



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**

A For the 2008 calendar year, or tax year beginning , 2008, and ending

B Check if applicable	<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C MISSISSIPPI MANUFACTURED HOUSING ASSN. POST OFFICE BOX 320369 JACKSON, MS 39232-0369	D Employer identification number E Telephone number
			F Group Exemption Number ►

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		G Accounting method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual Other (specify) ►
I Website: ► <u>N/A</u>		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (<u>6</u>) ▶ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return				
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ		► \$ <u>593,544</u>		

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE		1	1
1	Contributions, gifts, grants, and similar amounts received		
2	Program service revenue including government fees and contracts	2	4,884.
3	Membership dues and assessments	3	513,392.
4	Investment income	4	45,268.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c	
6	Special events and activities (complete applicable parts of Schedule G)-If any amount is from gaming, check here ► <input type="checkbox"/>	6a	30,000.
a	Gross revenue (not including \$ reported on line 1)*	6b	4,021.
b	Less direct expenses other than fundraising expenses	6c	25,979.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8	Other revenue (describe ►)	9	589,523.
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	10	
10	Grants and similar amounts paid (attach schedule)	11	
11	Benefits paid to or for members	12	174,613.
12	Salaries, other compensation, and employee benefits	13	10,777.
13	Professional fees and other payments to independent contractors	14	
14	Occupancy, rent, utilities, and maintenance	15	10,348.
15	Printing, publications, postage, and shipping	16	322,633.
16	Other expenses (describe ► SEE STATEMENT 2)	17	518,371.
17	Total expenses (add lines 10 through 16)	18	71,152.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	1,442,682.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	
20	Other changes in net assets or fund balances (attach explanation)	21	1,513,834.
21	Net assets or fund balances at end of year. Combine lines 18 through 20		

Part II **Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	934,796.	22
23	Land and buildings	473,510.	23
24	Other assets (describe ▶ <u>SEE STATEMENT 3</u>)	40,185.	24
25	Total assets	1,448,491.	25
26	Total liabilities (describe ▶ <u>SEE STATEMENT 4</u>)	5,809.	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,442,682.	27
		1,513,834.	

Part III Statement of Program Service Accomplishments (See the instructions.)

Expenses

What is the organization's primary exempt purpose? IMPROVE MANUFACTURED HOUSING INDUSTRY

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3)
and (4) organizations and
4947(a)(1) trusts, optional
for others)

28 SPONSORED SEMINARS AND TRADE SHOWS TO EDUCATE THE GENERAL PUBLIC REGARDING THE MANUFACTURED HOUSING INDUSTRY.

- 1 -

(Grants \$) If this amount includes foreign grants, check here ► 28a 253,770.

29 SPONSORED EDUCATIONAL SEMINARS TO MANUFACTURED HOUSING MEMBERS TO ASSIST THEM IN MARKETING.

28a 253, 770.

(Grants \$) If this amount includes foreign grants, check here 29a 65,483.

30 THE ASSOCIATION PROVIDES LEGAL ASSISTANCE TO MEMBERS REGARDING ISSUES CONCERNING THE MANUFACTURED HOUSING INDUSTRY.

29a

65, 483.

(Grants \$) If this amount includes foreign grants, check here 30a 37,376.

31 Other program services (attach schedule)

3. Other program services (attach schedule) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a)

31 a

Part V. List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address **(b) Title and average hours per week devoted to position** **(c) Compensation (If not paid, enter -0-.)** **(d) Contributions to employee benefit plans and deferred compensation** **(e) Expense account and other allowances**

SEE STATEMENT 5 84.197. 8,420. 0.

Part V Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

	Yes	No
33		X
34		X
35a		X
35b		

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?
 b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

36	X
37b	X

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
 If 'Yes,' complete applicable parts of Schedule N

► 37a | 0.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37b	X

b Did the organization file **Form 1120-POL** for this year?

38a	X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

38b	N/A
39a	N/A

39b	N/A

39 501(c)(7) organizations Enter
 a Initiation fees and capital contributions included on line 9
 b Gross receipts, included on line 9, for public use of club facilities

40a	
40b	
40c	

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.

section 4911 ► N/A; section 4912 ► N/A, section 4955 ► N/A

40d	
40e	X

40f	
40g	

40h	
40i	

40j	
40k	

41 List the states with which a copy of this return is filed ► NONE

42a The books are in care of ► JENNIFER HALL Telephone no. ► (601) 939-8820
 Located at ► 1001 AIRPORT ROAD FLOWOOD, MS ZIP + 4 ► 39208

	Yes	No
42b		X

42c		X
42d		

42e		
42f		

42g		
42h		

42i		
42j		

42k		
42l		

42m		
42n		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year

► N/A

43		
44		

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44		X
45		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

