salaries and wages	113,300.			
8	Pension plan accruals and contributions (include				
^	section 401(k) and section 403(b) employer contributions)	21,130.			
9 10	Other employee benefits Payroll taxes	10,873.	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
10	Fees for services (non-employees)	10,073.			
11	Management				
a	Legal	4,398.			
b	Accounting	2,060.			
d	Lobbying	354.			
u	Professional fundraising services. See Part IV, line 17	334.			
f	Investment management fees			-	
g	Other				
12	Advertising and promotion				
13	Office expenses	1,711.			
14	Information technology	1,079.			
15	Royalties				
16	Occupancy		"		
17	Travel	25.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,271.			
20	Interest	447.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,891.			
23	Insurance	3,763.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	UTILITIES & TELEPHONE	5,924.			
b	REPAIRS & MAINTENANCE	3,830.			
С	PROPERTY TAX	3,330.			
d	DUES	2,207.			
е	All other expenses	3,116.			
<u> 25_</u>	Total functional expenses. Add lines 1 through 24e	190,795.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2011)

(B)

44,975.

11,617.

2,983

24<u>,414</u>

672,433.

756,422

378,031.

380,739

27

28

29

30

31

32

33

34

0.

0.

386,714.

386,714.

765.322.

756,422. Form 990 (2011)

375,683.

375,6<u>83</u>.

0.

0.

27

28

29

30

31

32

33

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

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

Form	990 (2011) IOWA MANUFACTURED HOUSING ASSOCIATION	42-079	2115	Pac	ae 12		
	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part Xi		-		\mathbf{x}		
1	1 Total revenue (must equal Part VIII, column (A), line 12)						
2	Total expenses (must equal Part IX, column (A), line 25)	2	190	7, 7	<u>95.</u>		
3	Revenue less expenses Subtract line 2 from line 1	3	-10	0,0	10.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	386	7	14.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		, 0	21.		
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	375	6,6	83.		
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						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	Were the organization's financial statements audited by an independent accountant?		_2b		X		
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	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 Sche	dule O	1	•			
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					
	separate basis, consolidated basis, or both			٠.	1		
	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 Sin	gle Audıt					
	Act and OMB Circular A-133?		3a		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b				

Form **990** (2011)

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

Inspection Inspection

• 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 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
Nan	ne of organization			Emp	loyer identification number
	IOWA MA	NUFACTURED HOUS	ING 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	organization.
2	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect polit	ical campaign activities	_	.
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization ur	nder section 4955	▶ \$	ß
2	Enter the amount of any excise tax	incurred by organization mana	gers under section 495	5 ▶ \$	S
3	If the organization incurred a section	on 4955 tax, did it file Form 472	0 for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV		T		(.)(a)
		ganization is exempt un		·	
	Enter the amount directly expende	, ,	•	•	S
2	Enter the amount of the filing organ	nization's funds contributed to c	other organizations for s		
_	exempt function activities	- Add bass 4 and 0 Enter have	1100 DOI		
3	Total exempt function expenditure line 17b	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	-, ▶ d	•
4	Did the filing organization file Form	1120 DOL for this year?			Yes No
	Enter the names, addresses and e		FINI) of all section 527 n	olitical organizations to whi	
9	made payments. For each organiza	• •	•	-	
	contributions received that were pi	·	* *		· ·
	political action committee (PAC). If	additional space is needed, pro	ovide information in Par	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0:	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0
•					

