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2013

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending

B Check if applicable		C		D Employer identification Number	
<input type="checkbox"/> Address change	MISSISSIPPI MANUFACTURED HOUSING ASSN.	<input type="checkbox"/> 64-0439816			
<input type="checkbox"/> Name change	POST OFFICE BOX 320369	<input type="checkbox"/> E Telephone number			
<input type="checkbox"/> Initial return	JACKSON, MS 39232-0369	<input type="checkbox"/> 601-939-8820			
<input type="checkbox"/> Terminated					
<input type="checkbox"/> Amended return					
<input type="checkbox"/> Application pending		<input type="checkbox"/> G Gross receipts \$ 448,264.			
F Name and address of principal officer SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
I Tax-exempt status	501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no)	4947(a)(1) or	527	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach a list (see instructions)	
J Website: ► MSMMHA.COM		H(c) Group exemption number ►			
K Form of organization	Corporation <input type="checkbox"/>	Trust <input type="checkbox"/>	Association <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	M State of legal domicile MS

Part I Summary

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

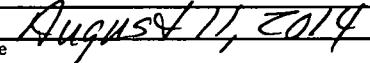
Revenue	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	3	
	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.	
	RECEIVED		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	390,820.		436,967.
	9 Program service revenue (Part VIII, line 2g)	6,825.		2,625.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,981.		6,974.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	402,626.		446,566.
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)				
OGDEN UT				
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	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)	191,632.		198,622.
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25) ►			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	275,617.		195,132.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	467,249.		393,754.
	19 Revenue less expenses Subtract line 18 from line 12	-64,623.		52,812.
			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	930,199.		982,359.
21 Total liabilities (Part X, line 26)	5,136.		4,484.	
22 Net assets or fund balances Subtract line 21 from line 20	925,063.		977,875.	

Part II Signature Block

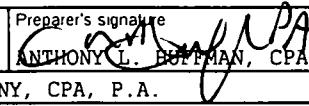
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here► 
► JENNIFER HALL

Type or print name and title

Date 

CEO

Paid Preparer Use Only	Print/Type preparer's name ANTHONY L. HUFFMAN, CPA	Preparer's signature 	Date 6/13/14	Check <input type="checkbox"/> if self employed	PTIN 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	

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 11/08/13

Form 990 (2013)

513

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's missionIMPROVE 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?

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

 Yes No3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If 'Yes,' describe these changes on Schedule O

 Yes No4 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 reported4a (Code) (Expenses \$ 243,578. including grants of \$) (Revenue \$ 8,292.)SPONSORED SEMINARS AND TRADE SHOWS TO EDUCATE THE GENERAL PUBLIC REGARDING THE MANUFACTURED HOUSING INDUSTRY.4b (Code) (Expenses \$ 14,726. including grants of \$) (Revenue \$ 6,000.)SPONSORED EDUCATIONAL SEMINARS TO MANUFACTURED HOUSING MEMBERS TO ASSIST THEM IN MARKETING.4c (Code) (Expenses \$ 1,326. including grants of \$) (Revenue \$)THE ASSOCIATION PROVIDES LEGAL ASSISTANCE TO MEMBERS REGARDING ISSUES CONCERNING THE MANUFACTURED HOUSING INDUSTRY.4d Other program services. (Describe in Schedule O)(Expenses \$ including grants of \$) (Revenue \$)4e Total program service expenses ► 259,630.

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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organizations or government 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 or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a	24a	X
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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 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	X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	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 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line 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	5
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 to prize winners?	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	3
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
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' to line 3b, 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	
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 a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	
7 Organizations that may receive deductible contributions under section 170(c).	7 a	
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 b	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 c	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 d	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 e	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 f	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 g	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 h	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 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 a	
9 Sponsoring organizations maintaining donor advised funds.	9 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 Section 501(c)(7) organizations. Enter	11 a	
a Initiation fees and capital contributions included on Part VIII, line 12	11 b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12 a	
11 Section 501(c)(12) organizations. Enter	12 b	
a Gross income from members or shareholders	13 a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13 b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13 c	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	14 a	X
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	14 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		
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 b	
c Enter the amount of reserves on hand	13 c	
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		

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	16		
1b	16		
2		X	
3		X	
4		X	
5		X	
6	X		
7a	X		
7b		X	
8a	X		
8b	X		
9		X	

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

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

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 or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

