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# Form **990**.

Department of the Treasury

#### **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)

OMB No 1545-0047

older of nego notagent

Inter	nal Revenue	Service		► The	organization	may have to	use a copy of	this return to s	atisfy state rep	orting require	ements.	,		epedion	
A	For the 2	011 calend	dar year, or	tax y	ear begin	ning 7/	/01	, 20	11, and end	ling 6,	/30	_	, 20	12	
В	Check if app	olicable	С								D E	mployer l	dentificatio	n Number	
	Addres	s change	EAST CE					ST FUND			2	27-35	65865		
	Name o	change	700 161				L				E Te	elephone	number		
	Initial r	eturn	CEDAR R	MPI	DS, IA	52402					3	319-3	65-994	41	
	Termin	ated													
	Amend	ed return									G G	ross recei	pts \$	4,5	76.
	Applica	ition pending	F Name and	d addres	ss of principal	officer E	DWARD F	ABER		H(a) Is the	s a group	return fo	r affiliates?		X No
			205 W.	MAI	N STREE	ET WASF	IINGTON	IA 523	53	H(b) Are a				Yes	No
ī	Tax-exem	pt status	X 501(c)(3)		501(c) (	)∢ .	(insert no )	4947(a)(1)	or 527	T IT NO	, ацасп	a list (se	e instruction	15)	
J	Websit	e: ► IN	CLUDED			COG. OR	.G			H(c) Group	exempt	ion numb	er ►		
ĸ	Form of o	rganization	X Corporatio	on	Trust	Association	Other ►		L Year of Forn	nation 201	LO	M State	of legal do	micile IA	
Pe	rîl S	Summar							-						
	1 Brie	efly describ	be the organ	nızatı	on's missi	on or mos	t significan	activities	DEDICAT	ED TO	IMPR	OVING	QUAL	ITY OF	
ø								LE FUND							
anc	_HC	USING _	OPPORTU	NIT:	IES_WII	HIN BE	L_, MOTA	OL_ AWD	NES AND	WASHIN	GTON	COU	TIES.		
Governance			<del></del>						- <b></b> -						
õ								erations or di	sposed of r	nore than	25% o				_
8			ting membe		-		•	ne Ta) dy (Part VI, I	ine 1h)			_	3 4		8
Activities &				_		_	-	Part V, line		-			5		0
⋛			of voluntee					Ş PO FIX	ĨĔΠ	[			5		8
¥			ed business				1 1	line-12	<u></u>	, l		-	7 a		0.
	<b>b</b> Net	unrelated	l business ta	axabl	e income f	rom Form	990話, line	34	0	ξĮ			7 b		0.
						_	2-6	NOV 19	ZUIZ	51	Prior Y	'ear	(	<b>Current Year</b>	r
Φ.			and grants				W			Ś	32	3,873	3.	3,9	20.
ğ	<b>9</b> Pro	gram serv	nce revenue	: (Par	t VIII, line	2g)		CDEN	IIT						
Revenue	10 Inve	estment in	come (Part	VIII,	column (A	), lines 3,	4, and 783	GDEN	, 01			119	9.	6	556.
x	11 Oth	er revenue	e (Part VIII,	colu	mn (A), lın	es 5, 6d, 8	Bc, 9c, 10c,	and 11e)		-		2 000	<del>.   -</del>		7.6
_								, column (A)	, line 12)		32	3,992	<u> </u>		76.
			ımılar amou	-	· ·			-3)						28,3	<u> </u>
			to or for me						F 10)	-					
စ္			-					lumn (A), lır	ies 5-10)					<del></del>	
Expenses	<b>16a</b> Pro	tessional t	fundraising	tees	(Part IX, c	olumn (A)	, line 11e)								
ă.	<b>b</b> Tot	al fundrais	sing expense	es (P	art IX, colu	ımn (D), lı	.ne 25) 🟲 _			_					
ш		-	es (Part IX,									5,930		26,6	
						-		(A), line 25)	)			5,930		54,9	
	19 Rev	enue less	expenses	Subtr	ract line 18	from line	. 12				31	8,062		-50,3	
800										Beginn		urrent Ye		End of Year	
peet			(Part X, line							L	31	8,614		269,7	
rd B	<b>21</b> Total	al liabilitie:	s (Part X, Iı	ne 26	5)							552	2.	2,0	)67 <u>.</u>
žį			fund baland	ces S	Subtract lin	ie 21 from	line 20				31	8,062	2.	267,6	i78.
Pe	rd (1)	Signatur	<u>e Block</u>						_						
Und	er penalties o	of perjury, I de	eclare that I have	ve exar	nined this retu	rn, including	accompanying	schedules and s	tatements, and	to the best of	my know	vledge and	d belief, it is	s true, correct, a	nd
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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