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

132041 01-27-12

	ganization is e	FACTURED HOUS	SING ASSOCIA on 501(c)(3) and fi	ATION 42-0 iled Form 5768	792115 Page 2
(election under se	<u>``</u>				
		affiliated group (and list	in Part IV each affiliated	d group member's nam	e, address, EIN,
expenses, and sha	•	· ,			
B Check ▶ if the filing organiz	ation checked box	A and "limited control" pr	ovisions apply	т	
	iits on Lobbying E nditures" means a	xpenditures mounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public opini	on (grass roots lobbying)			
b Total lobbying expenditures to inf					
c Total lobbying expenditures (add	=	, (- ,,,			
d Other exempt purpose expenditu	•				
e Total exempt purpose expenditure		d 1d)			
f Lobbying nontaxable amount En	•	•	th columns		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Jacc 42 41 J ,	71,
If the amount on line 1e, column (a)		lobbying nontaxable an			
Not over \$500,000		of the amount on line 16		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4491
Over \$500,000 but not over \$1,00		0,000 plus 15% of the ex			4-11
Over \$1,000,000 but not over \$1,		5,000 plus 10% of the ex			4
Over \$1,500,000 but not over \$17		5,000 plus 5% of the exce	ess over \$1,500,000	* * * * * * * * * * * * * * * * * * * *	
Over \$17,000,000	\$1,0	000,000		1 4	
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
g Grassroots nontaxable amount (e					
h Subtract line 1g from line 1a If ze	•				
i Subtract line 1f from line 1c If zer	o or less, enter -0-				
j If there is an amount other than ze	ero on either line 1h	or line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	zations that made	Averaging Period Under a section 501(h) election the instructions for line	n do not have to com		
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount	1 how to 1 g 4 g 4 g 4 g 7 g 7 g 7 g 7 g 7 g 7 g 7		The state of the s	Red Branch Black	
(150% of line 2a, column(e))	मार्थाः ।	- 1		404	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount	* * * * * * * * * * * * * * * * * * *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	ام مورد و الراد و الرا مراد و الراد و	
(150% of line 2d, column (e))	87 \$ 384 . 184	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ا ود. ا و او ود او		
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description				(b)		
of th	e lobbying activity	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of.					
а	Volunteers?					
þ	3 ,					
С	Media advertisements?					
d						
e						
7	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?					
y h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
'' i	Other activities?			·		
i	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	, ,	, ,			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			-e -> -e ->	2.1	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ction		
	501(c)(6).					
			<u> </u>	Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	77	X	
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	X	Х	
1	answered "Yes." Dues, assessments and similar amounts from members		1	-		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political				
_	expenditure next year?		4			
5 Do:	Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information	· · · · · · · · · · · · · · · · · · ·	5			
						
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, F	-aπ II-A; and F	'aπ II·B, III	ne 1. Auso, c	omplete	
uns p	part for any additional information					
					-	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	IOWA MANUFACTURED HOUSING		42-0792115
Pai	rt I Organizations Maintaining Donor Advised Funds o	or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
	(a) D	onor 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 writing that the	ne assets held in donor advised fun	ds
	are the organization's property, subject to the organization's exclusive leg	al control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wri	ting that grant funds can be used o	
	for charitable purposes and not for the benefit of the donor or donor advis	sor, or for any other purpose confer	ring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the organization and	swered "Yes" to Form 990, Part IV,	
1	Purpose(s) of conservation easements held by the organization (check all		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historical	ly important land area
	Protection of natural habitat	Preservation of a certified hi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a co	onservation 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 structure includ-	ed ın (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06,	and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, exting	uished, or terminated by the organ	<u> </u>
	year▶	, ,	, and the second
4	Number of states where property subject to conservation easement is loc	ated >	
5	Does the organization have a written policy regarding the periodic monitor	ing, 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	g conservation easements during the	he year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor-	servation easements during the ye	ar > \$
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easement	s in its revenue and expense stater	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial	l statements that describes the org	ganization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections of Art, History	orical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV,	line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to	o report in its revenue statement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these ite	ms	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re	port in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or re-	esearch in furtherance of public sei	rvice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treasures, or other	ner sımılar assets for financıal gaın,	
	the following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		. • \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

