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TIN: 36-2085558 OMB No. 1545-0047

Form **990**

Internal Revenue Service

Return of Organization Exempt From Income Tax

Do not enter social security numbers on this form as it may be made public.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury

Inspection

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			C Name			ar begir	illillig 01	1-01-20	023 ,	and end	ing 12-3	1-2023		D EI				
		applicable:			D HOUSING	G INSTITU	UTE							D Empi	oyer ide	entiti	cation number	
		change												36-20	085558	}		
O Init			Doing I	business	as													
_		rn/terminated												0.00 (0.000) (0.000)				
☐ Am	ende	d return	Numbe	er and str	eet (or P.O). box if m	nail is not o	delivered	d to stree	et address)	Room/su	iite		E Teleph	none nun	nber		
О Арр	olicati	ion pending	1655 F	ORT MYE	R DRIVE 2	200								(703)	558-0)400		
					ate or prov	vince, cou	intry, and 2	ZIP or fo	reign po	stal code								
			ARLING	GTON, VA	22209									G Gross	receipts	s \$ 8,	141,121	
		Ī			ddress of	f principa	al officer	:				H(a)	Is this	a group	return	for		
				BOWERS	SOX ER DRIVE	= 200								dinates?			☐Yes ✓N	No.
					A 22209							H(b)	Are all	subordir	nates		☐ Yes ☐N	
I Tax	-exer	mpt status:		(a)(2)	5 01(c	a) (6) (im		\bigcap Λ	1047/5\/:	1) or \Box	F27	1	includ		a lict (Soo i	nstructions.	10
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K Form	of o	rganization:	: Corp	ooration	☐ Trust	☐ Asso	ociation C	→ Other	r									
Pa	rt I	Sumi	mary															
		Briefly des		organi	zation's m	nission o	or most s	significa	nt activ	/ities:								
e	Į.	NATIONAL	_TRADE (ORGANI	ZATION F	REPRESE	ENTING A	ALL SEG	SMENTS	OF THE	FACTORY	-BUILT	HOUSIN	IG INDUS	STRY.			
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Ĕ																		
Activities & Governance	2	Check thi	is box												2000	200		
Ğ		Number o			rs of the	governir	ng body ((Part VI	l, line 1	a)						3		17
×85	4	, , , , , , , , , , , , , , , , , , , ,												4		17		
tie	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)												5		13		
Ξ	6	Total num	nber of v	olunteer	rs (estima	ate if neo	cessary)									6		25
Ac	7a	Total unre	elated bu	siness r	evenue fr	rom Part	t VIII, col	lumn (C), line :	12						7a	1,	,167
	b	Net unrel	lated bus	iness ta	xable inc	ome from	m Form 9	990-T, F	Part I, li	ine 11 .						7b		0
													Pric	r Year			Current Year	
_	8	Contribut	tions and	grants	(Part VIII,	, line 1h))								0			0
		Program		-	,						_			6.983	2,634		6,550	.521
Revenue		Investme									•	-			2,220			,177
æ		Other rev				100 5000					•	_			6,038			,153
					•	**				•	no 12\				0,892		6,811	
		Total reve								- 3 5	ne 12)			7,250	0,032		0,011,	,031
		Grants ar									•	<u> </u>			0			
		Benefits p	•									_		-	0		101101	0
88		Salaries,			18.1	1.51	,	18						2,670	0,326		2,491	
Expenses		Professio					. ,,		e) .		•				0			0
X		b Total fundraising expenses (Part IX, column (D), line 25) 0																
ш	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)								•			3,476	6,520		3,897	,738	
	18	Total expe	enses. A	dd lines	13-17 (n	must equ	ual Part I	X, colur	mn (A),	line 25)				6,146	6,846		6,388	,987
	19	Revenue	less expe	enses. S	ubtract li	ine 18 fr	rom line :	12 .						1,084	4,046		422,	,864
2 8												Beg	inning o	of Current	Year		End of Year	
Net Assets or Fund Balances															\longrightarrow			
Bala Bala		Total asse									•			9,323		9,862,453		
#PE	21	Total liabi	oilities (Pa	art X, lin	e 26) .									1,764	4,496	496 1,330,118		
ZZ	22	Net asset	ts or fund	l balanc	es. Subtr	act line	21 from	line 20						7,559	9,171		8,532	,335

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

иgп	~	L C - CC -			2024-11-13 Date										
Here MARK BOWERSOX PRESIDENT															
		e or print name and title													
		Print/Type prepar	er's name	Prep	parer's signature		Date 2024-11-12	Check if	PTIN P0134	15960					
aid								self-employed	PARTICISATION AND A	- 100 CO					
	arer	Firm's name C	CLIFTONLARSONAL	LLEN LLP				Firm's EIN 41	074674	19					
se (Only	Firm's address 90	01 NORTH GLEBE F	ROAD SUITE	200			Phone no. (57	1) 227-9	9500					
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or Pap	perwork	Reduction Act N	Notice, see the	e separate	instructions.		Cat. N	lo. 11282Y		Fo	orm 99	0 (202			
					Page 2	2 ———									
rm 99	90 (2023)											Page			
Part I	⊞ Sta	tement of Pr	ogram Servi	ce Accor	nplishments							_			
					te to any line in th	nis Part III						\checkmark			
В	Briefly desc	cribe the organiza	ation's mission:												
					NLY NATIONAL TRA							CTOR			
					BUILDERS, RETAI NSIBLE FOR MORE										
. D	Oid the ora	anization undert	ake any signific	ant progra	m services during	the year which y	vere not lis	ted on							
		orm 990 or 990-E	, ,	, ,		the year willen v	vere mot no	ted on		\cap v	es 🗸	No			
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						100 100 100 100 100 100 100 100 100 100	any prograi	Ш			Yes 🔽	No			
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			raponi												
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_	INITANCE IN	DOSTRI RECOGNIT	TON AND TROTER	CONSIDERA	TION OF INDOSTREE	NEEDS.									
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	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 similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III $\textcircled{\$}$.	5	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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		No
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		No
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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	16		No
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		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99	0 (2023)
	Page 4			
Form	990 (2023)			Page 4
	Checklist of Required Schedules (continued)			rage 4
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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24a	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 25			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Daga E	F	orm 99	0 (2023)
Fe :	Page 5			
	990 (2023) rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page 5
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
2-	Did the examplestion have unrelated hydrogen areas income of #1 000 or more during the year?	2-	Vac	I

