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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 private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public ... Inspection:

\sim	OI LIT	e 2013 Calendar year, or tax year beginning and	enung		
В	Check if	C Name of organization	•	D Employer identifica	ition number
	Addre				
F	Name chang			42-07	92115
F	Initial		Room/suite	E Telephone number	72115
	Termi		1100HV3uHC	(515)	265-1497
Η	⊸ated ⊝Amen				
F	□return □Applic □tion			G Gross receipts \$	198,753.
Щ.	⊥ltion pendii	no	-	H(a) Is this a group retu	
		F Name and address of principal officer JOE KELLY	_	for subordinates?	Yes X No
		1400 DEAN AVENUE, DES MOINES, IA 50310		H(b) Are all subordinates inclu	
		empt status: 501(c)(3)	or 527	1	t (see instructions)
		te: ► N/A		H(c) Group exemption i	
		organization: X Corporation Trust Association Other	L Year	of formation: 1947 M S	State of legal domicile: IA
Pá	art I	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities ADVAI INDUSTRY	NCE MA	NUFACTURED H	OUSING
'n	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its not asse	ote
ķ		Number of voting members of the governing body (Part VI, line 1a)	sea or more		19
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)		3	19
త				4	2
ţį	1	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
Ξį		Total number of volunteers (estimate if necessary)		. 6	
¥	ł	Total unrelated business revenue from Part VIII, column (C), line 12		7a 	0.
	D	Net unrelated business taxable income from Form 990-T, line 34	——————————————————————————————————————	7b	0.
	_	On the body and a service (Dark) (III. but all)		Prior Year	Current Year
ne	l	Contributions and grants (Part VIII, line 1h)	-	0.	0.
Revenue	1	Program service revenue (Part VIII, line 2g)		160,453.	170,002.
Ř	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,267.	15,983.
	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,055.	12,768.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		187,775.	198,753.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	ļ	0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		138,542.	142,185.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	<u> </u>
ğ	ь	Total fundraising expenses (Part IX, column (D), line 25)	<u>.0.</u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1	54,424.	39,032.
	18		10	192,966.	181,217.
				-5,191.	17,536.
58		Q MAY (2/1) 2014	Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	J≚[841,773.	1,030,445.
88	21	Total liabilities (Part X, line 26)		443,882.	558,063.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20	i	397,891.	472,382.
	art II	Signature Block	_		
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my k	nowledge and belief, it is
true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparer	has any knowledge.	
		M (4)1110V			,
Sig	n	Substitute of Officer		Date //	12014
Her	e	JOE KELLY, EXECUTIVE DIRECTOR		0/10	7201
		Type or print name and title			
		Print/Type preparer's name Preparer's signature] [Date Check	PTIN
Paid	i	TIMOTHY RICE Tother	k	self-employed	P01259684
Prep	arer	Firm's name DENMAN & COMPANY, LLP			42-0794029
Use	Only	Firm's address 1601 22ND STREET, SUITE 400			
_		WEST DES MOINES, IA 50266-1453		Phone no.515	-225-8400
May	the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
3320	01 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2013)

	n 990 (2013) IOWA MANUFACTURED HOUSING ASSOCIATION 42-0792115 Page rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission.
	ADVANCE THE MANUFACTURED HOUSING INDUSTRY
	Delth- area and the same of th
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
-	(Code) (Expenses \$
•	INDUSTRY GROUP STUDY AND RESOLUTION OF PROBLEMS OF THE INDUSTRY
_	
)	(Code) (Expenses \$
	FROMOTE PAIR TRADE AND COOPERATION AMONG INDUSTRY MEMBERS
;	(Code) (Expenses \$
	PUBLIC RELATIONS AND PROMOTION OF THE INDUSTRY
1	Other program services (Describe in Schedule O.)
ì	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

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)?	1		
	If "Yes," complete Schedule A	1	ļ	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	_	37	
_	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,	_		- T
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		X
9	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	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		1 (5) 1	(5) \$1.44 d
• •	as applicable.			12.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	E.C.C.	199271995	.633333333
_	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		Х
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 167 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	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 and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
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			7.7
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		v
46	foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	40		v
17		16		<u> X</u>
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	j	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		- 43
.5	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990 ((2013)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	government 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 or 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		<u>X</u>
23	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			
	Schedule J .	23		_X_
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
	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		
	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		ŀ	
	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
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			37
^^	of any of these persons? If "Yes," complete Schedule L, Part III	27	Ç.	<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			~~! 37
_	instructions for applicable filing thresholds, conditions, and exceptions)		Andrew .	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		X
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
29 30	Did the organization receive more than \$25,000 in norreast contributions? If res, complete schedule in	29		
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
•	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	J.		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		_==_
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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		
36	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		
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>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2	2013)