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

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

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 organi- zations 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				
(1) DARREN FELDER DIRECTOR	2 0		X					0.	0.	0.
(2) SCOTT TYRA DIRECTOR	2 0		X					0.	0.	0.
(3) MIKE LONG DIRECTOR	2 0		X					0.	0.	0.
(4) WADE MCCANTS DIRECTOR	2 0		X					0.	0.	0.
(5) SHANE UPSHAW DIRECTOR	2 0		X					0.	0.	0.
(6) JESSE POST DIRECTOR	2 0		X					0.	0.	0.
(7) TRACY RAPER DIRECTOR	2 0		X					0.	0.	0.
(8) BRENT CAPPAERT DIRECTOR	2 0		X					0.	0.	0.
(9) JOHN MITCHELL DIRECTOR	2 0		X					0.	0.	0.
(10) GARY FORDHAM DIRECTOR	2 0		X					0.	0.	0.
(11) DAN TRAWICK VP DEPEND BUS	2 0			X				0.	0.	0.
(12) GENE ROGERS VP OF MFGERS	2 0			X				0.	0.	0.
(13) RYAN CAMPBELL PRESIDENT	4 0			X				0.	0.	0.
(14) SCOTT LINGLE SENIOR VP	4 0			X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organi- zations 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	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		
(15) GEORGE CAMPBELL VP OF PARKS	2 0			X			0.	0.	0.
(16) BRENT HARRIS PAST PRESIDENT	2 0			X			0.	0.	0.
(17) JENNIFER HALL EXEC. DIRECTOR	40 0				X		94,257.	0.	0.
(18) NELL HUHN OFFICE MANAGER	40 0				X		43,204.	0.	0.
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1 b Sub-total							137,461.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							137,461.	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

	Yes	No
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 of compensation from the organization ► 0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	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 lines 1a-1f	\$				
	h Total. Add lines 1a-1f					
PROGRAM SERVICE REVENUE	2 a <u>MEMBERSHIP DUES & ASSESSMENTS</u>	Business Code				
			411,175.	411,175.		
	b <u>MARKETING AND TRADE SHOW</u>		11,500.		11,500.	
	c <u>ANNUAL CONVENTION</u>		8,292.		8,292.	
	d <u>SEMINARS</u>		6,000.		6,000.	
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		436,967.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		2,625.		2,625.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	(ii) Personal			
		362.				
	b Less rental expenses					
	c Rental income or (loss)	362.				
	d Net rental income or (loss)			362.		362.
OTHER REVENUE	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	8,310.			
	b Less direct expenses	b	1,698.			
c Net income or (loss) from fundraising events			6,612.		6,612.	
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						
Miscellaneous Revenue	Business Code					
11 a <u>NET GAIN ON INVOLUNTARY C</u>						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		446,566.	411,175.	0.	35,391.	

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 or note to any line 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	169,326.	99,719.	69,607.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,633.	9,795.	6,838.	
9 Other employee benefits				
10 Payroll taxes	12,663.	7,457.	5,206.	
11 Fees for services (non-employees)				
a Management				
b Legal	1,326.	1,174.	152.	
c Accounting	6,560.	3,863.	2,697.	
d Lobbying	8,299.	8,299.		
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) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	20,446.	20,446.		
13 Office expenses	5,584.	3,289.	2,295.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,489.	1,489.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,726.	14,726.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,530.	10,912.	7,618.	
23 Insurance	32,124.	18,918.	13,206.	
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 EQUIPMENT RENTAL AND MAINTENANCE	11,447.	6,741.	4,706.	
b SCHMI GRAND SHOW	11,158.	11,158.		
c PROPERTY TAXES	8,406.	4,950.	3,456.	
d ANNUAL CONVENTION	7,831.	7,831.		
e All other expenses SEE SCH. O	47,206.	28,863.	18,343.	
25 Total functional expenses. Add lines 1 through 24e	393,754.	259,630.	134,124.	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 SheetCheck if Schedule O contains a response or note to any line 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	533,679.	2 574,248.
	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 805,824	
	b Less accumulated depreciation	10b 397,863	10c 396,370. 407,961.
	11 Investments – publicly traded securities	11	
	12 Investments – other securities See Part IV, line 11	12	
	13 Investments – program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	150.	15 150.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	930,199.	16 982,359.
LIABILITIES	17 Accounts payable and accrued expenses	17	
	18 Grants payable	18	
	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	25 5,136.	25 4,484.
	26 Total liabilities. Add lines 17 through 25	5,136.	26 4,484.
	NET ASSETS OR FUND BALANCES		
	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	925,063.	27 977,875.
	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	925,063.	33 977,875.
	34 Total liabilities and net assets/fund balances	930,199.	34 982,359.

