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## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012

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

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

Open to Public  
Inspection

A For the 2012 calendar year, or tax year beginning

, 2012, and ending

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C  
MISSISSIPPI MANUFACTURED HOUSING ASSN.  
POST OFFICE BOX 320369  
JACKSON, MS 39232-0369

D Employer Identification Number

64-0439816

E Telephone number

601-939-8820

G Gross receipts \$ 405,427.

F Name and address of principal officer

SAME AS C ABOVE

H(a) Is this a group return for affiliates?

 Yes  NoH(b) Are all affiliates included?  
If 'No,' attach a list (see instructions) Yes  No

I Tax-exempt status

501(c)(3)

501(c)

( 6 )

► (insert no)

4947(a)(1) or

527

J Website: ► MSMMA.COM

H(c) Group exemption number ►

K Form of organization

Corporation

Trust

Association

Other ►

L Year of Formation

M State of legal domicile

## Part I Summary

1 Briefly describe the organization's mission or most significant activities IMPROVE MANUFACTURED HOUSING INDUSTRY

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2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3 21

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 21

5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)

5 4

6 Total number of volunteers (estimate if necessary)

6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0.

b Net unrelated business taxable income from Form 990-T, line 34

7b 0.

SCANNED AUG 14 2013 Activities &amp; Governance

Revenue

Expenses

Fund Balances

Sign Here

Paid Preparer Use Only

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

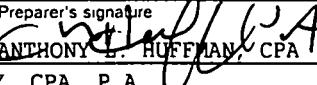
TEEA0113L 12/18/12

Form 990 (2012)

	RECEIVED 6333 22, 2013 JENNIFER HALL DODGE, UT	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		242,630.	390,820.
9 Program service revenue (Part VIII, line 2g)		7,120.	6,825.
10 Investment income (Part VIII, column (A), lines 3-4 and 7d)	22, 2013	-1,785.	4,981.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10c, and 11e)	RSOSC	247,965.	402,626.
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 2)			
13 Grants and similar amounts paid (Part IX, column (A), line 8)			
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		192,649.	191,632.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25)		234,049.	275,617.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		426,698.	467,249.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		-178,733.	-64,623.
19 Revenue less expenses Subtract line 18 from line 12			
20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)		994,423.	930,199.
22 Net assets or fund balances Subtract line 21 from line 20		4,737.	5,136.
		989,686.	925,063.

## Part II 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

Sign Here	►  Signature of officer	Date	7-16-2013	
	► JENNIFER HALL Type or print name and title	CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	ANTHONY L. HUFFMAN, CPA		7/01/13	P00835278
	Firm's name	HUFFMAN & COMPANY, CPA, P.A.	Firm's EIN	64-0832213
	Firm's address	P. O. BOX 321330 FLOWOOD, MS 39232-1330	Phone no.	(601) 933-1986

g13

18

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission:IMPROVE MANUFACTURED HOUSING INDUSTRY2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes  No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes  No

If 'Yes,' describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported4 a (Code: \_\_\_\_\_) (Expenses \$ 253,602, including grants of \$ \_\_\_\_\_) (Revenue \$ 26,375)SPONSORED SEMINARS AND TRADE SHOWS TO EDUCATE THE GENERAL PUBLIC REGARDING THE MANUFACTURED HOUSING INDUSTRY4 b (Code: \_\_\_\_\_) (Expenses \$ 43,548, including grants of \$ \_\_\_\_\_) (Revenue \$ 3,820)SPONSORED EDUCATIONAL SEMINARS TO MANUFACTURED HOUSING MEMBERS TO ASSIST THEM IN MARKETING4 c (Code: \_\_\_\_\_) (Expenses \$ 36,819, including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)THE ASSOCIATION PROVIDES LEGAL ASSISTANCE TO MEMBERS REGARDING ISSUES CONCERNING THE MANUFACTURED HOUSING INDUSTRY

4 d Other program services. (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4 e Total program service expenses ► 333,969.