	Did the organization have differenced publices gross income of \$1,000 or more during the year:	Ja	162	
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	Yes	
	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)?	4a		No
b	If "Yes," enter the name of the foreign country:			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
•	required?	7g	\longrightarrow	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
		30		
LO	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	30		
a b	Initiation fees and capital contributions included on Part VIII, line 12	35		
a b	Initiation fees and capital contributions included on Part VIII, line 12	30		
a b l1 a	Initiation fees and capital contributions included on Part VIII, line 12	30		
a b l1 a	Initiation fees and capital contributions included on Part VIII, line 12	36		
a b l1 a b	Initiation fees and capital contributions included on Part VIII, line 12	12a		
a b l1 a b	Initiation fees and capital contributions included on Part VIII, line 12			
a b l1 a b	Initiation fees and capital contributions included on Part VIII, line 12			
a b 11 a b	Initiation fees and capital contributions included on Part VIII, line 12			
a b 11 a b	Initiation fees and capital contributions included on Part VIII, line 12	12a		
a b 11 a b 12a b	Initiation fees and capital contributions included on Part VIII, line 12	12a		
a b 11 a b 12a b	Initiation fees and capital contributions included on Part VIII, line 12	12a		No
a b 11 a b 12a b 13 a b	Initiation fees and capital contributions included on Part VIII, line 12	12a		No
a b 12a b 13 a b 14a b	Initiation fees and capital contributions included on Part VIII, line 12	12a 13a		No No
b l11 a b l2a b l3 a b c l4a b	Initiation fees and capital contributions included on Part VIII, line 12	12a 13a 14a 14b		
a b 12a b 13 a b 14a b 15	Initiation fees and capital contributions included on Part VIII, line 12	12a 13a 14a 14b		No

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Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . Section 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 17 1a 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. Enter the number of voting members included in line 1a, above, who are independent 1b 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 No Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . No 5 No Did the organization become aware during the year of a significant diversion of the organization's assets? . Yes 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Yes 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Yes Each committee with authority to act on behalf of the governing body? 8b No Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No **10a** Did the organization have local chapters, branches, or affiliates? 10a No **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a No **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 12c No 13 Yes Did the organization have a written document retention and destruction policy? . 14 Yes 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? The organization's CEO, Executive Director, or top management official 15a 15b No If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a No 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 exempt 16b **Section C. Disclosure** List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: MARK BOWERSOX PRESIDENT 1655 FORT MYER DRIVE SUITE 200 ARLINGTON, VA 22209 (703) 558-0400

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

(A)	(B)			(C))			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related	pers and	an on on is	e bo botl ecto	x, u n an or/tr	nless office ustee	er)	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W-2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
(1) WILLIAM C BOOR	5.00	V		×				0	0	0
CHAIR	0.00	Х		^				0.	0	0
(2) PATRICK WAITE VICE CHAIR	0.00	x		х				0	0	0
(3) WALDEN BUTTRAM TREASURER	5.00	х		х				0	0	0
(4) CODY PEARCE SECRETARY	5.00	х		х				0	0	0
(5) TIMOTHY W WILLIAMS SPECIAL MEMBER	0.00	х		х				0	0	0
(6) LEO A POGGIONE PAST CHAIR	5.00	Х		х				0	0	0
(7) LOU BRAUN DIRECTOR	5.00	Х						0	0	0
(8) RON BUNCE DIRECTOR	0.00	Х						0	0	0
(9) F R DAILY DIRECTOR	0.00	Х						0	0	0
(10) JENNIFER HALL DIRECTOR	5.00 0.00	Х						0	0	0
(11) JOHN LOUCKS DIRECTOR	5.00	х						0	0	0
(12) WADE LYALL DIRECTOR	5.00	х						0	0	0
(13) MATT NINO	5.00									

DIRECTOR	0.00	X			U	U	U
(14) KARL RADDE DIRECTOR	5.00	Х			0	0	0
(15) WILLIAM RAFFOUL DIRECTOR	5.00	х			0	0	0
(16) MICHAEL RETZER DIRECTOR	5.00 0.00	х			0	0	0
(17) RONNY O ROBERTSON DIRECTOR	0.00	X			0	0	0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related	pers and	an one on is	e bo both ecto	che x, u n an or/tru	nless office ustee)	r)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
(18) NATHAN SMITH	5.00	x						0	0	0
DIRECTOR	0.00	^						0.	U	U
(19) JIM FOX	5.00							114		
DIRECTOR (UNTIL 10/31/23)	0.00	x						0	0	0
(20) RANDY GRUMBINE	5.00									_
DIRECTOR (UNTIL 10/31/23)	0.00	X						0	0	0
(21) ERIC HAMILTON	5.00									-0.0
DIRECTOR (UNTIL 10/31/23)	0.00	X						0	0	0
(22) TOM HODGES	5.00									-0.
DIRECTOR (UNTIL 10/31/23)	0.00							0	0	0
(23) MARK YOST	5.00	V						0	0	0
DIRECTOR (UNTIL 10/31/23)	0.00	x						0	U	U
(24) MARK D BOWERSOX	40.00			.,				115 500		
PRESIDENT	0.00			Х				445,590	0	51,544
(25) LESLI MCCOLLUM GOOCH	40.00									
CHIEF EXECUTIVE OFFICER	0.00			Х				443,550	0	47,991
(26) ELLEN SAVAGE	40.00									
VP OF MEMBER ENGAGEMENT	0.00					Х		168,450	0	54,893
(27) ANNE LADEWIG	40.00									
VP OF MARKETING AND MEMBERSHIP	0.00					Х		133,819	0	29,729
(28) GAY A WESTBROOK	40.00									-
SVP OF POLITICAL AND PUBLIC AFFAIRS	0.00					Х		128,650	0	25,792
(29) NAIDA STRUYK	40.00									
DIRECTOR OF MEETINGS	0.00					X		118,950	0	19,374
DIRECTOR OF MEETINGS (30) JOSHUA ADAMS	0.00 40.00				\vdash					,,
	0.00					Х		125,500	0	9,218
1b Sub-Total	0.00								I	
c Total from continuation sheets to Part \							H			
d Total (add lines 1b and 1c)							1,564,509 0 238,541			