TEEA0113L 08/18/11

Form <b>990</b> (2011)	DWA HOUSING TRUST FUND	27-3565865	Page 2
Part III Statement of Program S	ervice Accomplishments		
Check if Schedule O contains	a response to any question in this Part III		
1 Briefly describe the organization's mis	ssion		
DEDICATED TO IMPROVING	QUALITY_OF_LIFE_BY_OFFERING_INNOVA	TIVE AND FLEXIBLE FUND	ING IN
ORDER TO EXPAND AFFORDA	BLE HOUSING OPPORTUNITIES WITHIN B	ENTON, IOWA, JONES AND	
WASHINGTON_COUNTIES.			<b>-</b>
			<b>-</b>
2 Did the organization undertake any si	gnificant program services during the year which were	not listed on the prior	
Form 990 or 990-EZ?		·	X No
If 'Yes,' describe these new services of	on Schedule O		
	g, or make significant changes in how it conducts, any	program services? Yes	X No
If 'Yes,' describe these changes on So		Fredram controc	
•	service accomplishments for each of its three largest p	onram services, as measured by ex	nancas
Section 501(c)(3) and 501(c)(4) organ	iizations and section 4947(a)(1) trusts are required to r	eport the amount of grants and allog	cations to
others, the total expenses, and reven	ue, if any, for each program service reported		
		301.) (Revenue \$	)
AFFORDABLE HOUSING PROG	RAM - GRANT FUNDS AND CONTRIBUTION	S WERE RECEIVED TO MAKE	3
GRANTS TO ORGANIZATIONS	AND INDIVIDUALS FOR REHABILITATIO	N OF AFFORDABLE HOUSING	AND
OTHER ASSISTANCE RELATI	NG TO AFFORDABLE HOUSING FOR LOW A	ND VERY-LOW INCOME	<b>-</b>
	FIT ORGANIZATION AND 3 INDIVIDUALS	<del></del>	FUNDS
DURING THE YEAR ENDED J			
			<del>-</del>
			<del></del>
4b (Code) (Expenses \$	including grants of \$	) (Revenue \$	)
	~		
	<del></del>		
			<b>-</b>
4c (Code) (Expenses \$	including grants of \$	) (Revenue \$	)
		<b></b>	
		<b></b>	
			<b></b>
	<b></b>	·	
		·	
Ad Other program services (Describe in	Schedule O )		
4d Other program services (Describe in S (Expenses \$			
4e Total program service expenses ►		evenue \$ )	
BAA	28, 301.	Form	990 (2011)
<del></del>	TEEA0102L 07/05/11	i Offit i	(

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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	Х	_
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 for which 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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		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 as applicable	10 m		2
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		X
ı	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	11 b		X
•	c 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	11 c		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	11 d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
1	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	11 f	Х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	<u>X</u> _	
	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		<u>X</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		_ <u>X</u> _
		14a		X
1	b 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_		Х
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		Х
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 (see instructions)	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		Х
	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
	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u> X</u>
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 X Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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 c 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 25 a 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 X 25 a 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 25b X Schedule L. Part I 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 Х 26 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 Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV Х 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV X 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 Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 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 Х 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 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 a **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 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 X 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 Х

BAA

Form 990 (2011)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

Note. All Form 990 filers are required to complete Schedule O

# Form 990 (2011) EAST CENTRAL IOWA HOUSING TRUST FUND Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

<u>.</u>	Check if Schedule O contains a response to any question in this Part V				
			-	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendor	rs and reportable gaming			
	(gambling) winnings to prize winners?	1	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	2-	0		
L	ments, filed for the calendar year ending with or within the year covered by this return		_		
D	If at least one is reported on line 2a, did the organization file all required federal employment		2b		_
3 -	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in Did the organization have unrelated business gross income of \$1,000 or more during the year	<u>-</u>	3a		Х
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	11 ·	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature	or other outhority over a	-55		
4 a	financial account in a foreign country (such as a bank account, securities account, or other f	inancial account)?	4a		X
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 F	inancial Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year <sup>?</sup>	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		<u>X</u>
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	ind did the organization	_		.,
			6a	-	<u>X</u>
b	If 'Yes,' did the organization include with every solicitation an express statement that such condition tax deductible?	ontributions or gifts were	6ь		
	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	partly for goods and			
_	services provided to the payor?	arty for goods and	7a		<u>X</u>
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	hich it was required to file	7c		х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization	on file Form 8899			
	as required?		7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	na organizations. Did the			
0	supporting organization, or a donor advised fund maintained by a sponsoring organization, h	nave excess business			
_	holdings at any time during the year?		8		
	Sponsoring organizations maintaining donor advised funds.		0.0		
	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?		9a 9b		
	Section 501(c)(7) organizations. Enter		90		
	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter	·			
а	Gross income from members or shareholders	11 a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
12.	against amounts due or received from them ).	11b	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		الاجدد.
_	Note. See the instructions for additional information the organization must report on Schedul	le O			
b	Enter the amount of reserves the organization is required to maintain by the states in	1			
	which the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			اب
	Did the organization receive any payments for indoor tanning services during the tax year?	0.1	14a		<u>X</u>
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule Q	14b		

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
Se	ction A. Governing Body and Management			•
			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
	<b>b</b> Enter the number of voting members included in line 1a, above, who are independent 1b 8			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	•	X
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b	36774	X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  a The governing body?			
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8a 8b	X	
		80		
	Is there any officer, director or 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 ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Х
<i>J</i> C	CHOI B. F Oncies (This Section B requests information about policies not required by the internal Nevertue Code.)	$\overline{}$	Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10a	163	X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10Ь		
11	a Has the organization provided a complete 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 SEE SCHEDULE O		TEXAS	4.0
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
	<b>b</b> Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  SEE SCHEDULE Q	12c	Х	
	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	20 mara 1	X
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15a		X_
	b Other officers of key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		0.00	
	a 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,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation 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		<b>3</b>
Se	ction 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) a inspection. Indicate how you make these available. Check all that apply	vaılabl	e for	public
	Own website Another's website X Upon request			
19	the public during the tax year SEE SCHEDULE O			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the org	anızatı	on	