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Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	446,566.
2 Total expenses (must equal Part IX, column (A), line 25)	2	393,754.
3 Revenue less expenses Subtract line 2 from line 1	3	52,812.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	925,063.
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	977,875.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <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	2 a	X
2 a Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2 b	X
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2 c	
2 b Were the organization's financial statements audited by an independent accountant? 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	3 a	X
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	3 b	
2 c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3 a 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?		
3 b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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Form 990 (2013)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2013

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 35c (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 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 \$ 13,474.
- 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
 Yes No
- 4 a Was a correction made?
 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 ► \$ 28,210.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ 13,474.
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b. ► \$ 41,684.
- 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 PAC	P.O.BOX 320369 FLOWOOD, MS 39232	64-0916043	13,474.	
(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) 2013

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
1 a 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a 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) 2013

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				
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 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	411,175.
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	2 a	28,210.
b Carryover from last year	2 b	
c Total	2 c	28,210.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	106,988.
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

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-B, 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
Name of the organization**Supplemental Financial Statements**► Complete if the organization answered 'Yes' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013Open to Public
Inspection

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	
	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 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? ►	<input type="checkbox"/> Yes <input type="checkbox"/> 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)? ►	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

1 a 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
1 c	
1 d	
1 e	
1 f	

2 a 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 year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a 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%

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

	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.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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
1 a Land		164,035.		164,035.
b Buildings		359,314.	162,897.	196,417.
c Leasehold improvements		114,351.	114,134.	217.
d Equipment		76,554.	45,425.	31,129.
e Other		91,570.	75,407.	16,163.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			►	407,961.

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Schedule D (Form 990) 2013

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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) _____		
Total (Column (b) must equal Form 990, Part X, column (B) line 12)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, column (B), line 15)**Part X Other Liabilities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL TAXES PAYABLE	4,484.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, column (B) line 25)

4,484.

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

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements

1

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12

a Net unrealized gains on investments

2 a

b Donated services and use of facilities

2 b

c Recoveries of prior year grants

2 c

d Other (Describe in Part XIII)

2 d

e Add lines 2a through 2d

2 e

3 Subtract line 2e from line 1

3

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

4 a

a Investment expenses not included on Form 990, Part VIII, line 7b

4 c

b Other (Describe in Part XIII)

4 b

c Add lines 4a and 4b

5

5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements

1

2 Amounts included on line 1 but not on Form 990, Part IX, line 25

a Donated services and use of facilities

2 a

b Prior year adjustments

2 b

c Other losses

2 c

d Other (Describe in Part XIII)

2 d

e Add lines 2a through 2d

2 e

3 Subtract line 2e from line 1

3

4 Amounts included on Form 990, Part IX, line 25, but not on line 1

4 a

a Investment expenses not included on Form 990, Part VIII, line 7b

4 c

b Other (Describe in Part XIII)

4 b

c Add lines 4a and 4b

5

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information.

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

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.

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

OMB No 1545-0047

2013

**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.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MISSISSIPPI MANUFACTURED HOUSING ASSN.

Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on 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) _____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on 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	MS	501 (C) 3	LINE 7	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(2) MISSISSIPPI MANUFACTURED HOUSING P P O BOX 320369 FLOWOOD, MS 39232-0369 64-0916043	PROVIDE CAMPAIGN CONTRIBUTIONS FOR MS CANDIDATES	MS	527		N/A	X
(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) _____	_____	_____	_____	_____	_____	_____

MISSISSIPPI MANUFACTURED HOUSING ASSN.