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

							Yes	No
3 Did the organization list any for line 1a? If "Yes," complete Sch			key employee, or h	ighest compensated	employee on	3		No
4 For any individual listed on line organization and related organ individual					n the	4	Vac	27.700.000
5 Did any person listed on line 1 services rendered to the organ		the tell filler of the tell to the tell of tell of the tell of the tell of the			ividual for	5	Yes	No
Section B. Independent Cor					-			
Complete this table for your fix from the organization. Report						pensa	ation	
	(A) Name and busin			Desc	(B) cription of services		(C Comper	
ANALYSIS GROUP				LEGAL SER	/ICES			332,873
111 HUNTINGTON AVENUE 14TH FLOOR BOSTON, MA 02199								
MAYNARD NEXSEN PC				LEGAL SERV	/ICES			329,393
DEPT 6575 PO BOX 11407 BIRMINGHAM, AL 35246								
SMGB LAW				LEGAL SERV	/ICES	+		295,964
100 CONCOURSE PARKWAY STE 310 WES								
HOOVER, AL 35244 VAULT CONSULTING LLC				ACCOUNTIN	IG SERVICES	+		205,199
8401 GREENSBORO DRIVE								
MCLEAN, VA 22102 MINDSET ADVOCACY LLC				LOBBYING S	SERVICES	+		110,000
455 MASSACHUSETTS AVENUE NW SUITE	1			an approximation of the second				
WASHINGTON, DC 20001 2 Total number of independent con	tractors (inclu	uding but not limite	d to those listed abo	we) who received m	ore than \$100 000) of		
compensation from the organizat		iding but not innice	a to those listed abo	we) who received in	ore than \$100,000	01		
Form 990 (2023)			Page 9 ————					Page 9
Part VIII Statement of Rev		once or note to an	v line in this Bort VIII					
Check if Schedule O c	ontains a resp	onse or note to an	(A)	(B)	(C)	Ť	 (D))
			Total revenue	Related or exempt function revenue	Unrelated business revenue		Rever excluded x under 512 -	l from sections
Federated campaigns	1a					·		
Contributions, Gifts, Grants, and Membership dues	1b							
DtherAmt Similar A n oliHedraising events	1c							
d Related organizations	1d							
e Government grants (contributions)	1e							
f All other contributions, gifts, grants, and similar amounts not included above	1f							
g Noncash contributions included in lines 1a - 1f:\$	1g							
h Total. Add lines 1a-1f								
		Business Code						
2a MEMBERSHIP DUES		900099		4,108,505				
20		1	2 300 050	2 200 050	1	1		

9	9) MEETINGS				900099	2,330,333	2,330,333		
Sarvina Bavar	5	MANAGEMENT FEES				561000	49,128	49,128		
Sarvi	5	BOOKSTORE				900099	1,929	1,929		
Drogram	8									
004	20	•								
ا	_	f All other program	serv	ice revenue.						
	g	Total. Add lines 2	2a-2	f		6,550,521				
	3	Investment income	(inc	luding divide	nds, i	nterest, and other	208,584			208,584
		similar amounts) . Income from invest				ond proceeds	23,73			
					•					
			(i) Real			(ii) Personal				
	6	a Gross rents								
		b Less: rental	6b							
		expenses c Rental income or	6c							
		(loss) d Net rental income	e or ((loss)						
				(i) Securi	100.000	(ii) Other				
	7	Gross amount from sales of assets other than inventory	7a	1,3:	26,863					
er Revenue		b Less: cost or other basis and sales expenses	7b	1,32	29,270					
		c Gain or (loss)	7c	9	-2,407	7				
		d Net gain or (loss)	-		2	<u> </u>	-2,407			-2,407
Other	,	contributions reported on line 1c).								
		b Less: direct expen			8a 8b	-				
		c Net income or (los				ents	l			
	9a	Gross income from See Part IV, line 19								
		b Less: direct expen			9a 9b					
		c Net income or (los				ies	l			
	10	aGross sales of invergence of invergence of inverse and allowable of the contract of the contr	entor ances	ry, less	10a					
		b Less: cost of good			10a					
		C Net income or (los			<u> </u>	ory				
	_					Business Code				
	1:	1aCONTRACT DISCO	TNUC	ΓS		900099	88,996	88,996		
		b WEBSITE ADVERT	ISIN	IG		900004	1,167		1,167	
Ōtr	erl	RevenueMiscAmt								
		d All other revenue	•				-35,010			-35,010
		e Total. Add lines 1	1a-1	l1d			55,153			
	1	2 Total revenue. See instructions					6,811,851		1,167	171,167
							0,611,851	0,039,517	1,167	1/1,10/

Form 990 (2023)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organizat	ions must complete co	olumn (A).
Check if Schedule O contains a response or note to ar	-		•	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,030,435			
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	1,137,590			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,836			
9 Other employee benefits	155,136			
10 Payroll taxes	120,252			
11 Fees for services (non-employees):				
a Management				
b Legal	681,509			
c Accounting	206,213			
d Lobbying	360,170			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	33,208			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	640,948			
12 Advertising and promotion	72,491			
13 Office expenses	63,298			
14 Information technology	65,025			
15 Royalties				
16 Occupancy	225,124			
17 Travel	155,114			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,004,122			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	60,113			
23 Insurance	14,669			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CREDIT CARD TRANSACTION	93,558			
b DUES & SUBSCRIPTIONS	75,802			
c SPONSORSHIPS	70,643			
d EMPLOYEE DEVELOPMENT	6,144			
e All other expenses	69,587			
25 Total functional expenses. Add lines 1 through 24e	6,388,987		1	

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

educational	campaign	and	tundraising	solicitation.Check	nere
if follo	wing SOP	98-2	(ASC 958-	720)	

Form	990	(2023)