## 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

#### Section A. 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

X Check this box if neither the organization	n nor any	relate	d or	gan	ızat	ion co	mpe	ensated any current o	fficer, director, or trus	stee
(A) Name and title	(B) Average hours per week	l unles	s per	Pos ck mo	s boti	nan one h an offi rustee)	box, cer	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) EDWARD RABER CHAIRMAN	5	х		Х				0.	0.	0.
(2) PATRICK CALLAHAN VICE-CHAIR	5	x		X				0.	0.	0.
(3) SANDRA CRONBAUGH SECRETARY	5	Х		Х				0.	0.	0.
(4) KATHLEEN VAN STEENHUYSE TREASURER	5	х		х		,		0.	0.	0.
DAVEVERMEDAHL DIRECTOR	3	Х						0.	0.	0.
	3	Х						0.	0.	0.
(7)_ ADAM_MANGOLD DIRECTOR	3	X						0.	0.	0.
(8)_ LEO_COOK DIRECTOR	3	Х						0.	0.	0.
(9) TRACEY ACHENBACH EXECUTIVE DIR.	12			Х				0.	0.	0.
(10)										
(11)										•
(12)										_
(13)						-			, , , , , , ,	
(14)										·- ·-

Pant VIII Section A. Officers, Directors, Trust	ees, i	vey		ibic	ye	es, a	anc	nignest con	pensated Emp	oyees (cont)
(A) Name and title	(B) Average hours per	box.	officer and a director/tru					(D)  Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)				_						
<u>(18)</u>	<u>                                      </u>									
<u>(19)</u>										
<u>(20)</u>									***	
<u>(21)</u>										
(22)										
(23)				_	-					
(24)										
<u>(25)</u>										
1 b Sub-total							_	0.	0.	
c Total from continuation sheets to Part VII, Section	Δ							0.	0.	0.
d Total (add lines 1b and 1c)							▶	0.	0.	0.
2 Total number of individuals (including but not limiter from the organization ► 0	d to the	se I	stec	d ab	ove)	who	re			
3 Did the organization list any former officer, director	or truc	too	kov	om:	200			about company	ad amplayes	Yes No
on line 1a? If 'Yes,' complete Schedule J for such ii	ndıvıdu	al	-	·	-				. ,	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the such individual	han \$1	50,00	30°	If 'Y	es'	comp	olet	e Schedule J for	irom	4 X
5 Did any person listed on line 1a receive or accrue c for services rendered to the organization? If 'Yes,' or	ompen comple	satio te Sc	n fro	om a lule	any i <i>J foi</i>	unre ' <i>suc</i>	late h p	d organization or erson	ındıvıdual	5 X
Section B. Independent Contractors			.11							<del></del>
Complete this table for your five highest compensation from the organization Report compe	ed indensation	for	the d	cale	ndar	yea	tna <u>ir er</u>	nding with or with	n the organization's	
Name and business addres	s							Description of		(C) Compensation
					•					
							_	<u></u> .		
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımı	ited	to th	nose	liste	ed a	bove) who receive	ed more than	

Га	t viii Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9.0	1a Federated campaigns 1a				
AN	<b>b</b> Membership dues 1b				
유립	c Fundraising events.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	d Related organizations 1d				
5,₹	e Government grants (contributions)				
SIS					
토튀	f All other contributions, gifts, grants, and similar amounts not included above 1f 3, 920.				
S S	g Noncash contributions included in lns 1a-1f* \$	2 000			
-	h Total. Add lines 1a-1f	3,920.			
2	Business Code				
2	2a				
ж Ж	b				
	c				
SE	d				<u> </u>
AA.	e				
PROGRAM SERVICE REVENUE	f All other program service revenue				
<u> </u>	g Total. Add lines 2a-2f ▶				
	3 Investment income (including dividends, interest and	65.6			65.6
	other similar amounts)	656.			656.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
- 1	6a Gross rents.				
	<b>b</b> Less rental expenses				
	c Rental income or (loss)		·		ļ
	d Net rental income or (loss) ▶				
]	7a Gross amount from sales of (i) Securities (ii) Other		•		
- !	assets other than inventory				
1	<b>b</b> Less: cost or other basis				
	and sales expenses	•			
	c Gain or (loss)				
	d Net gain or (loss) ►				
ä	8a Gross income from fundraising events (not including \$				
EN	of contributions reported on line 1c)		1		
OTHER REVEN	See Part IV, line 18				
벌	<b>b</b> Less direct expenses <b>b</b>				
6	c Net income or (loss) from fundraising events	·			
	9a Gross income from gaming activities See Part IV, line 19		į.		
	<b>b</b> Less direct expenses <b>b</b>				
i	c Net income or (loss) from gaming activities	<del></del>			
- 1	10a Gross sales of inventory, less returns and allowances				
	<b>b</b> Less cost of goods sold <b>b</b>			•	
	c Net income or (loss) from sales of inventory	· · · · · · · · · · · · · · · · · · ·			
	Miscellaneous Revenue Business Code				
	11a				
	b			_	
	c	***			
	d All other revenue				
	e Total. Add lines 11a-11d				1
	12 Total revenue. See instructions	4,576.	0.	0.	656.
		1,0.0.		<u></u>	