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

4 **Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V

11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI

b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII

c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV

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)

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

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3	X	
4		
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20	X	
20b		

## Part IV Checklist of Required Schedules (continued)

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

BAA

Form 990 (2012)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	6
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings? <input type="checkbox"/>	1 c	X
2 a 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	2 a	4
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2 b	X
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	
4 a 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)?	4 a	X
b If 'Yes,' enter the name of the foreign country ►  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5 a	X
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 c	
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	6 a	X
6 a 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?	6 b	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7 a	
7 <b>Organizations that may receive deductible contributions under section 170(c).</b>	7 b	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 c	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 e	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 f	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9 a	
8 <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9 b	
9 <b>Sponsoring organizations maintaining donor advised funds.</b>		
a Did the organization make any taxable distributions under section 4966?	10 a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	10 b	
10 <b>Section 501(c)(7) organizations.</b> Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	11 a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11 b	
11 <b>Section 501(c)(12) organizations.</b> Enter:		
a Gross income from members or shareholders	12 a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12 b	
12 a <b>Section 4947(a)(1) non - exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <input type="checkbox"/>		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	13 a	
13 <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13 b	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 c	
c Enter the amount of reserves on hand	14 a	X
14 a Did the organization receive any payments for indoor tanning services during the tax year?  b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

		Yes	No
1 a	21		
1 b	21		
2		X	
3		X	
4		X	
5		X	
6	X		
7 a	X		
7 b		X	
8 a	X		
8 b	X		
9		X	

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a		X
b		
10 b		
11 a	X	
12 a	X	
b		
12 b	X	
c		
12 c	X	
13	X	
14		X
15		
a		
15 a	X	
b		
15 b	X	
16 a		X
b		
16 b		

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website  Another's website  Upon request  Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► JENNIFER HALL 1001 AIRPORT ROAD FLOWOOD MS 39232 (601) 939-8820

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(1) RICHIE SWINNEY DIRECTOR	0 0	X						0.	0.	0.
(2) SUSAN GEORGE DIRECTOR	0 0	X						0.	0.	0.
(3) JEFF BELL DIRECTOR	0 0	X						0.	0.	0.
(4) KEN WILSON PAST PRESIDENT	0 0	X						0.	0.	0.
(5) RICK BOSTICK DIRECTOR	0 0	X						0.	0.	0.
(6) SCOTT LINGLE DIRECTOR	0 0	X						0.	0.	0.
(7) SHANE UPSHAW DIRECTOR	0 0	X						0.	0.	0.
(8) RICK HURST DIRECTOR	0 0	X						0.	0.	0.
(9) JOHN PHILLIPS DIRECTOR	0 0	X						0.	0.	0.
(10) TRACY RAPER DIRECTOR	0 0	X						0.	0.	0.
(11) BRENT CAPPAERT DIRECTOR	0 0	X						0.	0.	0.
(12) GREG SMITH DIRECTOR	0 0	X						0.	0.	0.
(13) JOHN MITCHELL DIRECTOR	0 0	X						0.	0.	0.
(14) RANDY SWEET DIRECTOR	0 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		or director	Individual trustee	Officer	Key employee	Highest compensated employee			
(15) GARY FORDHAM DIRECTOR	0 0	X					0.	0.	0.
(16) MIKE CAPPAERT DIRECTOR	0 0	X					0.	0.	0.
(17) GRADY TUCKER VICE PRESIDENT	0 0		X				0.	0.	0.
(18) RYAN CAMPBELL SENIOR VICE PRES	0 0		X				0.	0.	0.
(19) GEORGE CAMPBELL VICE PRESIDENT	0 0		X				0.	0.	0.
(20) BOB BROWN VICE PRESIDENT	0 0		X				0.	0.	0.
(21) BRENT HARRIS PRESIDENT	0 0		X				0.	0.	0.
(22) JENNIFER HALL EXEC. DIRECTOR	40 0			X			90,078.	0.	0.
(23) NELL HUHN OFFICE MANAGER	40 0			X			41,838.	0.	0.
(24)									
(25)									
1 b Sub-total							131,916.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							131,916.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	► 0								
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual							3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual							4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person							5		X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f				
	g Noncash contributions included in line 1a-1f	\$				
	<b>h Total. Add lines 1a-1f</b>	►				
<b>PROGRAM SERVICE REVENUE</b>	2 a <u>MEMBERSHIP DUES &amp; ASSESSMENTS</u>	<b>Business Code</b>	360,625.	360,625.		
	b <u>ANNUAL CONVENTION</u>		26,375.		26,375.	
	c <u>SEMINARS</u>		3,820.		3,820.	
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	►	390,820.			
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts)	►	6,825.	6,825.		
	4 Income from investment of tax-exempt bond proceeds	►				
	5 Royalties	►				
	6 a Gross rents	(i) Real	(ii) Personal			
	b Less rental expenses	804.				
	c Rental income or (loss)	804.				
	d Net rental income or (loss)	►	804.			804.
<b>OTHER REVENUE</b>	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	►				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)					
	See Part IV, line 18	a	3,000.			
	b Less direct expenses	b	2,801.	199.		199.
<b>OTHER REVENUE</b>	c Net income or (loss) from fundraising events	►				
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	►				
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	►				
	<b>Miscellaneous Revenue</b>	<b>Business Code</b>				
11 a <u>NET GAIN ON INVOLUNTARY C</u>		3,978.	3,978.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	►	3,978.				
12 Total revenue. See instructions	►	402,626.	371,428.	0.	31,198.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX 