Page 11 —

Form 990 (2023)	Page 11
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Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line in this Part	ıx			\square
		·	·		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,030,890	1	432,339
	2	Savings and temporary cash investments .			1,033,821	2	1,631,819
	3	Pledges and grants receivable, net				3	- î
	4	Accounts receivable, net		. –	505,581	4	528,762
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial contributor, or 35	%		5	
	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in se	fied persons (as defined			6	
10	7	Notes and loans receivable, net		. ⊢		7	
Assets	8	Inventories for sale or use		. –		8	
S	9	Prepaid expenses and deferred charges		·	112,509	9	124,230
Ø		Land, buildings, and equipment: cost or other	 I I	-	112,000		12 1,200
	10a	basis. Complete Part VI of Schedule D	10a	885,061			
	b	Less: accumulated depreciation	10b	700,798	151,222	10c	184,263
	11	Investments—publicly traded securities .			5,696,368	11	6,366,062
	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		. [793,276	15	594,978
	16	Total assets. Add lines 1 through 15 (must equ	ual line 33)		9,323,667	16	9,862,453
	17	Accounts payable and accrued expenses			476,496	17	390,355
	18	Grants payable				18	
	19	Deferred revenue			213,071	19	139,076
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F		-		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons	ner officer, director, trust butor, or 35% controlled			22	
Ĕ	23	Secured mortgages and notes payable to unrela	ited third parties	-		23	
	24	Unsecured notes and loans payable to unrelated		_		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables to related third p	parties,	1,074,929	25	800,687
	26	Total liabilities. Add lines 17 through 25 .			1,764,496	26	1,330,118
Balances	27	Organizations that follow FASB ASC 958, ch lines 27, 28, 32, and 33. Net assets without donor restrictions	neck here 🔽 and co	mplete	7,287,544	27	8.247.683
Sal	27			• _		-	
d E	28	Net assets with donor restrictions			271,627	28	284,652
or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds		and		29	
SC	30	Paid-in or capital surplus, or land, building or eq		-		30	-
Assets or				·	Ī		3
Ass	31	Retained earnings, endowment, accumulated in	come, or other funds	L	7 550 171	31	0.500.005
Net	32	Total net assets or fund balances		·	7,559,171	32	8,532,335
Z	33	Total liabilities and net assets/fund balances .			9,323,667	33	9,862,453

Form **990** (2023)

Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	Total revenue (must equal Dert)/III. celumn (A), line 12)	.		6	011 05
1 2	Total revenue (must equal Part VIII, column (A), line 12)	2			,811,851
3	Revenue less expenses. Subtract line 2 from line 1	3			422,864
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7	,559,171
5	Net unrealized gains (losses) on investments	5			550,300
6	Donated services and use of facilities	6			330,300
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			(
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		8	,532,335
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			P	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed esparate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: $\frac{1}{2}$	basis,			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	10-0000	100	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Ur Guidance, 2 C.F.R. Part 200, Subpart F?		3a		No
	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.	ired	3b		
b			30		

Form 990 (2023)

Additional Data Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

efile Public Visual Render

ObjectId: 202443199349303964 - Submission: 2024-11-14

TIN: 36-2085558 OMB No. 1545-0047

SCHEDULE C (Form 990)

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. ►Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes" on 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" on 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.

(Prox	κy Tax) (see separate instrι		ร์ (Proxy Tax) (see separate instru	uctions) or Form 990-E2	Z, Part V, line 35c
Nar	ne of the organization			Employer identi	fication number
Par	t I-A Complete if the	organization is exempt un	der section 501(c) or is a se	ection 527 organiza	ition.
1	Provide a description of the "political campaign activitie		political campaign activities in Par	t IV. See instructions for	definition of
2	Political campaign activity e	expenditures. See instructions		> \$	
3	Volunteer hours for politica	l campaign activities. See instruct	ions		
Par	t I-B Complete if the	organization is exempt un	der section 501(c)(3).		
1	Enter the amount of any ex	cise tax incurred by the organizat	tion under section 4955	> \$	
2	Enter the amount of any ex	ccise tax incurred by organization	managers under section 4955	> \$	
3	If the organization incurred	l a section 4955 tax, did it file For	m 4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the	organization is exempt un	der section 501(c), except	section 501(c)(3).	
1	Enter the amount directly e	expended by the filing organization	n for section 527 exempt function a	activities 🕨 \$	
2			ed to other organizations for section	n 527 exempt \$	
3	Total exempt function expe	nditures. Add lines 1 and 2. Enter	here and on Form 1120-POL, line	17b ▶ \$	
4	Did the filing organization f	ile Form 1120-POL for this year	?	······································	☐ Yes ☐ No
5	organization made paymen of political contributions red	ts. For each organization listed, e ceived that were promptly and dir	ber (EIN) of all section 527 politica nter the amount paid from the filin ectly delivered to a separate politic e is needed, provide information in	g organization's funds. A cal organization, such as	lso enter the amount
(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					
For P	aperwork Reduction Act Notic	e, see the instructions for Form 990	Cat. No.	50084S Sch e	edule C (Form 990) 2022

Schedule C (Form 990) 2022 Page 2

Page 2 -

	SECTION SOT(11)).					
	Check if the filing organization belongs to an expenses, and share of excess lobbying	g expenditures).		affiliated group	member's nam	e, address, EIN,
В	Check if the filing organization checked box A Limits on Lobbying (The term "expenditures" means	g Expenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinio	on (grass roots lobbying)				
b	Total lobbying expenditures to influence a legislative					
c	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c and	l 1d)		0		
f	Lobbying nontaxable amount. Enter the amount from columns.	n the following table in b	oth			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	able amount is:			
	Not over \$500,000	20% of the amount on line				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	excess over \$500,00	00.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	excess over \$1,000,	000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex				
	Over \$17,000,000	\$1,000,000.	2000 to 10 to 2000 2000			
	* * *					
g	Grassroots nontaxable amount (enter 25% of line 1f))				
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-	t				
j	If there is an amount other than zero on either line 1 section 4911 tax for this year?					☐ Yes ☐ No
	(Some organizations that made a s columns below. See t	he separate instruc	ction do not ha	ave to comp s 2a throug		ne five
_	Lobbying Expe	enditures During 4-	Year Averagii	ng Perioa 	1	
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	2 (e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures				Schedule	C (Form 990) 2022
		Dago 2				` ,
		Page 3				
	edule C (Form 990) 2022					Page 3
P	art II-B Complete if the organization is e Form 5768 (election under secti		on 501(c)(3)	and nas NO	i filed	
			d d	ha labbiilaa	(a)	(b)
	each "Yes" response on lines 1a through 1i below, pro vity.	ovide in Part IV a detaile	a aescription or ti	пе юввуїпд	Yes N	No Amount
1	During the year, did the filing organization attempt including any attempt to influence public opinion or				i:	
а	Volunteers?					
b				.i)?		\neg
c				ē		
d						
e	Publications, or published or broadcast statements?	·				

