



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



2010

Open to Public

Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor-advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2010 calendar year, or tax year beginning 12/01/10, and ending 11/30/11

B Check if applicable	C Name of organization			D Employer identification number	
<input type="checkbox"/> Address change	MICHIGAN MOVERS ASSOCIATION			38-1201330	
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)			Room/suite	E Telephone number
<input type="checkbox"/> Initial return	3225 W. ST. JOSEPH HWY.				517-327-9207
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4			F Group Exemption Number	►
<input type="checkbox"/> Amended return	LANSING MI 48917				
<input type="checkbox"/> Application pending					
G Accounting Method	Cash <input checked="" type="checkbox"/>	Accrual <input type="checkbox"/>	Other (specify) ►	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B	
I Website:	► N/A			(Form 990, 990-EZ, or 990-PF)	
J Tax-exempt status (check only one)	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) (6) (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527	
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000	A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.				
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	► \$ 125,469				

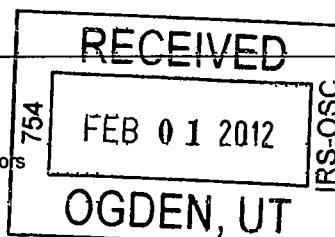
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I.

SCANNED FEB 08 2012 Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	8,121
	3 Membership dues and assessments	3	109,360
	4 Investment income	4	675
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
	b Gross income from fundraising events (not including\$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	
	c Less direct expenses from gaming and fundraising events	6d	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	4,276
	7a Gross sales of inventory, less returns and allowances	7b	1,404
	b Less cost of goods sold	7c	2,872
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	3,037
	8 Other revenue (describe in Schedule O)	9	124,065
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	11	
	11 Benefits paid to or for members	12	
	12 Salaries, other compensation, and employee benefits	13	64,500
	13 Professional fees and other payments to independent contractors	14	1,140
	14 Occupancy, rent, utilities, and maintenance	15	7,589
	15 Printing, publications, postage, and shipping	16	24,757
	16 Other expenses (describe in Schedule O)	17	97,986
	17 Total expenses. Add lines 10 through 16	18	26,079
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	156,939
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	183,018
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

DAA



P 20

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	155,550	22	174,142
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	7,044	24	9,923
25 Total assets	162,594	25	184,065
26 Total liabilities (describe in Schedule O)	5,655	26	1,047
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	156,939	27	183,018

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Moving industry membership association

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

Expenses

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

28 See Schedule O

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

29

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

30

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

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► 31a32 Total program service expenses (add lines 28a through 31a) ► 32**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
EURICH MANAGEMENT SERVICES, LLC 3225 W. ST JOSEPH	LANSING MI 48917	MANAGEMENT 40 00	0	0
DAVID MORSE 27651 HILDEBRANDT ROAD	ROMULUS MI 48174	PRESIDENT 1 00	0	0
JOHNNA STRUCK 4290 HATCHERY ROAD	WATERFORD MI 48329	VICE-PRESIDENT 1.00	0	0
JON SORBER 3400 BELLE CHASE ROAD	LANSING MI 48911	SECRETARY 1.00	0	0
MORRIE STEVENS, JR 527 MORLEY DRIVE	SAGINAW MI 48601	TREASURER 1.00	0	0
KENNETH WOODWORTH	JACKSON MI 49202	DIRECTOR 1.00	0	0
DAVE MARKLEY 4273 DORT HIGHWAY SOUTH	BURTON MI 48529	DIRECTOR 1.00	0	0
STEVEN DENOYER 2920 CASS ROAD	TRAVERSE CITY MI 49684	DIRECTOR 1.00	0	0
GARY L. BULSON 39101 WEB DRIVE	WESTLAND MI 48185	DIRECTOR 1.00	0	0
GREG WING 4937 STARR SE	GRAND RAPIDS MI 49546	DIRECTOR 1.00	0	0
BLANE LAGERMAN P O 2362	PETOSKY MI 49770	DIRECTOR 1 00	0	0
BEN HARRIS 2525 S. US 23	TAWAS CITY MI 48763	DIRECTOR 1.00	0	0
MARK WHITE 35956 MOUND ROAD	STERLING HEIGHTS MI 48310	DIRECTOR 1.00	0	0

DAA

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0	22
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	0	25
26 Total liabilities (describe in Schedule O)	0	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Expenses