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	161,720.	95,235.	66,485.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	16,314.	9,607.	6,707.	
9 Other employee benefits				
10 Payroll taxes	13,598.	8,008.	5,590.	
11 Fees for services (non-employees)				
a Management				
b Legal	36,819.	36,624.	195.	
c Accounting	5,817.	3,426.	2,391.	
d Lobbying	4,991.	4,991.		
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)				
12 Advertising and promotion	18,792.	18,792.		
13 Office expenses	6,741.	3,970.	2,771.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	4,171.	4,171.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization.	22,442.	13,216.	9,226.	
23 Insurance	30,438.	17,925.	12,513.	
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 ANNUAL CONVENTION	58,265.	58,265.		
b SEMINARS/MEETINGS	18,864.	17,120.	1,744.	
c EQUIPMENT RENTAL AND MAINTENAN	11,282.	6,644.	4,638.	
d PROPERTY TAXES	9,055.	5,332.	3,722.	
e All other expenses SEE SCH. O	47,940.	30,643.	17,299.	
25 Total functional expenses. Add lines 1 through 24e	467,249.	333,969.	133,281.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here □ if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X 

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing		1	
	2 Savings and temporary cash investments	581,966.	2	533,679.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a	812,787.	
	b Less accumulated depreciation	10b	416,417.	412,307.
	11 Investments – publicly traded securities		10c	396,370.
	12 Investments – other securities. See Part IV, line 11		11	
	13 Investments – program-related See Part IV, line 11		12	
	14 Intangible assets		13	
LIABILITIES	15 Other assets See Part IV, line 11		14	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	150.	15	150.
		994,423.	16	930,199.
	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
NET ASSETS OR FUND BALANCES	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	4,737.	25	5,136.
	26 Total liabilities. Add lines 17 through 25	4,737.	26	5,136.
	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	989,686.	27	925,063.
BALANCE	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	989,686.	33	925,063.
	34 Total liabilities and net assets/fund balances	994,423.	34	930,199.

BAA

Form 990 (2012)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	402,626.
2 Total expenses (must equal Part IX, column (A), line 25)	2	467,249.
3 Revenue less expenses Subtract line 2 from line 1	3	-64,623.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	989,686.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	925,063.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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 X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a X	
3b 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	3b	

BAA

Form 990 (2012)

**SCHEDULE C**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

**2012**Open to Public  
Inspection**If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

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

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

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

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

Name of organization Employer identification number

MISSISSIPPI MANUFACTURED HOUSING ASSN.