f Grants to other organizations for lobbying pur	poses?		 		
	vernment officials, or a legislative body?				—
	s, speeches, lectures, or any similar means?				
	-, -, -, -, -, -, -, -, -, -, -, -, -, -				
j Total. Add lines 1c through 1i					
	ion to be not described in section 501(c)(3)?				
	under section 4912				
	by organization managers under section 4912		<u> </u>		
	12 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization 501(c)(6).	is exempt under section 501(c)(4), section 501(c)((5), o	r section		
				Yes	No
	eived nondeductible by members?		1		No
2 Did the organization make only in-house lobb	ring expenditures of \$2,000 or less?	•••	2		No
3 Did the organization agree to carry over lobby	ing and political expenditures from the prior year?		3		No
and if either (a) BOTH Part answered "Yes."	n is exempt under section 501(c)(4), section 501(c)(III-A, lines 1 and 2, are answered "No" OR (b) Part			5	104,205
•	litical expenditures (do not include amounts of political				
		2a		1,2	212,656
*		2b			
	M(M)	2c			212,656
)(1)(A) notices of nondeductible section 162(e) dues .	3		1,0	067,093
the organization agree to carryover to the rea	c exceeds the amount on line 3, what portion of the excess does sonable estimate of nondeductible lobbying and political	4		1	145,563
5 Taxable amount of lobbying and political expe	nditures. See Instructions	5			
Part IV Supplemental Information			ļ.		
	l; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); P his part for any additional information.	art II-	A, lines 1 a	nd 2 (se	e
Return Reference	Explanation				
INDIVIDUAI CONTRIBUT ARE REPOR CONTRIBUT ACCEPT CO ADMINISTR	FEDERALLY-REGULATED AND CAN ONLY ACCEPT PERMISSIBLE CO.S AT MHI MEMBER COMPANIES THAT HAVE GIVEN PRIOR APPROVIONS TO MHI-PAC AND DISBURSEMENTS FROM THE PAC TO FEDE FED ON THE FEC FORM 3X. MHI-PAC IS PROHIBITED FROM ACCEPIONS, BUT THE PAC ADMINISTRATIVE FUND, A NON-FEDERAL ACCEPION AND THE PAC ADMINISTRATIVE FUND, A NON-FEDERAL ACCEPION OF THE PACKED ON THE PACKED	AL. IN RAL CA TING C COUNT D TOW	DIVIDUAL ANDIDATE (CORPORATE , IS ALLOW /ARD THE	COMMITT	
		Sched	ule C (For	n 990)	2022
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Additional Data			Return t	o Form	1

Software ID: Software Version:

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ObjectId: 202443199349303964 - Submission: 2024-11-14

TIN: 36-2085558

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

	me of the organization		Employer identification number
MA	NUFACTURED HOUSING INSTITUTE		36-2085558
P	organizations Maintaining Donor Adv		or Accounts.
	Complete if the organization answered "Y		T (3)5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		L
5	Did the organization inform all donors and donor advis organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and or charitable purposes and not for the benefit of the dono private benefit?	or or donor advisor, or for any other purpose	
Pa	rt II Conservation Easements. Complete if the organization answered "Y	es" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation	on or education) Preservation of ar	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space	_ Treservation of a	certified installe structure
2	Complete lines 2a through 2d if the organization held a	a qualified conservation contribution in the fo	
	easement on the last day of the tax year.		Held at the End of the Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С.	Number of conservation easements on a certified histor		2c
d	Number of conservation easements included in (c) acquired historic structure listed in the National Register	dired after July 25, 2006, and not on a	2d
3	Number of conservation easements modified, transferr tax year ▶	red, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conservati	on easement is located 🕨	
5	Does the organization have a written policy regarding	the periodic monitoring, inspection, handling	of violations,
	and enforcement of the conservation easements it hold		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, insper	ecting, handling of violations, and enforcing c	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	, handling of violations, and enforcing conse	rvation easements during the year
•	> \$		
8	Does each conservation easement reported on line 2(d		.70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	* * * * * * * * * * * * * * * * * *	☐ Yes ☐ No
9	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial stat	
Pa	t III Organizations Maintaining Collections	s of Art, Historical Treasures, or Oth	ner Similar Assets.
1a	Complete if the organization answered "Y If the organization elected, as permitted under FASB A		nt and balance sheet works of art.
14	historical treasures, or other similar assets held for pu Part XIII, the text of the footnote to its financial stater	blic exhibition, education, or research in furth	the state of the s
b	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for pu following amounts relating to these items:		
	(i) Revenue included on 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 following amounts required to be reported under FASB	rical treasures, or other similar assets for fina	
а	Revenue included on Form 990, Part VIII, line 1		▶\$
b	Assets included in Form 990, Part X		· ·

Dar	t III	Organizations Maintaining Col	loctions of Art H	ictori	cal Tr	.03611	roc or	Othor	Similar Ac	cots (con	tinuad)	ruge =
3	_	Organizations Maintaining Col the organization's acquisition, accessio										
а		(check all that apply):	.,	d								
		Public exhibition						ange prog				
b		Scholarly research		е		Other	·					
С		Preservation for future generations										
4	Provid Part >	de a description of the organization's co	lections and explain h	ow the	y furth	er the	organiz	ation's ex	empt purpos	e in		
5		g the year, did the organization solicit o s to be sold to raise funds rather than to								☐ Yes	□ No	ı
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ line 21.		n 990,	, Part	IV, lin	ie 9, or	reporte	d an amour	nt on Forn	n 990, P	art X,
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?								☐ Yes	□ No	(
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fol	lowing	table:		Ĩ		ıA	nount		•
С	Begin	ning balance						1c				
d	Addit	ions during the year					[1d				
е	Distri	butions during the year					. [1e				
f	Endin	g balance	* * * * * * * * *					1f				•
2a	Did th	ne organization include an amount on Fo	orm 990, Part X, line 2	21, for e	escrow	or cus	stodial a	ccount lia	bility?	☐ Yes	□ No	
b	If "Ye	s," explain the arrangement in Part XIII	. Check here if the ex	planatio	on has	been	provided	d in Part X	III			
Pa	rt V	Endowment Funds.										
		Complete if the organization answ	T T									
12	Reginn	ing of year balance	(a) Current year	(b) P	rior yea	r ((c) Iwo y	ears back	(d) Three yea	rs back (e)	Four years	в раск
		outions				-				-+		
		vestment earnings, gains, and losses								-+		
		or scholarships								-		
		expenditures for facilities								_		
-		ograms										
f	Admini	strative expenses										
g	End of	year balance										
2 a		de the estimated percentage of the curr d designated or quasi-endowment >		(line 1g	g, colur	mn (a)) held a	s:				
b	Perma	anent endowment 🕨										
С	Term	endowment 🕨										
	The p	percentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
3a		nere endowment funds not in the posses pization by:	ssion of the organizati	on that	are h	eld and	d admini	stered for	r the		Yes	No
	(i) Uı	nrelated organizations								3a(i)	8	
		elated organizations								3a(ii)	
b 4		s" on 3a(ii), are the related organization				? .				3b		
4		ibe in Part XIII the intended uses of the		ment r	unas.							
Ра	rt VI	Land, Buildings, and Equipme Complete if the organization answ		n 990.	Part	IV. lin	e 11a.	See For	m 990. Parl	X. line 1	0.	
	Descri	ption of property (a) Cost or ot (investment)	ner basis (b) Cost						epreciation		Book value	
1a	Land											
b	Buildin	gs										
c	Leaseh	old improvements			38	39,375			375,194			14,181
d	Equipm	nent			16	66,153			138,608		1	27,545
е	Other				32	29,533			186,996		1	42,537
		lines 1a through 1e. (Column (d) must	egual Form 990, Part	X. colui	mn (B). line	10(c).)		-		1	84 263