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes 0 10. 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 garning (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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X **3**a b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 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? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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 any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 ā 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 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? q 7g h 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 19 m organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 hall he Sponsoring organizations maintaining donor advised funds. 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 Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a 4 · 🛝 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Ú. 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 136 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 b Enter the amount of reserves the organization is required to maintain by the states in which the ્યો organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c

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14a

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

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

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 or note to any line in this Part VI			X
<u>Sec</u>	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		1.13	13.00
	If there are material differences in voting rights among members of the governing body, or if the governing	1	130	1 1 5
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	***	1000	1 3
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15		1	200
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	38. 195.		المستعديد
_	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	ļ	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	ļ	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		\ . ,
b	more members of the governing body? Are any governance designed of the organization recorded to (or subject to conveyed by) members, stockholders, are	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	~,.		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	1.494.35	X
а	The governing body?		X	
b	Each committee with authority to act on behalf of the governing body?	8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD_	21	
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990		4 4 1879 4 4 1879	114
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	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 approval by independent		* *** ****	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	الأدمد	
a	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
Ь	Other officers or key employees of the organization	15b	1 1, 6	X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1	
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			i
	taxable entity during the year? If "Yes " did the expansion follows written policy or precedure requiring the expansion to evaluate to entitle the expansion of the expansion o	16a	دودك .	X ,,sign
Ь	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 take steps to safeguard the organization's	1	N. 18	ASSESSOR OF THE PROPERTY OF TH
	exempt status with respect to such arrangements?	المسكة ا	Adminis	فاسسا
Sec	tion C. Disclosure	16b		
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 (Section 501(c)(3)s only) a	h		
.5	for public inspection. Indicate how you made these available. Check all that apply	.vaiiaD		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	cial	
	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 and records of the organiza	tion 🕨	•	
	JOE KELLY - (515) 265-1497			
	1400 DEAN AVE, DES MOINES, IA 50316			
333004	3 10.29-13	Form	agn	(2013)

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

Check if Schedule O contains a response or note to any line 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

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

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

(A)	(B)	Γ		((C)			(D)	(E)	(F)
Name and Title	Average	,,,		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	not c , unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	ceran	id a d	recto	or/trus	itee)	from	from related	other
	(list any	ector		1		į		the	organizations	compensation
	hours for	ē	g	İ		ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		g;	bens		(W-2/1099-MISC)		organization
	organizations below	ualt	ional		ploy	t con	١.			and related
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOANNE STEVENS	1.00	-=-	_	-	-	-	1			
PRESIDENT		X		Х	ľ		i	0.	0.	0.
(2) KEN BRENTON	1.00									
VICE PRESIDENT		X		X				0.	0.	0.
(3) CAROL OLIVER	1.00									
SECRETARY/TREASURER		X		X				0.	0.	0.
(4) JERRY HORKHEIMER	1.00									
DIRECTOR		X						0.	0.	0.
(5) BRANDON BEDFORD	1.00									
DIRECTOR		X						0.	0.	0.
(6) PATTI PRATT	1.00									
DIRECTOR		X	L					0.	0.	0.
(7) TROY HAMES	1.00									
DIRECTOR		X						0.	0.	0.
(8) KRISTI MOTTET	1.00									
DIRECTOR		X						0.	0.	0.
(9) MATT FAY	1.00									
DIRECTOR		X	L					0.	0.	0.
(10) MONTE BURRELL	1.00									
DIRECTOR		X					_	0.	0.	0.
(11) ED KINKADE	1.00									
DIRECTOR		X				_		0.	0.	0.
(12) CURT ERICKSON	1.00	ļ								
DIRECTOR		X			L	<u> </u>		0.	0.	<u> </u>
(13) MIKE FLUMMERFELT	1.00							_	_	
DIRECTOR	1 00	Х			<u> </u>			0.	0.	<u> </u>
(14) ANGIE MOSS	1.00	l							_	_
DIRECTOR	1 2 2	X		_			<u></u>	0.	0.	<u>0.</u>
(15) PERRY SCHOFF	1.00								_	_
DIRECTOR	1 00	X	igwdow				ļ	0.	0.	0.
(16) JIM DYER	1.00					1			_	_
DIRECTOR	1 00	X			<u> </u>	<u> </u>	<u> </u>	0.	0.	<u> </u>
(17) CURT HAMES	1.00								_	_
DIRECTOR	L	X			L	l	<u> </u>	0.	0.	0.
332007 10-29-13										Form 990 (2013)