64-0439816

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV SEE PART IV
- 2 Political expenditures ► \$ 3,937.
- 3 Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 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

**4 a** Was a correction made?  Yes  No

**b** If 'Yes,' describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c) , except section 501(c)(3).**

- 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 ► \$ 3,937.
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ 3,937.
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 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) MMHA VPAC	P_O_BOX_320369 FLOWOOD, MS 39232	64-0916043	3,937.	
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2012

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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 If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		
j	If there is an amount other than 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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Schedule C (Form 990 or 990-EZ) 2012

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(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 similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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 carry over lobbying and political expenditures from the prior year?	3	X

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	360,625.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	27,937.
b Carryover from last year	2b	20,486.
c Total	2c	48,423.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	91,743.
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	0.
5 Taxable amount of lobbying and political expenditures (see instructions)	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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES

TO PROVIDE CAMPAIGN CONTRIBUTIONS TO SUPPORT CANDIDATES FOR ELECTION TO OFFICE IN  
THE STATE OF MISSISSIPPI.

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

Employer identification number

MISSISSIPPI MANUFACTURED HOUSING ASSN.

64-0439816

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		
		<b>Held at the End of the Tax Year</b>
a Total number of conservation easements	2 a	
b Total acreage restricted by conservation easements	2 b	
c Number of conservation easements on a certified historic structure included in (a)	2 c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation 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 holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		164,035.		164,035.
b Buildings		359,314.	153,334.	205,980.
c Leasehold improvements		114,351.	110,575.	3,776.
d Equipment		83,517.	77,274.	6,243.
e Other		91,570.	75,234.	16,336.

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

396,370.

BAA

Schedule D (Form 990) 2012

**Part VII Investments – Other Securities.** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►</b>		

**Part VIII Investments – Program Related.** See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►</b>		

**Part IX Other Assets.** See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
<b>Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ►</b>	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL TAXES PAYABLE	5,136.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ►</b>	5,136.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A**

Statement of Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	2a
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIII)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIII)	4b
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return** N/A

1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIII )	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIII )	4b
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5

## **Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

**BAA**

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**Schedule D (Form 990) 2012**

## MISSISSIPPI MANUFACTURED HOUSING ASSN.

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS/ECT	CUR/179	SPECIAL DEPR	PRIOR 179/BASIS	SALVAG/DEC BAL	PRIOR DEPR	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
FORM 990/990-PF															
	AUTO / TRANSPORT EQUIPMENT														
94	2007 FORD EXPEDITION	9/13/07		37,084											
	TOTAL AUTO / TRANSPORT EQUIP			37,084		0	0	0	0	37,084	33,376				
	BUILDINGS														
44	OFFICE BUILDING	4/21/97		369,219							369,219	139,254	S/L	MM	39
73	OUTDOOR PATIO	8/15/99		3,900							3,900	3,900	S/L	HY	10
96	FENCING	10/31/07		1,626							1,626	612	150DB	HY	15
	TOTAL BUILDINGS			374,745		0	0	0	0	374,745	33,376				
	FURNITURE AND FIXTURES														
1	CAROUSEL TRAY	10/02/79		12							12	12			0
2	PROJECTOR	3/13/80		272							272	272			0
3	SLIDE SYNCH RECORDER	3/12/80		186							186	186			0
4	SLIDE PROJECTOR	5/20/80		151							151	151			0
5	FILE CABINET	10/28/80		74							74	74			0
6	CHAIR MAT	3/04/81		76							76	76			0
7	CHAIR MAT	8/02/82		81							81	81			0
8	SECRETARY DESK	7/14/82		831							831	831			0
9	BOOKCASES	9/15/82		166							166	166			0
10	LEGAL FILE CABINET	10/19/82		145							145	145			0
11	TRANSCRIBING MACHINE	7/19/84		885							885	885			0
12	CALCULATOR	7/09/84		259							259	259			0