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered Yes on Form 990, Part IV, line 34

because it had one or more related organizations treated as a partnership during the tax year.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, Question 12

line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

TEEA5002L 06/27/13

Schedule R (Form 990) 2013

BAA

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of **(i)** interest, **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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

	Yes	No
1a	X	
1b	X	
1c	X	
1d	X	
1e	X	
1f	X	
1g	X	
1h	X	
1i	X	
1j	X	
1k	X	
1l	X	
1m	X	
1n	X	
1o	X	
1p	X	
1q	X	
1r	X	
1s	X	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on 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- tionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner? Yes No	(k) Percentage ownership partner?
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

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	5,041.	2,969.	2,072.	
BANK SERVICE CHARGES	458.	270.	188.	
DUES & MEMBERSHIPS	6,344.	3,736.	2,608.	
FURNITURE AND FIXTURES	497.	293.	204.	
GIFTS	747.	440.	307.	
JANITORIAL	1,690.	995.	695.	
LANDSCAPE	2,610.	1,537.	1,073.	
POSTAGE AND SHIPPING	2,388.	1,406.	982.	
PRINTING AND PUBLICATIONS	2,183.	1,286.	897.	
REPAIRS & MAINTENANCE	3,920.	2,308.	1,612.	
SERVICE CONTRACT	3,035.	1,787.	1,248.	
STAFF TRAINING	474.	279.	195.	
SUBSCRIPTIONS & PUBLICATIONS	2,930.	1,725.	1,205.	
TELEPHONE	5,044.	2,970.	2,074.	
TRADE SHOWS	2,591.	2,591.		
UTILITIES	7,254.	4,271.	2,983.	
TOTAL	<u>\$ 47,206.</u>	<u>\$ 28,863.</u>	<u>\$ 18,343.</u>	<u>\$ 0.</u>

2013

GENERAL ELECTIONS

PAGE 1

MISSISSIPPI MANUFACTURED HOUSING ASSN.

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ELECTION TO NOT APPLY LIKE-KIND EXCHANGE REGULATIONS

PURSUANT TO REGULATION SECTION 1.168(I)-6, THE ORGANIZATION HEREBY ELECTS TO NOT APPLY THE PROVISIONS OF REGULATION SECTION 1.168(I)-6 FOR THE FOLLOWING PROPERTY OR PROPERTIES:

DESCRIPTION OF PROPERTY: 2007 FORD EXPEDITION
COST OR BASIS OF PROPERTY: \$37,084
DATE PLACED IN SERVICE: 9/13/2007
DATE OF EXCHANGE: 1/26/2013

12/31/13

2013 FEDERAL BOOK DEPRECIATION SCHEDULE

MISSISSIPPI MANUFACTURED HOUSING ASSN.

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR. BONUS	SPECIAL DEPR. ALLOW.	PRIOR 1/9/ BONUS/ SP. DEPR.	DEC. BAL.	PRIOR SALVAG/BASIS	DEPR. REDUCT.	PRIOR DEPR. BASIS	PRIOR DEPR. RATE	CURRENT DEPR. RATE
-----	-------------	---------------	-----------	------------	-----------	------------	----------------------	-----------------------------	-----------	--------------------	---------------	-------------------	------------------	--------------------

FORM 990/990-PF

AUTO / TRANSPORT EQUIPMENT

91	2007 FORD EXPEDITION	9/13/07	1/26/13	37,084						37,084				0
100	2013 FORD EXPLORER	1/26/13		28,485						28,485				2,849
TOTAL AUTO / TRANSPORT EQUIP				65,569		0	0	0	0	65,569		37,084		2,849

BUILDINGS

42	OFFICE BUILDING	4/21/97		369,219						369,219		148,721		9,467
71	OUTDOOR PATIO	8/15/99		3,900						3,900		3,900		0
93	FENCING	10/31/07		1,626						1,626		713	1500DB HY	96
TOTAL BUILDINGS				374,745		0	0	0	0	374,745		153,334		9,563

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

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MISSISSIPPI MANUFACTURED HOUSING ASSN.