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
	NONE		- COMPONDATION
· · · · · · · · · · · · · · · · · · ·			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2013)

		Check if Schedule O cont	tains a response	or note to any in	ne in this Part VIII			
, , , , , , , , , , , , , , , , , , ,			# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b	: Fundraising events	1a 1b 1c		1	\$ 150 \$ 150		
	e f	Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	ts, and			3 44, 73 4 25, 1	1 3 1 4 1.	المرابع المراب
	g h				3 3 1			7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ice	2 a		s Omiton	900099	155,394.		*4 ,	a - January
Program Service Revenue	b d	MICCELLANDONG	& OTHER	900099 900099 900099	12,110. 1,778. 720.	12,110. 1,778. 720.		
P.		All other program service reve Total. Add lines 2a-2f		•	170,002.	h Ben's Land	The AT I I The	17 days - 4 dy
	3	Investment income (including other similar amounts) Income from investment of tax		>	15,983.			15,983.
i	5	Royalties	(i) Real	(ii) Personal	12,768.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	157 1.44	12,768.
	С	Less rental expenses			Section 4 March 1989	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ld	
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other	and the second s			
	С	and sales expenses Gain or (loss) Net gain or (loss)		—	- 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A
Other Revenue	8 a	including \$ contributions reported on line	of		and the state of t	the state of the s	2 - gg	
Other	С	Part IV, line 18 Less direct expenses Net income or (loss) from fund	_	. •	18' , P.	district the second sec	w.c. 32, 12	5 May 1 May 1
		Gross income from gaming ac Part IV, line 19 Less direct expenses	tivities See a b		Fig. 1. (1) mm.	a de di .	13/2 13/2 13/2	
	10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances	_	>	å., ' ''	ঞ	*	ر بر برد ما
		Less cost of goods sold Net income or (loss) from sale Miscellaneous Revenu		Business Code	المالية		7-2	
	11 a b c							
	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.		. }	198,753.	170,002.	0.	28,751.
33200 10-29-	9	sar revenue. Goo mon nonditions.	<u> </u>			1,0,002.		Form 990 (2013)

Form 990 (2013) IOWA MANUFACT
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must cor	nplete all columns. All ot	her organizations must o	complete column (A)	
	Check if Schedule O contains a respo				
	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			· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	organizations in the United States. See Part IV, line 21			المناع فيون المناه المن	
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22			一	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Grants and other assistance to governments,			The said of the sa	
	organizations, and individuals outside the			No. of the latest states and the latest states and the latest states are the latest states and the latest states are the latest states and the latest states are the latest stat	
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members			·课下写:理·机力度	[4] "唯一"第一章 [4]
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	112,339.			
8	Pension plan accruals and contributions (include			<u> </u>	
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	18,884.			
10	Payroll taxes	10,962.			
11	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting	1,760.			
d	Lobbying	133.			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		1.000 1.0 1000 100000000000000000000000	3345 313344 bes - 344 53 14 fe 4 or 11 4 . 3	
q	Other. (If line 11g amount exceeds 10% of line 25,				·
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	2,163.			
14	Information technology	385.			
15	Royalties				
16	Occupancy				
17	Travel	325.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,483.			
20	Interest	30.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,216.			
23	Insurance	4,462.			
24	Other expenses. Itemize expenses not covered	さいない からない からない こうかい	-255 125-25	18g2; , , 5, , 421 5, , , , , , , , , , , , , , , , , , ,	
	above. (List miscellaneous expenses in line 24e. If line	A Part of the Control			
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		100		
а	UTILITIES & TELEPHONE	5,661.			and the ten is the ten afterned as saide
b	PROPERTY TAX	2,978.	1-7 1.		
c	DUES	2,748.	11.		
d	REPAIRS & MAINTENANCE	1,685.		 - · · · · - 	
e		2,003.			
25	Total functional expenses. Add lines 1 through 24e	181,217.			
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)]	