## MISSISSIPPI MANUFACTURED HOUSING ASSN.

64-0439816

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS/ECT	CUR/179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR BONUS/SP DEPR.	179/BASIS	PRIOR DEC BAL/DEPR.	SAVAG REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
13	SLIDE PROJECTOR	7/01/85		432						432		432					0
14	TYPEWRITER	3/02/87		1,053						1,053		1,053	200DB	HY	10	0	0
15	STAND	11/02/87		63						63		63	200DB	HY	10	0	0
16	BLINDS	12/03/87		33						33		33	200DB	HY	10	0	0
17	PHONE SYSTEM	1/04/89	2/20/12	2,067						2,067		2,067	S/L	HY	10	0	0
18	OFFICE EQUIPMENT	4/20/89		95						95		95	S/L	HY	10	0	0
19	ELECTRIC STAPLER	9/27/93		138						138		133	S/L	HY	5	0	0
20	FOUR FOLDING CHAIRS	10/05/93		60						60		60	S/L	HY	5	0	0
21	2 WASTEBASKETS	10/05/93		6						6		6	S/L	HY	5	0	0
22	EASEL	10/05/93		37						37		37	S/L	HY	5	0	0
23	OFFICE FURNITURE	10/18/90		1,365						1,365		1,324	S/L	HY	10	0	0
24	BLINDS AND DRAPE	12/05/90		678						678		652	S/L	HY	10	0	0
25	LAMP	12/13/90		58						58		58	S/L	HY	10	0	0
26	POSTAL SCALES	4/25/91		360						360		360	S/L	HY	10	0	0
27	CABINETS	11/05/91		280						280		280	S/L	HY	10	0	0
28	EASEL	7/03/91		86						86		86	S/L	HY	10	0	0
29	ELECTRIC STAPLER	4/06/92		140						140		140	S/L	HY	10	0	0
30	TV/VCR	4/24/92		427						427		427	S/L	HY	5	0	0
31	PHOTO IMAGES	4/07/94		2,859						2,859		2,859	S/L	HY	10	0	0
32	PICTURES	12/01/95		979						979		939	S/L	HY	10	0	0
42	TELEPHONE SYSTEM	4/21/97	2/20/12	9,471						9,471		9,471	S/L	HY	7	0	0
43	FURNITURE & FIXTURES	2/15/96		1,152						1,152		1,152	S/L	HY	7	0	0
46	APPLIANCES	4/21/97		2,574						2,574		2,574	S/L	HY	7	0	0
47	FURNITURE & FIXTURES	4/21/97		32,989						32,989		32,989	S/L	HY	7	0	0
48	BLINDS AND DRAPE	11/11/97		2,916						2,916		2,916	S/L	HY	7	0	0
49	TABLES	12/24/97		952						952		952	S/L	HY	7	0	0
52	FILE CABINET	7/15/98		1,225						1,225		1,225	S/L	HY	7	0	0



## MISSISSIPPI MANUFACTURED HOUSING ASSN.

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	CUR 179/ BONUS / BONUS / ALLOW	SPECIAL DEPR. / BONUS / DEPR. / DEPR.	PRIOR 179/ BONUS / DECR. / DEPR.	SALVAG / BASIS / DEPR. / REDUCT.	PRIOR DEPR. BASIS	METHOD	LIFE	RATE	CURRENT DEPR.
66	LANDSCAPING	10/22/98		7,754					7,754	7,754	S/L	10	0
82	BACKFLOW PREVENTOR	9/05/00		2,418					2,418	1,959	PRE	15	.05000
	TOTAL IMPROVEMENTS			114,351	0	0	0	0	114,351	103,506			7,069
	LAND												
45	LAND FOR BUILDING	9/15/95		63,699					63,699				0
50	LAND	5/01/97		100,336					100,336				0
	TOTAL LAND			164,035	0	0	0	0	164,035	0			0
	MACHINERY AND EQUIPMENT												
33	COMPUTER SOFTWARE	10/01/91		56					56	56	S/L	HY	5
34	COMPUTER SOFTWARE	10/30/91		3,400					3,400	3,173	S/L	HY	5
35	COMPUTER HARDWARE	12/16/91		5,208					5,208	4,689	S/L	HY	5
36	COMPUTER WORDFILE	1/14/92		213					213	213	S/L	HY	5
37	FAX MACHINE	4/15/94		481					481	481	S/L	HY	5
38	COMPUTER AND PCI	12/15/95		3,869					3,869	3,547	S/L	HY	5
39	PRINTER	4/15/96		602					602	602	200DB	HY	5
40	FAX MACHINE	7/15/96		1,017					1,017	1,017	200DB	HY	5
41	DISPLAY UNIT	3/15/96		2,520					2,520	2,520	200DB	HY	5
51	COMPUTER EQUIPMENT	1/01/98		4,795					4,795	4,795	S/L	HY	5
53	COMPUTER PRINTER	4/15/98		512					512	512	S/L	HY	7
54	COMPUTER	4/15/98		2,170					2,170	2,170	S/L	HY	7
56	TRANSCRIBER	8/15/98		741					741	741	S/L	HY	7
67	PROJECTOR	2/18/98		448					448	448	S/L	HY	7
68	CAMERA	6/05/98		178					178	178	S/L	HY	7