#### 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 re	esponse to any question			
Do i 6b,	not include amounts reported on lines 7b, 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 United States. See Part IV, line 21	28,301.	28,301.		
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	ı Management				
	Legal				
	: Accounting	2,300.		2,300.	· · · ·
	Lobbying	750.		750.	
	Professional fundraising services See Part IV, line 17			,,,,	
	Investment management fees				
	Other	23,609.		23,609.	
_	Advertising and promotion	23,003.		23,003.	
13	T T				
14	Information technology				
15	Royalties				<del> </del>
16	Occupancy			<del></del>	
17	Travel				<del> </del>
	Payments of travel or entertainment				
10	expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings Interest				
21	_				
22	Depreciation, depletion, and amortization				
	Insurance				<del></del>
	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 O.)				
a					
t				_	
(	:				
c					
•	All other expenses				
25	Total functional expenses Add lines 1 through 24e	54,960.	28,301.	26,659.	0.
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)				

Pant X Balance Sheet

(A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 253,839 2 269,745 2 Savings and temporary cash investments 64,775. 3 Pledges and grants receivable, net 3 4 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 6 organizations (see instructions) Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10 a **b** Less accumulated depreciation. 10b 10 c 11 11 Investments - publicly traded securities. 12 12 Investments – other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 318,614. 269,745. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 552. 17 2,067. 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 22 of Schedule L Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 25 552. 2,067. 26 26 Total liabilities. Add lines 17 through 25. X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 189. -19,884. 27 Unrestricted net assets 27 317,873. 28 28 287,562. Temporarily restricted net assets Permanently restricted net assets 29 Q R Organizations that do not follow SFAS 117, check here ► and complete FUZD lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 318,062. 33 267,678. 33 Total net assets or fund balances

BAA

34

Total liabilities and net assets/fund balances

269,745. Form **990** (2011)

318,614.

34

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

Form 990 (2011)

3a

3b

Х

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

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

EAS	ST	CENTR	AL :	I AWOI	HOUSI	NG TRU	JST	FUND						27-3	65865	5		
Pa	£1	Reas	on f	or Pub	lic Cha	arity St	atus	(All organ	nizations	must o	comple	te this	part.)	See ii	nstruct	ions.		
The	orga	nızatıor	ıs no	t a priva	ate found	dation be	ecaus	eitis (For	lines 1 thro	ugh 11,	check o	nly one	box )					
1		A chur	ch, co	nventio	n of chu	rches or	assoc	ciation of ch	urches des	cribed in	section	1 1 <b>70(</b> b)	(1)(A)(i)					
2		A scho	ol des	scribed i	n <b>sectio</b>	n 170(b)	(1)(A)	(ii). (Attach	Schedule	E)								
3		A hosp	utal o	r a coop	erative h	nospital s	servic	e organızatı	on describe	ed in <b>sec</b>	ction 17	0(b)(1)(A	۱)(iii).					
4	Ĺ	A med	ical re	search	organıza	ation ope	rated	ın conjunct	ion with a h	nospital d	describe	d in <b>sec</b>	tion 17	0(b)(1)( <i>A</i>	<b>Xiii)</b> Er	nter the ho	spital's	,
_	_			and state		· <del></del> – .– -				. – – – .								
5	L	170(b)	(1)(A)	( <b>iv)</b> . (Co	omplete	Part II)		f a college o	•			-	•	nmenta	unit de:	scribed in	section	n
6 7	ļ.,							overnmental substantial p								بالطبيم لمسم		اممطان
•	X	ın <b>sec</b> i	ion 1	70(b)(1)(	(A)(vi). (	(Complet	te Par	t II.)				vernme	ntai uni	t or iron	i trie ger	ierai public	c descr	ibea
8	누	1						/0(b)(1)(A)(v			•					_		
9		from a	ctivitienent i	es relate	ed to its of	exempt felated but	functió sines	) more than ons – subje s taxable ind mplete Part	ct to certaii come (less	n except	ions, an	d (2) no	more t	han 33-	1/3% of	its support	from	gross
10		An org	anıza	tion orga	anızed a	nd opera	ited e	xclusively to	test for pu	ublic safe	ety See	section	1 509(a)	(4).				
11		An org more p describ	anıza ublici es th	tion orga y suppo e type o	anized a rted orga if suppor	nd opera anization ting orga	ated e is des anizat	xclusively for scribed in se ion and con	or the bene ection 509(a nplete lines	fit of, to a)(1) or s alle thro	perform section 5 ough 11	the fun 509(a)(2 h	ctions o ) See <b>s</b>	of, or ca section s	ry out th <b>509(a)(3)</b>	ne purpose . Check th	s of or ne box	ne or that
			уре I			Туре			Type II						d 🗌	Type III -		
e	: [	By che other t	han fo	oundatio	k, I certif n manaç	y that th gers and	e orga other	anization is than one o	not control r more pub	led direction	ctly or in ported o	directly organiza	by one tions de	or more escribed	disquali in section	ified person on 509(a)(	ns I) or	
f			organi	zation re	eceived a	a written	deter	rmination fro	om the IRS	that is a	а Туре І	Type II	or Type	e III sup	porting (	organizatio	n,	
ç	1	Since	Augus	t 17, 20	06, has	the orga	nızatı	on accepted	l any gift o	r contrib	oution fro	om any	of the fo	ollowing	persons	7		
			J	·		J		•	, ,			•		J	•		Yes	No
		(i) A	pers elow,	on who the gov	directly of erning b	or indired ody of th	ctly co	ontrols, eithe oported orga	er alone or anızatıon?	togethe	r with pe	ersons d	escribe	d in (ii)	and (III)	11 g (i)		
		(ii) A	famı	ly memb	per of a	person d	lescrib	oed in (i) ab	ove?							11 g (ii)		
		(iii) A	35%	controll	ed entity	y of a pe	rson (	described in	(ı) or (ıı) a	bove?						11 g (iii)		
<u></u>	1	Provide	e the	following	ginform	ation abo	out the	e supported	organizatio	on(s)							_	
		(i) Name org	of supp anizatio			(ii) EIN		(III) Type of (described of above or I (see instr	on lines 1-9 RC section	organiz column ( your go	Is the zation in i) listed in overning ment?	the organ	ou notify szation in n (i) of upport?	organiz colur	s the ation in in (i) id in the	(vii) Amou	nt of sup	port
										Yes	No	Yes	No	Yes	No			
(A)																		
		-														·		
(B)													_					
(C)						_												
(D)									_									
(E)	-																	
Tata																		