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12	CALCULATOR	7/09/84		259						259		259				0
13	SLIDE PROJECTOR	7/01/85		432						432		432				0
14	TYPEWRITER	3/02/87		1,053						1,053		1,053				0
15	STAND	11/02/87		63						63		63				0
16	BLINDS	12/03/87		33						33		33				0
17	OFFICE EQUIPMENT	4/20/89		95						95		95				0
18	ELECTRIC STAPLER	9/27/93		138						138		133				0
19	FOUR FOLDING CHAIRS	10/05/93		60						60		60				0
20	2 WASTEBASKETS	10/05/93		6						6		6				0
21	EASEL	10/05/93		37						37		37				0
22	OFFICE FURNITURE	10/18/90		1,365						1,365		1,324				0
23	BLINDS AND DRAPES	12/05/90		678						678		652				0
24	LAMP	12/13/90		58						58		58				0
25	POSTAL SCALES	4/25/91		360						360		360				0
26	CABINETS	11/05/91		280						280		280				0
27	EASEL	7/03/91		86						86		86				0
28	ELECTRIC STAPLER	4/06/92		140						140		140				0
29	TV/VCR	4/24/92		427						427		427				0
30	PHOTO IMAGES	4/07/94		2,839						2,839		2,839				0
31	PICTURES	12/01/95		979						979		939				0
41	FURNITURE & FIXTURES	2/15/96		1,152						1,152		1,152				0
44	APPLIANCES	4/21/97		2,574						2,574		2,574				0
45	FURNITURE & FIXTURES	4/21/97		32,989						32,989		32,989				0
46	BLINDS AND DRAPES	11/11/97		2,916						2,916		2,916				0
47	TABLES	12/24/97		952						952		952				0
50	FILE CABINET	7/15/98		1,225						1,225		1,225				0
53	TELEVISION	3/15/98		492						492		492				7

NO	DESCRIPTION	ACQUIRED	DATE SOLD	COST/BASIS	BUS PCT	CUR 179	SPECIAL DEPR	PRIOR BONUS/ ALLOW	179/ SP DEPR	PRIOR DEC BAL	SAVAG /BASIS	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR	
55	OFFICE FURNITURE	9/15/98		1,395						1,395			1,395	S/L	HY	7	0	
58	SIGNS	10/22/98		642						642			642	S/L	HY	7	0	
59	PICTURES	10/23/98		369						369			369	S/L	HY	7	0	
60	OFFICE FURNITURE	10/14/98		2,173						2,173			2,173	S/L	HY	7	0	
61	OFFICE FURNITURE	10/14/98		2,033						2,033			2,033	S/L	HY	7	0	
62	TABLE	11/05/98		812						812			812	S/L	HY	7	0	
63	FURNITURE	11/09/98		1,566						1,566			1,566	S/L	HY	7	0	
67	TELEVISION	6/23/98		202						202			202	S/L	HY	7	0	
68	WIRELESS MICROPHONE	7/07/98		154						154			154	S/L	HY	7	0	
69	COMPUTER	1/10/99		1,434						1,434			1,434	S/L	HY	5	0	
70	COMPUTER	1/10/99		1,447						1,447			1,447	S/L	HY	5	0	
72	CABINETS	8/15/99		1,650						1,650			1,650	S/L	HY	7	0	
73	OUTDOOR FURNITURE	4/13/99		2,506						2,506			2,506	S/L	HY	7	0	
76	STORAGE CREDENZA	9/08/00		1,155						1,155			1,155	S/L	HY	7	0	
82	FILE CABINET	9/08/03		1,017						1,017			1,017	S/L	HY	7	0	
90	FURNITURE	5/06/05		1,418						1,418			1,418	200DB	HY	7	0	
92	OFFICE FURNITURE	2/05/07		900						900			778	200DB	HY	7	80	
94	CHAIR	9/07/10		214						214			214	200DB	MQ	7	28	
95	OFFICE FURNITURE	11/01/10		465						465			465	237	200DB	MQ	65	
TOTAL FURNITURE AND FIXTURE				76,139		0	0	0	0	0	76,139			75,580			173	
IMPROVEMENTS																		
56	IRRIGATION SYSTEM	9/15/98		5,179						5,179			5,002	S/L	HY	15	.03330	
57	PARKING LOT	7/15/98		99,000						99,000			95,739	S/L	HY	15	.03330	
64	LANDSCAPING	10/22/98		7,754						7,754			7,754	S/L	HY	10	0	
80	BACKFLOW PREVENTOR	9/05/00		2,418						2,418			2,080	PRE	15	05000	121	
TOTAL IMPROVEMENTS				114,351		0	0	0	0	0	114,351			110,575			3,559	

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MISSISSIPPI MANUFACTURED HOUSING ASSN.