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

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

28

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

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

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GLEN EDGEOTT 3110 TURNER STREET	LANSING MI 48906	DIRECTOR 1.00	0	0
DAVE HUNT 513 8TH STREET	HOLLAND MI 49423	DIRECTOR 1.00	0	0
ROB FELCHER 1575 GEZON PARKWAY SW	WYOMING MI 49509	DIRECTOR 1.00	0	0
GLENN HUMMON P. O. BOX 514	ROMEO MI 48065	DIRECTOR 1.00	0	0
MICHAEL STEENSMA 7409 EXPRESSWAY COURTH	GRAND RAPIDS MI 49548	DIRECTOR 1.00	0	0
ANDREW ANDROFF 1270 PONTIAC TRAIL	WALLED LAKE MI 48390	DIRECTOR 1.00	0	0
SCOTT JENSEN 1600 3RD AVENUE	ESCANABA MI 49829	DIRECTOR 1.00	0	0
FRANK MALETTE P.O. BOX 501	GWINN MI 48941	DIRECTOR 1.00	0	0
JEFF PALMER 24660 DEQUINDRE	WARREN MI 48091	DIRECTOR 1.00	0	0
ANDREW BOER 13325 RILEY STREET	HOLLAND MI 49424	DIRECTOR 1.00	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)
 Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a X

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 35b X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X

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

b Did the organization file Form 1120-POL for this year? 37b X

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

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b ; section 4912 ► 40c , section 4955 ► 40d

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40e X

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40f

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40g

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8868-T 40h

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

42a The organization's books are in care of ► **EURICH MANAGEMENT SERVICES, LLC** Telephone no ► **517-327-9207**

3225 W. ST. JOSEPH HWY

Located at ► **LANSING**

MI

ZIP + 4

► **48917**

b 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)?

If "Yes," enter the name of the foreign country ► 42b X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► 42c X

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45	<input checked="" type="checkbox"/>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	45a	<input checked="" type="checkbox"/>
	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization?	49a	<input type="checkbox"/>
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	49b	<input type="checkbox"/>

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ► _____

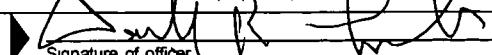
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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 official  DONN EURICH	Date <i>1/24/12</i>	EXECUTIVE DIRECTOR	
	Type or print name and title			
Paid Preparer	Print/Type preparer's name JASON F. CLAUSEN	Preparer's signature JASON F. CLAUSEN	Date 01/11/12	Check <input type="checkbox"/> if self-employed PTIN P01051094
Use Only	Firm's name ► Jason F. Clausen P.C.	Firm's EIN ► 27-4097479		
	Firm's address ► 21412 Willow Wisp St. Clair Shores, MI 48082-1250	Phone no 586-216-4673		

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

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

2010
Open to Public
Inspection

Name of the organization

MICHIGAN MOVERS ASSOCIATIONEmployer identification number
38-1201330**Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
MISCELLANEOUS ADVERTISING	\$ 3,037
Total	\$ 3,037

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
CONVENTION	
HALL AND BANQUET	\$ 9,150
SPEAKERS	\$ 1,100
ATTENDEE BONUE	\$ 2,100
	\$ 0
SEMINAR	
Conferences/Meetings	\$ 875
Expenses	
OFFICE SUPPLIES	\$ 153
WEBSITE	\$ 940
TRAVEL	\$ 745
BOARD AND COMMITTEE MEETING	\$ 453
INSURANCE	\$ 1,070
BANK CHARGES	\$ 1,269
TELEPHONE	\$ 912
DUES	\$ 325
MISCELLANEOUS	\$ 20
TARIFF JUSTIFICATION	\$ 5,132

Name of the organization

MICHIGAN MOVERS ASSOCIATION

Employer identification number
38-1201330

MISC. TAXES	\$	13
DONATIONS	\$	500
Total	\$	24,757

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 4,082	\$ 2,843
Inventories for Sale or Use	\$ 2,962	\$ 6,080
Prepaid Expenses and Deferred Charges	\$ 0	\$ 1,000
	\$ 0	0
Total	\$ 7,044	\$ 9,923

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 2,821	\$ 424
Deferred Revenue	\$ 2,685	\$ 400
SALES TAX PAYABLE	\$ 149	\$ 223

Form 990-EZ, Part III, Line 28 - First Achievement

MMA provides the following services: publishes tariffs and forms provided by State legislation, advises and instructs members concerning the transportation of household goods in the state of MI.