Complete if the organization answered "Yes" on Form 990, (a) Description of security or category	Part IV,	ine 11b.See Fo		art X, line 12. d of valuation:
(including name of security)	Book value		t or end-of-	year market value
(1) Financial derivatives	Value			
(2) Closely-held equity interests				
(3)Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	>			
Complete if the organization answered 'Yes' on Form 990,	Part IV,			
(a) Description of investment		(b) Book value) Method of valuation: end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV, I	ine 11d. See Fo	rm 990, Pa	art X, line 15.
(a) Description				(b) Book value
(1)ROU ASSET (2)457B LONG TERM INVESTMENT				474,83 120,14
(2)				120,17
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			•	594,97
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV/ I	ine 11e or 11f S	ee Form ^Q	90. Part X. line 25
1. (a) Description of liability		110 01 11110	20 1 01111 3	(b) Book value
(1) Federal income taxes				~

	ONG TERM LIABILITY	120,140
ASE	LIABILITY OPERATING	680,547
tal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	800,687
	lity for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial sta	
ganiz	ation'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) 202
	Page 4 ————	
hedu	le D (Form 990) 2022	Page 4
art	· · · · · ·	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
-	otal revenue, gains, and other support per audited financial statements	1
1	mounts included on line 1 but not on Form 990, Part VIII, line 12:	
a i	let unrealized gains (losses) on investments]
b [Oonated services and use of facilities]
c F	Recoveries of prior year grants	1
d (Other (Describe in Part XIII.) 2d]
e /	Add lines 2a through 2d	2e
9	Subtract line 2e from line 1	3
,	mounts included on Form 990, Part VIII, line 12, but not on line 1:	
a]	nvestment expenses not included on Form 990, Part VIII, line 7b . 4a	
b (Other (Describe in Part XIII.) 4b	1
c /	dd lines 4a and 4b	4c
7	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
art		Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	T - T
	otal expenses and losses per audited financial statements	1
	mounts included on line 1 but not on Form 990, Part IX, line 25:	
	Onated services and use of facilities	4
	rior year adjustments	-
	Other losses	-
	Other (Describe in Part XIII.)	1.
	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	mounts included on Form 990, Part IX, line 25, but not on line 1:	
	nvestment expenses not included on Form 990, Part VIII, line 7b 4a	4
o (Other (Describe in Part XIII.)	1
	add lines 4a and 4b	4c
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information	-

Schedule D (Form 990) 2022

Software ID: Software Version:

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TIN: 36-2085558 OMB No. 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

		the organization	Employer identifica	Tush	ectio	n
		the organization URED HOUSING INSTITUTE	Employer identifica	tion ni	ımper	
W. J. 05100			36-2085558			
Pa	rt I	Questions Regarding Compensation				
					Yes	No
1a		k the appropiate box(es) if the organization provided any of the following to or for a person liste Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding the				
	990,	rait vii, Section A, line 1a. Complete rait iii to provide any relevant illiornation regarding the	se items.			
		First-class or charter travel Housing allowance or residence for	personal use			
		Travel for companions Payments for business use of person	onal residence			
		Tax idemnification and gross-up payments Health or social club dues or initiat	ion fees			
		Discretionary spending account Personal services (e.g., maid, chau	ffeur, chef)			
b		y of the boxes on Line 1a are checked, did the organization follow a written policy regarding pay bursement or provision of all of the expenses described above? If "No," complete Part III to exp		1b		
2		he organization require substantiation prior to reimbursing or allowing expenses incurred by all				
		tors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Li	ne 1a?	2		
3	Indic	ate which, if any, of the following the filing organization used to establish the compensation of t nization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods	he			
	used	by a related organization to establish compensation of the CEO/Executive Director, but explain	in Part III.			
		Compensation committee Written employment contract				
	$\overline{\mathbf{V}}$	Independent compensation consultant Compensation survey or study				
		Form 990 of other organizations Approval by the board or compensations	ation committee			
4		ng the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the f ed organization:	iling organization or a			
а	Rece	ive a severance payment or change-of-control payment?		4a		No
ь		cipate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		No
c		cipate in, or receive payment from, an equity-based compensation arrangement?		4c		No
·		es" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Par	t III.			140
		The State Constitution (Const. Programme Const. Programme Constitution (Const. Programme Const. Constitution				
	Only	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For p	persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
	com	pensation contingent on the revenues of:				
а	The	organization?		5a		
b	,	related organization?		5b		
	If "Y	es," on line 5a or 5b, describe in Part III.				
6		persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any pensation contingent on the net earnings of:				
а	The	organization?		6a		
ь		related organization?	a 101 a	6b		
-	100000000000000000000000000000000000000	es," on line 6a or 6b, describe in Part III.		-		
-			ai .			
7		ersons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe nents not described in lines 5 and 6? If "Yes," describe in Part III .		7		
8	subj	e any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was ect to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," d rt III	escribe	8		
9	If "Y	es" on line 8, did the organization also follow the rebuttable presumption procedure described in	Regulations section			\vdash
		958-6(c)?		9		
For I		work Reduction Act Notice, see the Instructions for Form 990. Cat. No.	50053T Schedule 3	(Forn	1 990)	2023