		NUFACTURED	HOU	SING	ASSOCIA	TION	4	12-07	9211!	5 Page 2
Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical T	reasures,	or Othe	er Simila	r Asse	ts (conti	nued)
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	c	ı 📖	Loan or ex	change progr	ams				
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explai	n how t	hey further	the organizati	ion's exei	mpt purpo:	se in Par	t XIV.	
5										
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arrang					"Yes" to	Form 990.	Part IV.		
L	reported an amount on Form 990, Par			o o gamean			, 0,,,,,	,		
1a	· · · · · · · · · · · · · · · · · · ·		diary for	contributio	ons or other as	sets not	ıncluded			
	s the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included in Form 990, Part X?							□ No		
	f "Yes," explain the arrangement in Part XIV and complete the following table:									
_	Dagunga balanca								Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance . 1f									
	Did the organization include an amount on Fo	orm 990, Part X, line	21?						」Yes	L No
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" to F	1 "		0			
	1-	(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance									1 1
b	Contributions								,	in the
С	Net investment earnings, gains, and losses									1
d	Grants or scholarships									17 (14
е	Other expenditures for facilities								4,	
	and programs				1				ح! 4	. 's,
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1	a. column	(a)) held as					
a	Board designated or quasi-endowment	,	%	3,	(-,,, ::::::::::::::::::::::::::::::::::					
b	Permanent endowment \(\bigs\) %									
	Temporarily restricted endowment \(\bigs\) %									
Ŭ										
32	The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization									
Ja										
	Yes No									
	(i) unrelated organizations							3a(i)		
	related organizations								3a(ii)	
		to 3a(ii), are the related organizations listed as required on Schedule R? be in Part XIV the intended uses of the organization's endowment funds							3b	
4 Par									.	
Par					 -			. 1		
	Description of property	(a) Cost or o			st or other		cumulated	1	(d) Book	value
		basis (investr	nent)	Dasis	(other)	aep	preciation			
	Land	<u> </u>			7,500.		20 1=			7,500.
b	Buildings			ļ	38,306.		30,17	<u> </u>		<u>3,135.</u>
С	Leasehold improvements				70 - 5				-	
d	Equipment				<u>79,588.</u>		70,80	9.	8	<u>3,779.</u>
<u>e</u>	Other									
Total	Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line	10(c))				24	1,414.

Schedule D (Form 990) 2011

	t XI Reconciliation of Change in Net Assets from Form 990 to	7 (001100		CHICHE	•
	Total revenue (Form 990, Part VIII, column (A), line 12)	<u> </u>	1		
	Total expenses (Form 990, Part IX, column (A), line 25)		2		
	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
	Net unrealized gains (losses) on investments		4		
	Donated services and use of facilities		5		
	Investment expenses .		6		
	Prior period adjustments		7		
	Other (Describe in Part XIV)		8		
	Total adjustments (net) Add lines 4 through 8		9		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ai	nd 9	10		r
ar	XII Reconciliation of Revenue per Audited Financial Stateme		evenue per	Return	
	Total revenue, gains, and other support per audited financial statements			1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c		7	
	Other (Describe in Part XIV)	2d		7	
	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1			3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b	40		4c	
	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 Statem	ents With E	xpenses pe		n
_	Total expenses and losses per audited financial statements			1	<u> </u>
	Amounts included on line 1 but not on Form 990, Part IX, line 25			1,	
	Donated services and use of facilities	2a			
				- ·	
	Prior year adjustments Other losses	2b		-	
		2c			
	Other (Describe in Part XIV)	2d			
	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1			3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.4			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
	Other (Describe in Part XIV.)	_4b			
	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIV Supplemental Information			5	
np	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also com				
_					
_				-	

Schedule D (Form 990) 2011

19

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization	IOWA MANUFACTURED HOUSING ASSOCIATION	Employer identification number 42-0792115
FORM 990, PART	III, LINE 4D, OTHER PROGRAM SERVICES:	· · · · · · · · · · · · · · · · · · ·
MONITOR LAWS A	ND REGULATIONS	
	VI, SECTION B, LINE 11: MEMBERS OF THE BOA	ARD WILL RECEIVE
	VI, SECTION C, LINE 19: GOVERNING DOCUMENT	rs and financial
FORM 990, PART	XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED	LOSSES ON INVESTMENTS:	-1,021.