Pa	rt.X	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A)		(B)
				Beginning of year	ļ	End of year
	1	Cash - non-interest-bearing	56,617.	1_1_	69,430.	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		13,335.	4	15,504.
	5	Loans and other receivables from current and for	ormer officers, directors,	A Marine W. Marine Co. 1	3 ' 1, '1	· · · · · · · · · · · · · · · · · · ·
		trustees, key employees, and highest compensation	ated employees Complete			
		Part II of Schedule L		W at 2 15 232 marg	5	200 to 300 " 3 h
	6	Loans and other receivables from other disquali	fied persons (as defined under		49795	
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect	tion 501(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other		13 14 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15	155	
		basis. Complete Part VI of Schedule D	10a 109,593.		133	
	b	Less accumulated depreciation	10b 83,929.	17,522.	10c	25,664.
	11	Investments - publicly traded securities		754,299.	11	919,847.
	12	Investments - other securities See Part IV, line	11		12	
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	841,773.	16	1,030,445.
	17	Accounts payable and accrued expenses		7,590.	17	13,178.
	18	Grants payable .			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		· · · · · · · · · · · · · · · · · · ·	20	
	21	Escrow or custodial account liability Complete I		abba .ab - 3 . Phy. a . babb. abb.	21	
es es	22	Loans and other payables to current and former				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ĭ		key employees, highest compensated employee	es, and disqualified persons	1827 1839	71227277	14 18 18 18 18 18 18 18 18 18 18 18
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	•		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa	-			<u> </u>
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of	425 000		544 005
		Schedule D		436,292.	25_	544,885.
	26	Total liabilities. Add lines 17 through 25		443,882.	26	558,063.
		Organizations that follow SFAS 117 (ASC 958				
Ses		complete lines 27 through 29, and lines 33 an	d 34.			
<u>a</u> u	27	Unrestricted net assets			27	
Bal	28	Temporanly restricted net assets			28	
Fund Balances	29	Permanently restricted net assets	· · · · • •	- 16c (186) ci 1864 o 1874 2	29	12 1 12 12 12 13 1 18 18 18 18 18 18 18 18 18 18 18 18 1
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 🔼		20,	
S		and complete lines 30 through 34.			š	الفكريك والمقلمة المقلم المستقريب
set	30	Capital stock or trust principal, or current funds		0.	30	0.
As	31	Paid-in or capital surplus, or land, building, or ed		0.	31	0.
Net Assets or	32	Retained earnings, endowment, accumulated in	come, or otner tunds	397,891.	32	472,382.
_	33	Total hebities and not seem from belonges		397,891.	33	472,382.
	34	Total liabilities and net assets/fund balances	· · · · · · · · · · · · · · · · · · ·	841,773.	34	1,030,445.
						Form 990 (2013)

	• •				
	990 (2013) IOWA MANUFACTURED HOUSING ASSOCIATION	42	<u>-0792115</u>	Pa	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	····			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>53.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			17.
3	Revenue less expenses Subtract line 2 from line 1	3	1'	7,5	36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39'	7,8	91.
5	Net unrealized gains (losses) on investments	5	5	5,9	55.
6	Donated services and use of facilities	_6_			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	473	2,3	82.
Pa	TXIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII .				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		~	4.4.4	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	200		1111, 25,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	1	44.4	. A
	separate basis, consolidated basis, or both			14-39	
	Separate basis Consolidated basis Both consolidated and separate basis			125 93 434	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,	iii.	
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		البياد		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	7,415		
	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 Scho	edule C	D. 特集中		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au			
	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 requi	red au	dıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 90 (2013)

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to run Inspection Open to Public

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

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

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

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

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

 Section 501(c)(4), (5), or (6) organi 	zations Complete Part III			
Name of organization			Emp	loyer identification number
IOWA M	ANUFACTURED HOUS	NG ASSOCIA	rion	42-0792115
Part I-A Complete if the o	rganization is exempt und	der section 501(c) or is a section 527 o	rganization.
 Provide a description of the orga Political expenditures Volunteer hours 	nization's direct and indirect politi	cal campaign activities		\$
Part-I-B Complete if the o	rganization is exempt und	der section 501(c)(3)	
1 Enter the amount of any excise to				
2 Enter the amount of any excise to	• •		55 ► \$	
3 If the organization incurred a sec	, ,			Yes No
4a Was a correction made?		-		Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the o	rganization is exempt und	der section 501(c		
1 Enter the amount directly expend	led by the filing organization for se	ection 527 exempt fun	ction activities > \$	
2 Enter the amount of the filing org	anization's funds contributed to o	ther organizations for		
exempt function activities	-		▶ \$	·
3 Total exempt function expenditure	es. Add lines 1 and 2 Enter here a	and on Form 1120-PO	L,	
line 17b			▶ \$	
	-	id from the filing organ	nization's funds Also enter th	ne amount of political
	If additional space is needed, pro-		-	3 3
(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 Notic	e, see the Instructions for Form	990 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2013