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

Schedule A (Form 990 or 990-EZ) 2011

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support									
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')		.,,		323,873.	3,920.	327,793.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	0.	0.	0.	323,873.	3,920.	327,793.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.			
6	Public support. Subtract line 5 from line 4					;	327,793.			
Sec	tion B. Total Support									
	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	<b>(f)</b> Total			
7	Amounts from line 4	0.	0.	0.	323,873.	3,920.	327,793.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				119.	656.	775.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.			
11	Total support. Add lines 7 through 10						328,568.			
12	Gross receipts from related activ	rities, etc (see insl	tructions)			12	0.			
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(	3) <b>►</b> X			
	tion C. Computation of Pul									
	Public support percentage for 20			e 11, column (f))		14				
15	Public support percentage from 2	2010 Schedule A,	Part II, line 14			15	%_			
16 a	a 33-1/3% support test — 2011. If the and stop here. The organization				d the line 14 is 33	3-1/3% or more, o	heck this box			
t	33-1/3% support test – 2010. If to and stop here. The organization	the organization d qualifies as a pub	id not check a box licly supported or	k on line 13 or 16 ganization	a, and line 15 is 3	33-1/3% or more,	check this box			
17 a	17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
t	<b>b 10%-facts-and-circumstances test</b> — <b>2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
	Private foundation. If the organization	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,						
BAA					Sch	nedule A (Form 99	90 or 990-EZ) 2011			

#### Part Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II )

Sec	tion A. Public Support							
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(n) T	otal
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants ')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	: Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)							
<u>Sec</u>	tion B. Total Support				1			
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) T	otal
	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable							
	income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add Ins 9, 10c, 11, and 12)							
14	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 50	)1(c)(3)	▶ □
Sec	tion C. Computation of Pu		ercentage					
	Public support percentage for 20			ne 13, column (f))	1		15	%
	Public support percentage from	•					16	%
	tion D. Computation of Inv			9				
17	Investment income percentage f	or <b>2011</b> (line 10c,	column (f) divide	d by line 13, colu	ımn (f))		17	8
18	Investment income percentage f	rom <b>2010</b> Schedu	le A, Part III, line	17			18	8
19 a	33-1/3% support tests — 2011. If is not more than 33-1/3%, check	f the organization t this box and <b>sto</b>	did not check the phere. The organ	box on line 14, a nization qualifies a	and line 15 is mor as a publicly supp	e than 33-1/3 orted organiz	3%, and line 17 zation	▶ 🔲
ь	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%	6, check this box a	and <b>stop here.</b> Th	e organization qu	ialifies as a public	ly supported	organization	nd ►
_20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Schedule A	(Form 990 c	or 990-EZ)	2011 E	AST C	ENTRAL	IOWA	HOUSING	TRUST	FUND	27-356	5865	Page 4
Part IV	Suppleme Part II, III (See Insti	ental Info ne 17a or ructions).	rmatior 17b; ar	i. Com id Part	plete th	ıs part 12. Als	o provide o comple	the exp te this p	planations part for any	required by I	Part II, line nformation.	10;
	<u> </u>								_		-	
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#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

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

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public

Inspection

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

		i,' to Form 990, Part IV, line 5 (Proxy Tax) organizations Complete Part III	or Form 990-EZ, Part	V, line 35a (Proxy Tax),	, then		
	of organization	riganizations Complete Fait III		Employer identific	ation number		
	ST CENTRAL IOWA HOU	ISTMC TRIIST FIIND		27-356586			
		rganization is exempt under section	on 501(c) or is a				
		organization's direct and indirect political of			Lucioni		
2	Political expenditures	organization o an oct and mandet political t	ampaign additios in	► S			
_	Volunteer hours			*			
		rganization is exempt under section	on 501(c)(3).				
		cise tax incurred by the organization under		►ŝ	0.		
	•	cise tax incurred by organization managers		► s			
	_	a section 4955 tax, did it file Form 4720 for		•	Yes No		
	Was a correction made?		,		Yes No		
t	If 'Yes,' describe in Part IV						
Pai	rt I-C Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	,		
	<u> </u>	pended by the filing organization for section					
2	•	g organization's funds contributed to other	·				
3	Total exempt function expen line 17b	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	<b>.</b> \$			
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No		
5							
	(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-		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)	<del></del>						