45		X
46		

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	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	Yes	No	
46				
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II			
47				
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E			
48				
49a	Did the organization make any transfers to an exempt non-charitable related organization?			
49a				
b	If 'Yes,' was the related organization(s) a section 527 organization?			
49b				
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'			
(a) Name and address of each employee paid more than \$100,000		(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000 ►		

Sign Here	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		
	Signature of officer		
Jennifer Hall			
Type or print name and title			
Executive Director			

Paid Preparer's Use Only	Preparer's signature ► <i>Anthony L Huffman CPA</i>	Date <i>7/1/14</i>	Check if self-employed ► <input type="checkbox"/> N/A	Preparer's Identifying Number (See instructions) <i>N/A</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <i>HUFFMAN & COMPANY, CPA, P.A.</i>		EIN	<i>N/A</i>
			Phone no	► (601) 933-1986

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

Form 990-EZ (2008)

Political Campaign and Lobbying Activities**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization

MISSISSIPPI MANUFACTURED HOUSING ASSN.

Employer identification number

64-0439816**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ► \$ _____

3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

 Yes No

4a Was a correction made?

 Yes No

b If 'Yes,' describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal 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-

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

A Check if the filing organization belongs to an affiliated group.

B Check if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures – (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
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 excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of?			
a Volunteers?			
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 other means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total lines 1c through 1i			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	X

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, question 3 is answered 'Yes.' See Schedule C Instructions for details.

1 Dues, assessments and similar amounts from members .	1	513, 392.
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	43, 426.
b Carryover from last year	2b	
c Total	2c	43, 426.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	40, 301.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	3, 125.
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	0.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; and Part II-B, line 11. Also, complete this part for any additional information.

Part IV Supplemental Information (continued)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

Employer identification number

MISSISSIPPI MANUFACTURED HOUSING ASSN.

64-0439816

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule G (Form 990 or 990-EZ) 2008

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 TRADE SHOWS (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts	30,000.			30,000.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	30,000.			30,000.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	4,021.			4,021.
	8 Direct expense summary Add lines 4- through 7 in column (d)				4,021.
	9 Net income summary Combine lines 3 and 8 in column (d)				25,979.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? YES NO

b If 'No,' Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 9a

b If 'Yes,' Explain _____

11 Does the organization operate gaming activities with nonmembers? 11

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12

13 Indicate the percentage of gaming activity operated in
 a The organization's facility
 b An outside facility

	YES	NO
13a	%	
13b	%	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

15a

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.

c If 'Yes,' enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ► \$

BAA

TEEA3703L 07/18/08

Schedule G (Form 990 or 990-EZ) 2008

AS AMENDED

2008

FEDERAL STATEMENTS

PAGE 1

CLIENT MMHA

MISSISSIPPI MANUFACTURED HOUSING ASSN.

64-0439816

11/23/10

11 42AM

EXPLANATION OF AMENDED RETURN

RETURN IS BEING AMENDED TO COMPLETE SCHEDULE C PART IIIB.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

AUTO EXPENSE	\$	6,594.
BANK SERVICE CHARGES		297.
CLIPPING SERVICES		2,022.
CONFERENCES, CONVENTIONS, AND MEETINGS		13,489.
CONTRIBUTIONS		32,484.
DEPRECIATION		26,751.
DUES & MEMBERSHIPS		12,874.
EQUIPMENT RENTAL AND MAINTENAN		11,881.
GIFTS		1,570.
INSURANCE		24,499.
INTEREST		2,025.
JANITORIAL		3,000.
LANDSCAPE		6,175.
LEGISLATIVE/GOVERNMENT RELATIO		37,376.
MARKETING/PUBLIC RELATIONS		61,462.
PROPERTY TAXES		8,917.
REPAIRS & MAINTENANCE		2,731.
SUBSCRIPTIONS & PUBLICATIONS		3,195.
SUPPLIES		14,870.
TELEPHONE		9,534.
TRAVEL		32,284.
UTILITIES		8,603.
TOTAL	\$	<u>322,633.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
AUTOMOBILES	\$ 33,376.	\$ 25,959.
DEPOSITS	150.	150.
FURNITURE AND FIXTURES	4,178.	2,955.
MACHINERY AND EQUIPMENT	2,481.	1,841.
TOTAL	\$ 40,185.	\$ 30,905.

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
PAYROLL TAXES PAYABLE	\$ 5,809.	\$ 5,466.
TOTAL	\$ 5,809.	\$ 5,466.

AS AMENDED

2008

FEDERAL STATEMENTS

PAGE 2

CLIENT MMHA

MISSISSIPPI MANUFACTURED HOUSING ASSN.