LHA

Schedule C (Form 990 or 990-EZ) 2013	TOWA MANUF	ACTURED HOUS	SING ASSOCTA	лтт∩N 42-0	792115 Page 2
Part II-A Complete if the or					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(election under se	ction 501(h)).				
A Check ▶ ☐ If the filing organiz	ation belongs to an a	ffiliated group (and list i	n Part IV each affiliate	d group member's nam	ne, address, EIN,
	are of excess lobbyin				
B Check ▶ ☐ If the filing organiz	ation checked box A	and "limited control" pr	ovisions apply.		
Lin	nits on Lobbying Exp	enditures		(a) Filing	(b) Affiliated group
		ounts paid or incurred	.)	organization's totals	totals
1a Total lobbying expenditures to in	fluence public opinior	(grass roots lobbying)			
b Total lobbying expenditures to in	ody (direct lobbying)				
c Total lobbying expenditures (add	ng expenditures (add lines 1a and 1b)				
d Other exempt purpose expenditu	ires				
e Total exempt purpose expenditui	res (add lines 1c and	1d)			
f Lobbying nontaxable amount En		•	th columns		
If the amount on line 1e, column (a)		bbying nontaxable am			
Not over \$500,000		of the amount on line 1e		man de la companya de	The state of the s
Over \$500,000 but not over \$1,00		000 plus 15% of the ex			
Over \$1,000,000 but not over \$1,		000 plus 10% of the ex			
Over \$1,500,000 but not over \$1		000 plus 5% of the exce			
Over \$17,000,000	\$1,000		, , , , , , , , , , , , , , , , , , ,		The state of the state of
	1				
g Grassroots nontaxable amount (e	enter 25% of line 1f)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon
h Subtract line 1g from line 1a If zero or less, enter -0-					
i Subtract line 1f from line 1c If zero or less, enter -0-					
j If there is an amount other than z	•	or line 1. did the organiz	ation file Form 4720	L	L
reporting section 4911 tax for this		into 11, dia tito organiz		Г	Yes No
		veraging Period Under	Section 501(h)		103110_
(Some organi		section 501(h) electio	• •	plete all of the five	
		the instructions for line			
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount			Party Company		
(150% of line 2a, column(e))		333			
				33323-411 441 34 121 3333	·
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount	35 135 135 135 145 145 145 145 145 145 145 145 145 14	34 3.944. T		1 4 5 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(150% of line 2d, column (e))		1		The state of the s	
f Grassroots lobbying expenditures	s				

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990 EZ) 2013 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)).

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? Part.III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3	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? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j 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)? b if "ves," 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 filling organization incurred a section 4912 tax, did if tile Form 4720 for this year? Part.III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total A Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?			
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Part, IV. Supplemental Information		1 3	l	

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Inspection 🛴

		HOUSING ASSOCIATION	42-0792115				
Pa	t L. Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, lin	e 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 donor advisors in	writing that the assets held in donor advised fu	ınds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	l only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring				
	impermissible private benefit?	-	Yes No				
Pa	till Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part IV	/, line 7				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historica	ally important land area				
	Protection of natural habitat	Preservation of a certified I	historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	conservation easement on the last				
	day of the tax year						
		_	Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	b Total acreage restricted by conservation easements . 2b						
C	c Number of conservation easements on a certified historic structure included in (a)						
d	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							
	year ▶						
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements i		└─ Yes └─ No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
7	Amount of expenses incurred in monitoring, inspecting, and						
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(
_	and section 170(h)(4)(B)(ii)?		Yes No				
9	9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for						
		mon's illiancial statements that describes the o	rganization's accounting for				
Pai	conservation easements t'III Organizations Maintaining Collections o	f Art. Historical Treasures, or Other	Similar Assets				
	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·					
12	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art				
ia	historical treasures, or other similar assets held for public ex						
	the text of the footnote to its financial statements that descr		public service, provide, in a art XIII,				
ь	If the organization elected, as permitted under SFAS 116 (AS		halance sheet works of art, historical				
_	treasures, or other similar assets held for public exhibition, e						
	relating to these items		o. 1.00, provide the telletting ambanta				
	(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 tre	easures, or other similar assets for financial dain					
_	the following amounts required to be reported under SFAS 1	-	••				
а	Revenues included in Form 990, Part VIII, line 1	. , , ,	▶ \$				
b	Assets included in Form 990, Part X		► \$ ► \$				