Page 2 —

Schedule J (Form 990) 2023 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement (D) Nontaxable (E) Total of (F) Compensation in and/or 1099-NEC and other deferred compensation column (B) reported as (B)(i)-(D) (iii) Other (i) Base (ii) deferred on prior incentive compensation Form 990 compensation 1 MARK D BOWERSOX PRESIDENT 397,485 (i) 48,105 16,500 35,044 497,134 (ii) 0 2 LESLI MCCOLLUM GOOCH CHIEF EXECUTIVE OFFICER 395,445 (i) 48,105 0 16,500 31,491 491,541 0 - - -(ii) 0 0 0 0 0 0 3 ELLEN SAVAGE VP OF MEMBER ENGAGEMENT 163,450 (i) 5,000 0 8,592 46,301 223,343 0 0 (ii) _ - - - ----0 0 0 0 4 ANNE LADEWIG (i) 133,819 0 0 4,890 24,839 163,548 VP OF MARKETING AND MEMBERSHIP 0 0 0 (ii) 0 **5** GAY A WESTBROOK SVP OF POLITICAL AND PUBLIC AFFAIRS 128,650 0 (i) 0 0 6,318 19,474 154,442 (ii) 0 0 0 0

							9	Schedule J (F	orm 990) 2023
			P	age 3 ———					
Schedule J (Form 990) 2023									Page 3
Part III Supplemental Inform									
Provide the information, explanation, or	r descriptions required for Part I, lines	1a, 1	lb, 3, 4a, 4b, 4c, 5			II. Also complete	this part for any	additional info	rmation.
Return Reference	COMPENSATION IS SET BY INDEPEND	SENIT	DEDCOME HERE	1000	planation	ANEQUE DOC:	NITATION IC	NTAINED	
PART I, LINE 3	COMPENSATION IS SET BY INDEPEND	JEIN I	PERSUNS USING	COMPAKABILITY L	DATA, CUNTEMPOR	ANEOUS DUCUME			000) 2022
								scneaule J (F	orm 990) 2023
						-			

Additional Data

Return to Form

Software ID: Software Version:

TIN: 36-2085558

OMB No. 1545-0047

2023

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Complete to prov Form 990 or

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.

Supplemental Information to Form 990 or 990-EZ

Go to www.irs.gov/Form990 for the latest information.

Name of the organization MANUFACTURED HOUSING INSTITUTE

Employer identification number

36-2085558

	36 2665336
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THE EXECUTIVE COMMITTEE MAY ACT IN PLACE OF THE BOARD OF DIRECTORS BETWEEN BOARD MEETINGS. NOTICE OF ALL ACTIONS TAKEN AT SUCH MEETINGS SHALL BE SENT TO THE BOARD OF DIRECTORS WITHIN TEN DAYS. THREE OF THE FIVE MEMBERS, WHICH MUST INCLUDE EITHER THE CHAIR OR VICE CHAIR, SHALL CONSTITUTE A QUORUM. A MAJORITY OF THOSE PRESENT AT A VALIDLY CONSTITUTED MEETING SHALL BE NECESSARY FOR INITIATION, APPROVAL OR RATIFICATION OF ANY ACTION OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR, VICE CHAIR, SECRETARY, TREASURER, AND IMMEDIATE PAST CHAIR OF MHI, ALL OF WHOM ALSO SERVE ON THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 6	I. MANUFACTURER MEMBER: A MANUFACTURER MEMBER FABRICATES MANUFACTURED AND/OR MODULAR HOUSING UNITS. THE CLASSIFICATION, QUALIFICATION, AND PRIVILEGES OF MANUFACTURER MEMBERS SHALL BE GOVERNED BY ARTICLE X OF THESE BYLANS. MANUFACTURERS WILL BE GOVERNED BY ARTICLE X OF THESE BYLANS. MANUFACTURER SWILL BE GOVERNED BY ARTICLE X OF THESE BYLANS. MANUFACTURER OF MANUFACTURER OF MANUFACTURER OF MODISING DIVISION AND A CLASSIFICATION. AND A CLASSIFICATION OF MANUFACTURER OF MODISING DIVISION AND A CLASSIFICATION. AND A CLASSIFICATION OF MANUFACTURE OF MANUFACTURE OF MODISION AND A CLASSIFICATION. AND A CLASSIFICATION OF MANUFACTURE OF MANUFACTURE OF MANUFACTURE. AND A CLASSIFICATION OF MANUFACTURE OF MANUFACTURE OF MANUFACTURE. AND A CLASSIFICATION OF MANUFACTURE OF MANUFACTURE OF MANUFACTURE. AND A CLASSIFICATION OF MANUFACTURE OF MANUFACTURE OF MANUFACTURE. AND A CLASSIFICATION OF MANUFACTURE OF MANUFACTURE OF MANUFACTURE. AND A CLASSIFICATION OF MANUFACTURE OF MANUFACTURE OF MANUFACTURE. AND A CLASSIFICATION OF MANUFACTURE OF MANUFACTURE OF MANUFACTURE. AND A CLASSIFICATION OF MANUFACTURE OF MANUFACTURE OF MANUFACTURE. AND A CLASSIFICATION OF MANUFACTURE OF MANUFACTURE OF MANUFACTURE. AND A CLASSIFICATION OF MANUFACTURE OF MANUFACTURE OF MANUFACTURE. AND A CLASSIFICATION OF MANUFACTURE OF MANUFACTURE OF MANUFACTURE. AND A CLASSIFICATION OF MANUFACTURE OF MANUFACTURE OF MANUFACTURE OF MANUFACTURE. AND A CLASSIFICATION OF MANUFACTURE OF MANUFACTURE OF MANUFACTURE OF MANUFACTURE OF MANUFACTURE. AND A CLASSIFICATION OF MANUFACTURE OF
FORM 990, PART VI,	SEE EXPLANATION ABOVE REGARDING CLASSES OF MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15A FORM 990, PART VI, SECTION C, LINE 19 FORM 990, PART VI, LINE 19 FOR	SECTION A, LINE 7A	
PART VI, SECTION A, LINE 8B FORM 990, PART VI, SECTION B, LINE 11B FORM 990, PART VI, SECTION B, LINE 15A FORM 990, PART VI, SECTION B, LINE 15A FORM 990, PART VI, SECTION B, LINE 15A FORM 990, PART VI, SECTION C, LINE 19 FORM 990, PART VI, SECTION C, LINE 19 FORM 990, PART IX, LINE 11G FORM 990, PART IX, LINE 11G FORM 990, PART IX, CHARGED SINCE THE PRIOR YEAR. THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED SINCE THE PRIOR YEAR.	PART VI, SECTION A,	SEE EXPLANATIONS ABOVE REGARDING CLASSES OF MEMBERS AND VOTING RIGHTS.
PART VI, SECTION B, LINE 11B FORM 990, PART VI, SECTION B, LINE 15A FORM 990, PART VI, SECTION B, LINE 15A FORM 990, PART VI, SECTION B, LINE 15A FORM 990, PART VI, SECTION C, LINE 19 FORM 990, PART VI, SECTION C, LINE 19 FORM 990, PART IX, LINE 11G	PART VI, SECTION A,	
PART VI, SECTION B, LINE 15A FORM 990, PART VI, SECTION C, LINE 19 FORM 990, PART IX, LINE 11G	PART VI, SECTION B,	
PART VI, SECTION C, LINE 19 FORM 990, PART IX, LINE 11G FORM 990, PART IX, LINE 11G FORM 990, PART XII, CHANGED SINCE THE PRIOR YEAR. PRESIDENT OF THE ORGANIZATION.	PART VI, SECTION B,	
PART IX, LINE 11G FORM 990, PART XII, CHANGED SINCE THE PRIOR YEAR.	PART VI, SECTION C,	
PART XII, CHANGED SINCE THE PRIOR YEAR.	PART IX,	SPECIAL PROJECTS 8,047. PAYROLL PROCESSING FEES 12,141. OTHER PROFESSIONAL FEES 620,760.
	PART XII,	

