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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2010

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

▶ 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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MICHIGAN MOVERS ASSOCIATION		D Employer identification number 38-1201330
	Number and street (or P.O. box, if mail is not delivered to street address) 3225 W. ST. JOSEPH HWY.		E Telephone number 517-327-9207
	City or town, state or country, and ZIP + 4 LANSING MI 48917		F Group Exemption Number ▶
	G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ▶ N/A			
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 ☒

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

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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

Expenses

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

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

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

▶ ☐

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
EURICH MANAGEMENT SERVICES, LLC LANSING	MANAGEMENT			
3225 W. ST JOSEPH MI 48917	40 00	0	0	0
DAVID MORSE ROMULUS	PRESIDENT			
27651 HILDEBRANDT ROAD MI 48174	1 00	0	0	0
JOHNNA STRUCK WATERFORD	VICE-PRESIDENT			
4290 HATCHERY ROAD MI 48329	1.00	0	0	0
JON SORBER LANSING	SECRETARY			
3400 BELLE CHASE ROAD MI 48911	1.00	0	0	0
MORRIE STEVENS, JR SAGINAW	TREASURER			
527 MORLEY DRIVE MI 48601	1.00	0	0	0
KENNETH WOODWORTH JACKSON	DIRECTOR			
MI 49202	1.00	0	0	0
DAVE MARKLEY BURTON	DIRECTOR			
4273 DORT HIGHWAY SOUTH MI 48529	1.00	0	0	0
STEVEN DENOYER TRAVERSE CITY	DIRECTOR			
2920 CASS ROAD MI 49684	1.00	0	0	0
GARY L. BULSON WESTLAND	DIRECTOR			
39101 WEB DRIVE MI 48185	1.00	0	0	0
GREG WING GRAND RAPIDS	DIRECTOR			
4937 STARR SE MI 49546	1.00	0	0	0
BLANE LAGERMAN PETOSKY	DIRECTOR			
P O 2362 MI 49770	1 00	0	0	0
BEN HARRIS TAWAS CITY	DIRECTOR			
2525 S. US 23 MI 48763	1.00	0	0	0
MARK WHITE STERLING HEIGHTS	DIRECTOR			
35956 MOUND ROAD MI 48310	1.00	0	0	0

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 0
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27 0

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?

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		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	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 EDGETT 3110 TURNER STREET LANSING MI 48906	DIRECTOR 1.00	0	0	0
DAVE HUNT 513 8TH STREET HOLLAND MI 49423	DIRECTOR 1.00	0	0	0
ROB FELCHER 1575 GEZON PARKWAY SW WYOMING MI 49509	DIRECTOR 1.00	0	0	0
GLENN HUMMON P O. BOX 514 ROMEO MI 48065	DIRECTOR 1.00	0	0	0
MICHAEL STEENSMA 7409 EXPRESSWAY COURTH GRAND RAPIDS MI 49548	DIRECTOR 1.00	0	0	0
ANDREW ANDROFF 1270 PONTIAC TRAIL WALLED LAKE MI 48390	DIRECTOR 1.00	0	0	0
SCOTT JENSEN 1600 3RD AVENUE ESCANABA MI 49829	DIRECTOR 1.00	0	0	0
FRANK MALETTE P.O. BOX 501 GWINN MI 48941	DIRECTOR 1.00	0	0	0
JEFF PALMER 24660 DEQUINDRE WARREN MI 48091	DIRECTOR 1.00	0	0	0
ANDREW BOER 13325 RILEY STREET HOLLAND MI 49424	DIRECTOR 1.00	0	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 ☐

	Yes	No
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		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attached 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)		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?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	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		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?		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?		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 ▶ ; section 4912 ▶ , section 4955 ▶		
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		
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 ▶		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
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 8886-T		X
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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b		X
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 ▶		X
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		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X
c Did the organization receive any payments for indoor tanning services during the year?		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		

- 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)
- 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

	Yes	No
45		X
45a		X
46		X

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 ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 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?
- 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."

	Yes	No
47		
48		
49a		
49b		

(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 **▶** _____

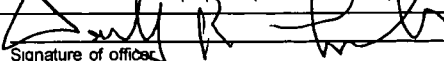
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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		Date 1/24/12			
	DONN EURICH Type or print name and title	EXECUTIVE DIRECTOR			
Paid Preparer Use Only	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
	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

Name of the organization

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

MICHIGAN MOVERS ASSOCIATION

Employer 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.