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCI.	CUR. BONUS/ BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ DEPR. SP. DEPR.	BAL. REDUCI.	SAVAG BASIS	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
LAND																
43	LAND FOR BUILDING	9/15/95		63,699						63,699		0				0
48	LAND	5/01/97		100,336						100,336		0				0
	TOTAL LAND			164,035		0	0	0	0	0	164,035	0				0
MACHINERY AND EQUIPMENT																
32	COMPUTER SOFTWARE	10/01/91		56						56		56	S/L	HY	5	0
33	COMPUTER SOFTWARE	10/30/91		3,400						3,400		3,173	S/L	HY	5	0
34	COMPUTER HARDWARE	12/16/91		5,208						5,208		4,689	S/L	HY	5	0
35	COMPUTER WORDFILE	1/14/92		213						213		213	S/L	HY	5	0
36	FAX MACHINE	4/15/94		481						481		481	S/L	HY	5	0
37	COMPUTER AND PCI	12/15/95		3,869						3,869		3,547	S/L	HY	5	0
38	PRINTER	4/15/96		602						602		602	200DB	HY	5	0
39	FAX MACHINE	7/15/96		1,017						1,017		1,017	200DB	HY	5	0
40	DISPLAY UNIT	3/15/96		2,520						2,520		2,520	200DB	HY	5	0
49	COMPUTER EQUIPMENT	1/01/98		4,795						4,795		4,795	S/L	HY	5	0
51	COMPUTER PRINTER	4/15/98		512						512		512	S/L	HY	7	0
52	COMPUTER	4/15/98		2,170						2,170		2,170	S/L	HY	7	0
54	TRANSCRIBER	8/15/98		741						741		741	S/L	HY	7	0
65	PROJECTOR	2/18/98		448						448		448	S/L	HY	7	0
66	CAMERA	6/05/98		178						178		178	S/L	HY	7	0
74	DISPLAY UNIT	5/01/99		2,461						2,461		2,221	200DB	7	0	
75	FAX MACHINE	10/01/99		813						813		734	200DB	7	0	
77	COMPUTER	12/05/00		694						694		694	S/L	HY	5	0
78	VIDEO PROJECTOR	7/16/01		2,527						2,527		2,527	200DB	HY	5	0

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MISSISSIPPI MANUFACTURED HOUSING ASSN.

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR BONUS	SPECIAL DEPR.	PRIOR 1/9/ BONUS/ SP. DEPR.	DEC BAL	PRIOR SALVAG / BASIS	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
79	LAPTOP	6/14/01		2,131						2,131		2,131	200DB HY	5		0
81	COMPUTER/PRINTER	7/14/03		1,032						1,032		1,032	S/L HY	5		0
83	DELL COMPUTER	1/08/04		2,246						2,246		2,246	S/L HY	5		0
84	SOFTWARE	1/27/05		301						301		301	200DB HY	3		0
85	SOFTWARE	4/05/05		193						193		193	200DB HY	3		0
86	EQUIPMENT	6/01/05		136						136		136	200DB HY	5		0
87	COMPUTER	7/05/05		267						267		267	200DB HY	5		0
88	COMPUTER	11/04/05	6/27/13	772						772		772	200DB HY	5		0
89	PRINTER	12/09/05		145						145		145	200DB HY	5		0
96	PHONE SYSTEM	2/20/12		4,804						4,804		961	200DB HY	5	32000	1,537
97	I-PAD	1/10/12		1,022						1,022		204	200DB HY	5	32000	327
98	SECURITY - TELEPHONE	4/10/12		679						679		484	200DB HY	5	32000	195
99	DELL OPTIPLEX 7010-NEIL	6/27/13		796						796		200DB HY	5	20000	159	
101	DELL OPTIPLEX 7010 - ALLI	9/26/13		840						840		200DB HY	5	20000	168	
TOTAL MACHINERY AND EQUIPMENT				48,069		0	0	0	0	48,069		40,190				2,386
TOTAL DEPRECIATION				842,908		0	0	0	0	842,908		416,763				18,530
GRAND TOTAL DEPRECIATION				842,908		0	0	0	0	842,908		416,763				18,530
DEPRECIATION ASSETS SOLD				37,856		0	0	0	0	37,856		37,856				0
DEPR. REMAINING ASSETS				805,052		0	0	0	0	805,052		378,907				18,530

Application for Extension of Time To File an
Exempt Organization Return► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- 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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e file for Charities & Nonprofits

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.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or 64-0439816
	MISSISSIPPI MANUFACTURED HOUSING ASSN.	Social security number (SSN)
	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		

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- 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 is for.

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 14, to file the exempt organization return for the organization named above

The extension is for the organization's return for:

- calendar year 20 13 or
- tax year beginning , 20 , and ending , 20 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

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

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