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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

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.

Open to Public
InspectionA For the 2012 calendar year, or tax year beginning **12/01/12**, and ending **11/30/13**

B Check if applicable	C Name of organization			D Employer identification number
<input checked="" 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)			E Telephone number
<input type="checkbox"/> Initial return				517-327-9207
<input type="checkbox"/> Terminated	Room/suite			
<input type="checkbox"/> Amended return	103			
<input type="checkbox"/> Application pending	City or town, state or country, and ZIP + 4			F Group Exemption Number
	LANSING MI 48917			

G Accounting Method: <input type="checkbox"/> 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 (Form 990, 990-EZ, or 990-PF)
I Website: WWW.MIMOVERS.ORG	
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 if the organization is not a section 509(a)(3) supporting organization or a section 527 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

\$ 124,768

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

	See Statement		
1 Contributions, gifts, grants, and similar amounts received		1	
2 Program service revenue including government fees and contracts		2	8,892
3 Membership dues and assessments		3	108,440
4 Investment income		4	371
5a Gross amount from sale of assets other than inventory	5a	5c	
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)			
6 Gaming and fundraising events		6d	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
b 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		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			
7a Gross sales of inventory, less returns and allowances	7a	7c	600
b Less: cost of goods sold	7b	8	1,291
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		9	119,594
8 Other revenue (describe in Schedule O)			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			
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	62,500
14 Occupancy, rent, utilities, and maintenance		14	2,385
15 Printing, publications, postage, and shipping		15	14,310
16 Other expenses (describe in Schedule O)		16	42,670
17 Total expenses. Add lines 10 through 16		17	121,865
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-2,271
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	178,172
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	175,901

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

DAA

a/w

ENVELOPE
POSTMARK DATE
FEB 04 2014

SCANNED MAR 18 2014

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	173,467	22	171,047
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	6,514	24	5,574
25 Total assets	179,981	25	176,621
26 Total liabilities (describe in Schedule O)	1,809	26	720
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	178,172	27	175,901

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 See Schedule O

(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)		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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
EURICH MANAGEMENT SERVICES, LLC MANAGEMENT	40.00	60,000	0	0
TIMOTHY SEE DIRECTOR	1.00	0	0	0
JOHNNY STRUCK PRESIDENT	1.00	0	0	0
JON SORBER VICE-PRESIDENT	1.00	0	0	0
MORRIE STEVENS, JR. TREASURER	1.00	0	0	0
KENNETH WOODWORTH DIRECTOR	1.00	0	0	0
DAVE MARKLEY DIRECTOR	1.00	0	0	0
STEVEN DENOYER DIRECTOR	1.00	0	0	0
NATE CORRIGAN DIRECTOR	1.00	0	0	0
BLANE LAGERMAN DIRECTOR	1.00	0	0	0
BEN HARRIS DIRECTOR	1.00	0	0	0
MARK WHITE DIRECTOR	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
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?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and 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

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GLENN EDGEOTT DIRECTOR	1.00	0	0	0
DAVE HUNT DIRECTOR	1.00	0	0	0
ROB FELCHER DIRECTOR	1.00	0	0	0
GLENN HUMMON DIRECTOR	1.00	0	0	0
ANDREW ANDROFF SECRETARY	1.00	0	0	0
SCOTT JENSEN DIRECTOR	1.00	0	0	0
JEFF PALMER DIRECTOR	1.00	0	0	0
ANDREW BOER	1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant 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	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	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:	39a		
a	Initiation fees and capital contributions included on line 9	39b		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 _____; section 4912 _____; section 4955 _____	40b		
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			
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.	MI	ZIP + 4	48917
	Located at LANSING			
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 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		

		Yes	No
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	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)	45b	X

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
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

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"

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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"

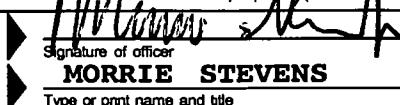
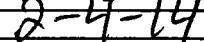
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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  Date 
 Here **MORRIE STEVENS** **TREASURER**
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name JASON F. CLAUSEN	Preparer's signature JASON F. CLAUSEN	Date 02/02/14	Check <input checked="" 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
Form 990-EZ (2012)

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

2012Open 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	\$ 1,291
Total	\$ 1,291

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

Description	Amount
CONVENTION	
HALL AND BANQUET	\$ 14,426
SPEAKERS	\$ 3,764
Expenses	
OFFICE SUPPLIES	\$ 282
WEBSITE	\$ 645
TRAVEL	\$ 774
BOARD AND COMMITTEE MEETING	\$ 151
INSURANCE	\$ 1,070
BANK CHARGES	\$ 405
DUES	\$ 620
MISCELLANEOUS	\$ 71
TARIFF JUSTIFICATION	\$ 16,336
MISC. TAXES	\$ 324
MMA SCHOLARSHIP	\$ 2,000
GRAPHIC DESIGN	\$ 570
MRA CONVENTION EXP	\$ 1,232
Total	\$ 42,670

Name of the organization

MICHIGAN MOVERS ASSOCIATION

Employer identification number

38-1201330**Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 1,346	\$ 0
Inventories for Sale or Use	\$ 5,168	\$ 3,824
Prepaid Expenses and Deferred Charges	\$ 0	\$ 1,750
Total	\$ 6,514	\$ 5,574

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

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 250	\$ 0
Deferred Revenue	\$ 1,326	\$ 426
SALES TAX PAYABLE	\$ 233	\$ 294

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

This year started with our annual dues billings which provided discounts for our members. Our reserves are fully funded so we are able to refund some of the dues we collect to lower the costs of membership as well as help subsidize mover attendance at our convention for those companies which have not participated in the past. The MMA and MPSC act independently but cooperatively to isolate moving service providers listed on Craigslist and other media which may not be licensed or participating in our tariff. We contact these companies and explain what steps must be taken for them to be in compliance. That led to over 20 new movers joining the MMA last year.

Our annual convention featured professional speaker Jim Mathis as our keynote and his message was well received by the attendees. We offered

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

MICHIGAN MOVERS ASSOCIATION

Employer identification number

38-1201330

free registration to movers who had never attended the convention in the past, and that led to over 20 new participants. We had twelve exhibitors and several meal and financial sponsors which added value to the event and helped offset some expenses. The 2013 event was held at the Greektown Casino & Hotel and the board enjoyed their hospitality to the point that we will be returning in 2014.

The MMA initiated an Academic Scholarship Fund this year (MMA-ASF) to provide \$500 scholarships to college or trade school students. We had four outstanding applicants, each of whom received a scholarship payable to their university. Each recipient was congratulated in our Fall issue of The Carrier, and invited to the 2014 MMA Convention. The scholarship program was highly successful, and the MMA board voted to increase funding for the 2014 academic year.

The MMA once again published four high quality quarterly newsletters, and communicated regularly with members through email and Constant Contact to provide information on MMA activities and other current events.

The MMA board voted to pursue an 8% increase in tariff rates this year. Coupled with that initiative were proposed technical changes to the tariff and Motor Carrier Act. Those actions are still pending as of the MMA fiscal year end.