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

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 201				27-3565	
Part II-A Complete if section 501(		n is exempt under se	ction 501(c)(3) and	d filed Form 5768 (el	ection under
A Check ► ☐ If the filir	ng organization belo	ongs to an affiliated group	•	ch affiliated group membe	r's name,
		d share of excess lobbying cked box A and 'limited co	•		
	Limits on Lobby	ing Expenditures ns amounts paid or incur		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditi	ures to influence pu	blic opinion (grass roots lo	obbying).		
<b>b</b> Total lobbying expendition	ures to influence a l	egislative body (direct lobl	bying).		
c Total lobbying expenditi	•	nd 1b)			
<b>d</b> Other exempt purpose e	•				
<b>e</b> Total exempt purpose e	expenditures (add lir	nes 1c and 1d)			
f Lobbying nontaxable an both columns	nount. Enter the am	ount from the following ta	ble in		
If the amount on line 1e, coli	umn (a) or (b) is	The lobbying nontaxable a	amount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$	· · ·	\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$ Over \$17,000,000		\$225,000 plus 5% of the excess (\$1,000,000.	over \$1,500,000.		
g Grassroots nontaxable a		* //			
h Subtract line 1g from lin	·-				
i Subtract line 1f from line		•			
j If there is an amount of	her than zero on en	ther line 1h or line 1i, did t	he organization file Fo	rm 4720 reporting	☐Yes ☐No
section 4911 tax for this		4-Year Averaging Period L	Index Section E01/h)		Tes No
(Some	e organizations tha	t made a section 501(h) el s below. See the instruction	ection do not have to	complete all of the five jh 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> Total
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	990 or 990-EZ) 2011

, on our or (1 or 1		
Part#U-B	Complete if the organization is exempt under section 501(c)(3) and has N	IOT 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		(a)	(b)
of the lobbying activity	Yes	No	Amount
SEE PART IV	1.		
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	,		
a Volunteers?		Х	,
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		Х	
d Mailings to members, legislators, or the public?		Х	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	Х		750.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i Other activities?		X	
j Total. Add lines 1c through 1i			750.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	
Partill A Complete if the organization is exempt under section 501(c)(4), section section 501(c)(6).	501(c)(5	), or	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	F01/-\/F	<b>.</b>	3
हिबाँसं‼ां∄िखें Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'N answered 'Yes.'	lo' OR (b	), or s ) Part	III-A, line 3, is
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).	tical		
a Current year		2a	
<b>b</b> Carryover from last year		2 b	
c 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 does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information			
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Also, complete this part for any additional information			
PART_II-BDESCRIPTION_OF_LOBBYING_ACTIVITY			
THE_ORGANIZATION_REIMBURSED_POLK_COUNTY_HOUSING_TRUST_FUND_FOR	R_ITS_S	HARE	OF_LOBBYING
FOR_THE _2011_INTERIM,_ 2012_REGULAR_AND_ 2012_INTERIM_SESSIONS_C	OF _THE _	IOWA	<b>-</b>
LEGISLATURE_LOBBYING_ACTIVITY_IS_PERFORMED_BY_THE_FIRM_OF_AVE	ENSON, _	OAKLI	EY_& COPE
LOBBYING ACTIVITY RELATES TO AFFORDABLE HOUSING ISSUES FOR LOW	W_AND_V	ERY-J	70M

Schedule C (Form 990 or 990-EZ) 2011 EAST CENTRAL IOWA HOUSING TRUST FUND	27-3565865	Page 4
Pant (V Supplemental Information (continued)	<del></del>	
PART II-B - DESCRIPTION OF LOBBYING ACTIVITY (CONTINUED)		
INDIVIDUALS.		
		<del>-</del> -
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Schedule C (Form 990 or 990-EZ) 2011 EAST CENTRAL IOWA HOUSING TRUST FUND  Part IV Supplemental Information (continued)	27-3565865	Page 4
Part M Supplemental Information (continued)		
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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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

**2011**Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

EAS	ST CENTRAL IOWA HOUSING TRUST	FUND	27-3565865
	RI Organizations Maintaining Dono	r Advised Funds or Other Simi	
	the organization answered 'Yes' t	to Form 990, Part IV, line 6.	
		(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 do funds are the organization's property, subject		
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or donor advis	grant funds can be or, or for any other Yes No
Par	Conservation Easements. Comp	lete if the organization answere	d 'Yes' to Form 990. Part IV. line 7.
1			·
-	Preservation of land for public use (e.g.,	´	ervation of an historically important land area
	Protection of natural habitat	· H	ervation of a certified historic structure
	Preservation of open space		
2		ion held a qualified conservation contri	bution in the form of a conservation easement on the
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
t	Total acreage restricted by conservation ease	ments	2b
c	Number of conservation easements on a certi	ified historic structure included in (a)	2c
C	Number of conservation easements included structure listed in the National Register	ın (c) acquired after 8/17/06, and not o	n a historic 2d
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or	terminated by the organization during the
4	Number of states where property subject to co	onservation easement is located 🟲 🔃	
5	Does the organization have a written policy reand enforcement of the conservation easeme	egarding the periodic monitoring, inspents it holds?	ction, handling of violations,
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, if	nspecting, and enforcing conservation	easements during the year
8	Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requireme	nts of section Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue a to the organization's financial statemen	and expense statement, and balance sheet, and nts that describes the organization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasu wered 'Yes' to Form 990, Part I	ires, or Other Similar Assets. V, line 8.
1 a	a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its fina	is held for public exhibition, education,	its revenue statement and balance sheet works of or research in furtherance of public service, provide, tems
ŧ			revenue statement and balance sheet works of art, esearch in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1	<b>►</b> \$
	(ii) Assets included in Form 990, Part X		►\$ ►\$
2	If the organization received or held works of a amounts required to be reported under SFAS		
a	Revenues included in Form 990, Part VIII, line	e 1	<b>&gt;</b> \$
t	Assets included in Form 990, Part X		<b>►</b> \$