64-0439816

11/23/10

11 42AM

STATEMENT 5
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RICHIE SWINNEY POST OFFICE BOX 366 TUPELO, MS 38826-0366	DIRECTOR 0	0. \$	0. \$	0. 0.
CHARLES STRICKLIN POST OFFICE BOX 6198 PEARL, MS 39288-6198	PAST PRESIDENT 0	0.	0.	0.
GRADY TUCKER 876 N. BIERDEMAN ROAD PEARL, MS 39208	VICE PRESIDENT 0	0.	0.	0.
JEFF BELL POST OFFICE BOX 2006 RIDGELEND, MS 39158-2006	DIRECTOR 0	0.	0.	0.
KEN WILSON POST OFFICE BOX 1299 TUPELO, MS 38802-1299	VICE PRESIDENT 0	0.	0.	0.
PAUL ADAMS POST OFFICE BOX 207 YAZOO CITY, MS 39194-0207	DIRECTOR 0	0.	0.	0.
CARL BROWN 118 WHISPER RIDGE DRIVE MADISON, MS 39110	DIRECTOR 0	0.	0.	0.
RUSTY RUNNELS 576 HWY 49 FLORA, MS 39071	DIRECTOR 0	0.	0.	0.
SHANE UPSHAW 1333 HWY 61 SOUTH VICKSBURG, MS 39180	PRESIDENT 0	0.	0.	0.
HAROLD WILSON POST OFFICE BOX 2199 TUPELO, MS 38802-2199	DIRECTOR 0	0.	0.	0.
MIKE BRAND 3412 HIGHWAY 90 GAUTIER, MS 39553	DIRECTOR 0	0.	0.	0.
JOHN ARNOLD POST OFFICE BOX 300 ADDISON, AL 35540-0300	VICE PRESIDENT 0	0.	0.	0.

AS AMENDED

2008

FEDERAL STATEMENTS

PAGE 3

CLIENT MMHA

MISSISSIPPI MANUFACTURED HOUSING ASSN.

64-0439816

11/23/10

11 42AM

STATEMENT 5 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
GEORGE CAMPBELL 7390 HWY 49 NORTH HATTIESBURG, MS 39402	DIRECTOR 0	0. \$	0. \$	0.
BOB BROWN 15912 N. JACKSON ST. DURANT, MS 39063	DIRECTOR 0	0.	0.	0.
BRENT CAPPAERT 680 BELVA DRIVE VICKSBURG, MS 39180	DIRECTOR 0	0.	0.	0.
RENEE GRIMES 501 HIGHWAY 16 EAST CARTHAGE, MS 39051	DIRECTOR 0	0.	0.	0.
BRENT HARRIS 7156 HWY 45 NORTH NETTLETON, MS 38858	DIRECTOR 0	0.	0.	0.
JOHN MITCHELL 2430 HWY 80 EAST PEARL, MS 39208	DIRECTOR 0	0.	0.	0.
DENNIS WILSON POST OFFICE BOX 1301 TUPELO, MS 38802-1301	DIRECTOR 0	0.	0.	0.
DAVID REYNOLDS 7201 HWY 49 N HATTIESBURG, MS 39402	DIRECTOR 0	0.	0.	0.
JENNIFER HALL POST OFFICE BOX 320369 JACKSON, MS 39232-0369	EXEC. DIRECTOR 0	84,197.	8,420.	0.
GARY FORDHAM POST OFFICE BOX 307 HATTIESBURG, MS 39403-0307	VICE PRESIDENT 0	0.	0.	0.
MIKE CAPPAERT POST OFFICE BOX 820567 VICKSBURG, MS 39182-0567	DIRECTOR 0	0.	0.	0.
TOTAL		\$ 84,197.	\$ 8,420.	\$ 0.

AS AMENDED

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization MISSISSIPPI MANUFACTURED HOUSING ASSN.	Employer identification number 64-0439816
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions POST OFFICE BOX 320369	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions JACKSON, MS 39232-0369	
Check type of return to be filed (file a separate application for each return):		
<input type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-BL <input checked="" type="checkbox"/> Form 990-EZ <input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (corporation) <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) <input type="checkbox"/> Form 990-T (trust other than above) <input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 4720 <input type="checkbox"/> Form 5227 <input type="checkbox"/> Form 6069 <input type="checkbox"/> Form 8870

- The books are in the care of ► JENNIFER HALL

Telephone No ► (601) 939-8820 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 09, to file the exempt organization return for the organization named above.

The extension is for the organization's return for

- calendar year 20 08 or
- tax year beginning , 20 , and ending , 20

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <input type="text"/> 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <input type="text"/> 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <input type="text"/> 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)