12/31/12

## 2012 FEDERAL BOOK DEPRECIATION SCHEDULE

## MISSISSIPPI MANUFACTURED HOUSING ASSN.

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS PCL	CUR 179 BONUS/ALLOW	SPECIAL DEPR	PRIOR 179/ BONUS/SP DEPR	DEC BAL/REDUCT	SALVAG BASIS	PRIOR DEPR BASIS	METHOD	LIFE	CURRENT DEPR RATE
76	DISPLAY UNIT	5/01/99		2,461						2,461	2,221	200DB	7	0
77	FAX MACHINE	10/01/99		813						813	734	200DB	7	0
79	COMPUTER	12/05/00		694						694	694	S/L	HY	5
80	VIDEO PROJECTOR	7/16/01		2,527						2,527	2,527	200DB	HY	5
81	LAPTOP	6/14/01		2,131						2,131	2,131	200DB	HY	5
83	COMPUTER/PRINTER	7/14/03		1,032						1,032	1,032	S/L	HY	5
85	DELL COMPUTER	1/08/04		2,246						2,246	2,246	S/L	HY	5
86	SOFTWARE	1/27/05		301						301	301	200DB	HY	3
87	SOFTWARE	4/05/05		193						193	193	200DB	HY	3
88	EQUIPMENT	6/01/05		136						136	136	200DB	HY	5
89	COMPUTER	7/05/05		267						267	267	200DB	HY	5
90	COMPUTER	11/04/05		772						772	772	200DB	HY	5
91	PRINTER	12/09/05		145						145	145	200DB	HY	5
99	PHONE SYSTEM	2/20/12		4,804						4,804	4,804	200DB	HY	5
103	I-PAD	1/10/12		1,022						1,022	1,022	200DB	HY	5
104	SECURITY - TELEPHONE	4/10/12		679						679	679	200DB	HY	5
TOTAL MACHINERY AND EQUIPMENT		46,433		0	0	0	0	46,433		38,541				1,649
TOTAL DEPRECIATION				828,218		0	0	0	0	828,218		409,404		22,442
GRAND TOTAL DEPRECIATION				828,218		0	0	0	0	828,218		409,404		22,442
DEPRECIATION ASSETS SOLD		15,431		0	0	0	0	0	0	15,431		14,909		174
DEPR REMAINING ASSETS		812,787		0	0	0	0	0	0	812,787		394,495		22,268

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

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

MISSISSIPPI MANUFACTURED HOUSING ASSN.

Employer identification number

64-0439816

**FORM 990, PART VI, SECTION C, LINE 19**

UPON REQUEST

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

EXECUTIVE DIRECTOR REVIEWS BEFORE FILING.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS ANNUALLY.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT**

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS COMPENSATION POLICIES FOR COMPARABLE  
ASSOCIATIONS IN THE STATE AND THE REGION.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

BOARD APPROVES ALL SALARIES ON AN ANNUAL BASIS.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

ALL DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST AT THE ASSOCIATION'S OFFICE.

MISSISSIPPI MANUFACTURED HOUSING ASSN.