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

Cat. No. 51056K

Schedule O (Form 990) 2023

Additional Data Return to Form

Software ID: Software Version:

efile Public Visual Render ObjectId: 202443199349303964 - Submission: 2024-11-14

TIN: 36-2085558 OMB No. 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization MANUFACTURED HOUSING INSTITUTE

Inspection Employer identification number

36-2085558

Part I	Identification of Disregarded E	ntities. Com	plete if	the organ	nization answ	ered "Yes	on Fo	rm 990,	Part IV	, line 33.						
	(a) Name, address, and EIN (if applicable) of disr	egarded entity			(b) Primary ac	tivity		(c) omicile (st eign countr		(d) Total income	End-of-	(e) year assets	sets (f) Direct control entity			
Part II	Identification of Related Tax-Ex related tax-exempt organizations d							ed "Yes'		m 990, Pa		34 because		one or n		
	(a) Name, address, and EIN of related organization	ı		Primary	b) y activity	Legal domi or foreign	icile (state	e Exemp	(d) It Code se	Public (if sec	(e) charity statu tion 501(c)(3	ns Dir	(f) rect controlling entity		Sec 512(t conti	tion ()(13) rolled ity?
				POLICTICAL ACTION COMMITTEE		VA 52		527	27				CTURED HO	URED HOUSING		
(2)MANUFACTURED HOUSING EDUCATIONAL INSTITUTE 1655 NORTH FORT MYER DRIVE SUITE 20 ARLINGTON, VA 22209 54-1567977			ANUFACTURE DUCATIONAL	ED HOUSING PROGRAMS	I	N	501(C)(3)		LINE 10		N/A				No	
3. 130,3,,																
														Sec. of		
For Paper	work Reduction Act Notice, see the In	structions for				Cai	t. No. 50)135Y				Sch	nedule R	(Form 9	90) 20	123
Schedule R	(Form 990) 2023		- Page	2 —											Pag	e 2
Part III	Identification of Related Organi one or more related organizations t						e organ	ization a	answere	d "Yes" on	Form 990), Part IV, I	ine 34, I	oecause	it had	
(a) (b) Name, address, and EIN of Primal		(b) Primary activity	(c) Legal domicile (state of foreign country	or entity	Predom income(n unrela excluded f under se 512-5	inant elated, ted, rom tax ections	(f) Share of total income	(g) Share of end-of- year assets	f Dispro	(h) prtionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	(j) eral or aging tner?	Perce	k) ntage ership	
										Tes	No		163	140		
										1						
						1										
				+		1				1						
										1						
Part IV	Identification of Related Organi because it had one or more related									n answere	d "Yes" on	Form 990	, Part IV	, line 34	8	
	(a) Name, address, and EIN of related organization	(b) Primary act	tivity	d	(c) Legal lomicile	Direct co	d) ontrolling tity	Type of (C cor	entity S	(f) hare of total income	(g) Share of en of-year	d- Perce	h) entage ership	Section	(i) n 512(b) olled ent	(13) ity?

Country) or trust) Yes	No
Schedule R (Form 990) 2	.023
	-
Schedule R (Form 990) 2023 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	ge 3
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	No
b Gift, grant, or capital contribution to related organization(s)	No
d Loans or loan guarantees to or for related organization(s)	No
e Loans or loan guarantees by related organization(s)	No
f Dividends from related organization(s)	No
g Sale of assets to related organization(s)	No
h Purchase of assets from related organization(s)	No
i Exchange of assets with related organization(s)	No
k Lease of facilities, equipment, or other assets from related organization(s)	No
I Performance of services or membership or fundraising solicitations for related organization(s)	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	
Sharing of racilities, equipment, mailing lists, or other assets with related organization(s)	
o Sharing of paid employees with related organization(s)	No
is ordering or defined, equipment, making local ordering and experience of equipment of the control of the cont	No
o Sharing of paid employees with related organization(s)	
o Sharing of paid employees with related organization(s)	No No
o Sharing of paid employees with related organization(s)	No
o Sharing of paid employees with related organization(s)	No No
o Sharing of paid employees with related organization(s)	No No
o Sharing of paid employees with related organization(s)	No No
o Sharing of paid employees with related organization(s)	No No
o Sharing of paid employees with related organization(s)	No No
o Sharing of paid employees with related organization(s)	No No
o Sharing of paid employees with related organization(s)	No No
o Sharing of paid employees with related organization(s)	No No
o Sharing of paid employees with related organization(s)	No No
o Sharing of paid employees with related organization(s)	No No
o Sharing of paid employees with related organization(s)	No No
o Sharing of paid employees with related organization(s)	No No 2023
o Sharing of paid employees with related organization(s)	No No Post of the
o Sharing of paid employees with related organization(s)	No N
o Sharing of paid employees with related organization(s)	No No No Property No
O Sharing of paid employees with related organization(s)	No N
o Sharing of paid employees with related organization(s) for expenses	No N
o Sharing of paid employees with related organization(s)	No N
o Sharing of paid employees with related organization(s) for expenses	No N

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	Provide additional infor		ses to question	ons on Sche	edule R. See in	structions.		planation					
Part VII	Supplemental Info	ormation											Page 5
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