Schedule <b>D</b> (Form 990) 2011 EAST	CENTRAL IOWA	HOUSING T	RUST FUND	27-356	5865	Page 2
Pant∭ Organizations Mainta	ining Collection	s of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (cont	inued)
3 Using the organization's acquisiti items (check all that apply)	on, accession, and	other records, ch	eck any of the followin	g that are a significant i	use of its co	llection
a Public exhibition		<b>d</b> Loan	or exchange programs			
<b>b</b> Scholarly research		e Other				
c Preservation for future gener	ations			,		
4 Provide a description of the orga Part XIV	nization's collections	s and explain ho	w they further the orga	nızatıon's exempt purpo	se in	
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be ma	intained as part	of the organization's co	ollection?	Yes_	No
Part ₩ Escrow and Custodia line 9, or reported an	I Arrangements. amount on Form	Complete if 990, Part X,	the organization ar line 21.	nswered 'Yes' to Fo	rm 990, P	'art IV,
1a Is the organization an agent, trus included on Form 990, Part X?	itee, custodian, or o	ther intermediary	for contributions or ot	her assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and con	nplete the follow	ing table <sup>.</sup>			
					Amount	
c Beginning balance				1c		
<b>d</b> Additions during the year				1d	·	
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an a	mount on Form 990	, Part X, line 213	>		Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV.					
Pard V Endowment Funds. Co		anization an	swered 'Yes' to Fo	rm 990, Part IV, line	= 10.	
-	(a) Current year	(b) Prior yea				years back
1 a Beginning of year balance.			(1)	, , , , , , , , , , , , , , , , , , ,		
<b>b</b> Contributions	· · · · · · · · · · · · · · · · · · ·	<del> </del>	· <del></del>			
c Net investment earnings, gains,						
and losses						
d Grants or scholarships		·				
e Other expenditures for facilities and programs						
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentage	e of the current year	end balance (lır	ne 1g, column (a)) held	l as		
a Board designated or quasi-endow	vment ►	<del></del> %				
<b>b</b> Permanent endowment ▶	%					
c Temporarily restricted endowmer	ıt ▶	%				
The percentages in lines 2a, 2b,	and 2c should equal	100%				
3a Are there endowment funds not a organization by.	n the possession of	the organization	that are held and adm	ninistered for the	Ye	es No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
<b>b</b> If 'Yes' to 3a(ıı), are the related of	roanizations listed a	as required on Si	chedule R?		3b	
4 Describe in Part XIV the intended	-	•			_ <del></del>	1
Part VI Land, Buildings, and I						
Description of property		st or other basis	(b) Cost or other	(c) Accumulated	( <b>d)</b> Bool	k value
Description of property		nvestment)	basis (other)	depreciation	(u) 0001	n value
1a Land					•	
<b>b</b> Buildings.						
c Leasehold improvements						
d Equipment						

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) BAA

Schedule **D** (Form 990) 2011

0.

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

SEE PART XIV

	edule D (Form 990) 2011 EAST CENTRAL TOWN HOUSING TRUST FUND	27-3505005	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		4,576.
2	Total expenses (Form 990, Part IX, column (A), line 25).		54,960.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-50,384.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-50,384.
<u> </u>	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	4,576.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
i	a Net unrealized gains on investments 2a		
ı	Donated services and use of facilities 2b		
(	Recoveries of prior year grants		
(	1 Other (Describe in Part XIV )		
•	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	4,576.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
ā	Investment expenses not included on Form 990, Part VIII, line 7b.		
ŀ	Other (Describe in Part XIV )		
(	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).	5	4,576.
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	54,960.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities 2a		
ŀ	Prior year adjustments 2b		
(	Other losses 2c		
•	Other (Describe in Part XIV )		
•	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	54,960.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
ā	Investment expenses not included on Form 990, Part VIII, line 7b. 4a		
	Other (Describe in Part XIV )		
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	54,960.
	<b>₹XIV</b> Supplemental Information		
Com Part any	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also con additional information	art IV, lines 1b and 2 aplete this part to pi	2b, ovide
	PART X - FIN 48 FOOTNOTE		
	THE ORGANIZATION EVALUATES ALL SIGNIFICANT TAX POSITIONS. AS OF J	JNE 30, 2012,	_ <u>THE</u>
	ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT	WOULD_RESULT	<u>'_IN_                                   </u>
	ANY ADDITIONAL TAX LIABILITY NOR DOES IT BELIEVE THAT THERE ARE A	NY_UNREALIZEI	XAX
	BENEFITS THAT WOULD OCCUR WITHIN THE NEXT TWELVE MONTHS. THE ORGAN	<u>NIZATION FILE</u>	S
	INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION. THE ORGANIZA	ATION IS NOT	UNDER
	ANY TAX EXAMINATION FOR THE YEAR ENDED JUNE 30, 2011.		