64-0439816

FORM 990, PART IX, LINE 24E  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
AUTO EXPENSE	4,996.	2,942.	2,054.	
BANK SERVICE CHARGES	157.	93.	65.	
DUES & MEMBERSHIPS	7,126.	4,196.	2,929.	
FURNITURE AND FIXTURES	523.	308.	215.	
GIFTS	379.	223.	156.	
JANITORIAL	1,191.	701.	490.	
LANDSCAPE	2,507.	1,476.	1,031.	
MEALS AND ENTERTAINMENT	1,783.	1,783.		
POSTAGE AND SHIPPING	3,026.	1,782.	1,244.	
PRINTING AND PUBLICATIONS	2,725.	1,605.	1,120.	
REPAIRS & MAINTENANCE	5,727.	3,373.	2,355.	
SCHMI GRAND SHOW	1,444.	1,444.		
SERVICE CONTRACT	1,242.	731.	511.	
SUBSCRIPTIONS & PUBLICATIONS	1,477.	870.	607.	
TELEPHONE	5,437.	3,202.	2,235.	
TRADE SHOWS	2,638.	2,638.		
UTILITIES	5,562.	3,276.	2,287.	
TOTAL	<u>\$ 47,940.</u>	<u>\$ 30,643.</u>	<u>\$ 17,299.</u>	<u>\$ 0.</u>

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
- Attach to Form 990. ► See separate instructions.

Name of the organization

MISSISSIPPI MANUFACTURED HOUSING ASSN.

**Part I Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec. 512(b)(13) controlled entity?
(1) MMHA RELIEF FUND -- 1001 AIRPORT ROAD -- FLOWOOD, MS 39232 -- 47-0960637	RECOVERY ASSISTANCE FOR DISASTER VICTIMS						Yes X
(2) MISSISSIPPI MANUFACTURED HOUSING P P O BOX 320369 -- FLOWOOD, MS 39232-0369 -- 64-0916043	PROVIDE CAMPAIGN CONTRIBUTIONS FOR MS CANDIDATES	MS	501 (C) 3	LINE 7	N/A		
(3) MS MANUFACTURED HOUSING ASSOC VPAC P O BOX 320369 -- FLOWOOD, MS 39232-0369 -- 26-0513222	PROVIDE CAMPAIGN CONTRIBUTIONS FOR MS CANDIDATES	MS	527		N/A	X	
(4)					527	N/A	

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

TEEA5001L 12/28/12

Schedule R (Form 990) 2012

**2012**

OMB No. 1545-0047

Open to Public  
Inspection

Employer identification number  
64-0439816

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
(1)							Yes	No		
(2)										
(3)										

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	Yes	No
(1)										
(2)										
(3)										

**Part V Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)

		Yes	No
1	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		
	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 <b>(I)</b> interest <b>(II)</b> annuities <b>(III)</b> royalties or <b>(IV)</b> rent from a controlled entity	1a <input type="checkbox"/>	X
b	Gift, grant, or capital contribution to related organization(s)	1b <input type="checkbox"/>	X
c	Gift, grant, or capital contribution from related organization(s)	1c <input type="checkbox"/>	X
d	Loans or loan guarantees to or for related organization(s)	1d <input type="checkbox"/>	X
e	Loans or loan guarantees by related organization(s)	1e <input type="checkbox"/>	X
f	Dividends from related organization(s)	1f <input type="checkbox"/>	X
g	Sale of assets to related organization(s)	1g <input type="checkbox"/>	X
h	Purchase of assets from related organization(s)	1h <input type="checkbox"/>	X
i	Exchange of assets with related organization(s)	1i <input type="checkbox"/>	X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j <input type="checkbox"/>	X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k <input type="checkbox"/>	X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l <input type="checkbox"/>	X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m <input type="checkbox"/>	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n <input type="checkbox"/>	X
o	Sharing of paid employees with related organization(s)	1o <input type="checkbox"/>	X
p	Reimbursement paid to related organization(s) for expenses	1p <input type="checkbox"/>	X
q	Reimbursement paid by related organization(s) for expenses	1q <input type="checkbox"/>	X
r	Other transfer of cash or property to related organization(s)	1r <input type="checkbox"/>	X
s	Other transfer of cash or property from related organization(s)	1s <input type="checkbox"/>	X
2	If the answer to any of the above is 'Yes', see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved
(1)	MS MANUFACTURED HOUSING ASSOC VPPAC	B	Method of determining amount involved
(2)			3,937. BOARD VOTE
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tional allocations?	(i) Code V-JBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
									Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											

## Part VI: Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).