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)										
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply)		_							
а	Public exhibition	d	ı		change progr	ams				
b	Scholarly research	е		Other		_ .				
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how t	hey further	the organizat	ion's exemp	t purpos	e ın Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, h	nstorical tre	easures, or oth	er sımılar a	ssets			
	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	e organızatı	ion answered	"Yes" to Fo	rm 990, F	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part X, line 21									
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included									
	on Form 990, Part X?							L	」Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	e Distributions during the year									
f	Ending balance						1f			
	Did the organization include an amount on F							L_	J Yes	No
	If "Yes," explain the arrangement in Part XIII									
Par	Part Ve Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10									
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d)	Three yea	rs back	(e) Four year	ars back
1a	Beginning of year balance									
b										
С	Net investment earnings, gains, and losses				ļ					
d	Grants or scholarships				<u> </u>					
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g										
2										
	b Permanent endowment \(\begin{array}{cccccccccccccccccccccccccccccccccccc									
С	c Temporarily restricted endowment%									
_	The percentages in lines 2a, 2b, and 2c should equal 100%									
За	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by: Yes No									
	(i) unrelated organizations									
	(ii) related organizations 3a(ii)									
	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b									
	4 Describe in Part XIII the intended uses of the organization's endowment funds.									
Liai	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10.									
									(n D)	
	Description of property	(a) Cost or o			st or other s (other)	(c) Accu	imulated ciation		(d) Book va	alue
_	Land	Dasis (IIIVestil	iciti)	Dasis	<u> </u>			. -		FOO
	Land			 .	7,500.	J		= +		<u>500.</u>
	Buildings	-		 	38,306.	3	2,19	2 •	<u>, p</u>	<u>1</u> 11.
	Leasehold improvements				63,787.	r.	1 72	_+-	1 2	OF 2
	Equipment			 	03,101.		1,73	* •	14,	053.
	Other	qual Form 000, Dr →	V aster	mn /D\ /:= -	10(a))			_	25	664.
<u>ı otal</u>	. Add lines 1a through 1e. (Column (d) must e	quari onn 330, Fall	n, cuiui	mi (D), liile	1 U(U).)			_	40,	U U 4 .

Schedule D (Form 990) 2013

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

	dule D (Form 990) 2013 IOWA MANUFACTURED HOUSIN		42-0792115 Page 4
Pa	t XI 🚽 Reconciliation of Revenue per Audited Financial Stat	ements With Revenue p	er Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		in a
а	Net unrealized gains on investments	2a	100 g · · · · · · · · · · · · · · · · · ·
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	\$5." t
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		17.7 5
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	333 - 45-24 - 57-1
b	Other (Describe in Part XIII)	4b	Jana Sales
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
:Pai	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expenses	per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		9 d 13g-r-1 d -3 p
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	14. 14. 14. 14. 14. 14. 14. 14. 14. 14.
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		14 14 14 14 14 14 14 14 14 14 14 14 14 1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3 43-1 2 4 43-1 2 4 43-1
b	Other (Describe in Part XIII)	4b	7 rec 1 de 1
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Pa	t XIII Supplemental Information.		
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part V,	line 4, Part X, line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any	additional information.	
		·····	
	· · · · · · · · · · · · · · · · · · ·		
	4		
		····	
		· · · · · · · · · · · · · · · · · · ·	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection * Employer identification number

IOWA MANUFACTURED HOUSING ASSOCIATION	42-0792115
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
MONITOR LAWS AND REGULATIONS	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: MEMBERS OF THE BOARD WILL RECEIVE AN ELECTRO	NIC COPY OF THE
FORM 990	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS	ARE AVAILABLE TO
THE PUBLIC UPON REQUEST	