Schedule <b>D</b> (Form 990) 2011	EAST CENTRAL	IOWA HOUSING	TRUST FUND	27	-3565865	Page <b>5</b>
Schedule <b>D</b> (Form 990) 2011 Part XIV Supplementa	I Information (cor	ntınued)				
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# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

Open to Public Inspection • 2011

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

Name of the organization				Employer identification number	ication number	
EAST CENTRAL IOWA HOUSING TRUST FUND	FUND			27-3565865	65	
Parall General Information on Grants and Assistance	and Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	bstantiate the amount of the grass or assistance?	nts or assistance, the grantee	s' eligibility for the grants	s or assistance, and	X Yes	<b>№</b>
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States SEE PART IV	ures for monitoring the use of gr	ant funds in the United States	SEE PART IV			
Partill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to	<b>Governments and Organi</b>	zations in the United St	ites. Complete if the	e organization answered "	res' to	
Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	y recipient that received m	ore than \$5,000. Check	this box if no one re	cipient received more tha	n \$5,000.	
Part II can be duplicated if additional space is needed	onal space is needed				•	<b>▲</b>

	Enter total number of other organizations listed in the line 1 table	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
	number of	ork Redu
	Enter total	For Paper
ı	m	BAA

Schedule I (Form 990) (2011) EAST CENTRAL IOWA HOUSING TRUST FUND

Partill of Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. EAST CENTRAL IOWA HOUSING TRUST FUND

Page 2

(f) Description of non-cash assistance							and any other additional information						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(e) Method of valuation (book, FMV, appraisal, other)									THE FUNDS	E COST OF THE			 		                 	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	!!!!!!!!!!!!!!
(d) Amount of non-cash assistance							provide the information required in Part I line 2	NDS IN U.S.	LING THE USE OF	MUST INCLUDE THE AMOUNT OF THE COST OF THE	1		 	               	1 1 1 1 1 1 1	; ; ; ; ;	
(c) Amount of cash grant							orovide the information	E OF GRANTS FU	L REPORT DETAI	MUST INCLUDE T	HMENTS.		 	                 	; 	                 	
(b) Number of recipients								MONITORING US	SUBMIT A FINA	N. THE REPORT	IFIC ACCOMPLIS		 	 	1 	                 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) Type of grant or assistance	1	2	က	4	5	9	7   Supplemental Information. Complete this part to		EACH RECIPIENT IS REQUIRED TO SUBMIT A FINAL REPORT DETAILING THE USE OF THE FUNDS	- RECEIVED FROM THE ORGANIZATION. THE REPORT	PROJECT OR GRANT AND THE SPECIFIC ACCOMPLISHMENTS.		1		 	f	

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Schedule I (Form 990) (2011)

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

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service Name of the organization

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.

open to Public inspection

Employer identification number

EAST CENTRAL IOWA HOUSING TRUST FUND 27-3565865 FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS THE INITIAL DRAFT OF FORM 990 IS PREPARED BY THE ORGANIZATION'S CONTRACTED ACCOUNTANT AND IS GIVEN TO THE EXECUTIVE DIRECTOR AND ALL BOARD MEMBERS FOR INITIAL REVIEW. THE EXECUTIVE DIRECTOR NOTIFIES THE ACCOUNTANT OF ANY CHANGES TO MAKE. THE ACCOUNTANT MAKES THOSE REQUESTED CHANGES AND SUBMITS ANOTHER DRAFT COPY FOR THE EXECUTIVE DIRECTOR TO REVIEW. ONCE THE EXECUTIVE DIRECTOR APPROVES THE CORRECTED DRAFT COPY, THE ACCOUNTANT IS NOTIFIED TO PROCEED WITH COMPLETION OF FORM 990 FOR FILING. THE COMPLETED FORM 990 IS SENT TO THE EXECUTIVE DIRECTOR, WHO SIGNS AND DATES FORM 990 AND IT IS THEN FILED WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS AT LEAST ANNUALLY, AND MORE OFTEN AS NECESSARY, EACH BOARD MEMBER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DECLARATION FORM STATING IF ANY CONFLICTS EXIST AND THE NATURE THEREOF, OR STATING THAT NO CONFLICTS EXIST. IF A BOARD MEMBER DETERMINES THAT HE/SHE HAS A CONFLICT OF INTEREST, THAT BOARD MEMBER IS TO ABSTAIN FROM ANY DISCUSSION AND VOTE ON THE SUBJECT MATTER. IF A BOARD MEMBER BELIEVES THAT ANOTHER BOARD MEMBER HAS NOT DECLARED A REAL OR PERCEIVED CONFLICT OF INTEREST, THE BOARD MEMBER WITH THE REAL/PERCEIVED CONFLICT MAY BE ASKED TO CLARIFY THE SITUATION. IF A VOTE HAS BEEN TAKEN AND A BOARD MEMBER BELIEVES THAT ANOTHER BOARD MEMBER HAS A REAL OR PERCEIVED CONFLICT OF INTEREST AT THE TIME OF THE VOTE, THE MATTER WILL BE REVIEWED TO DETERMINE IF THERE IS A CONFLICT OF INTEREST AND IF A RE-VOTE SHOULD BE HELD. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE ORGANIZATION'S GOVERNING DOCUMENTS, ADOPTED POLICIES, FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE UPON REQUEST TO THE ORGANIZATION.