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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 private foundations)

OMB No 1545-1150

2014**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A For the 2014 calendar year, or tax year beginning 12/01/14, and ending 11/30/15****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return/terminated☐ Amended return☐ Application pending**C** Name of organization**MICHIGAN MOVERS ASSOCIATION**

Number and street (or P.O. box, if mail is not delivered to street address)

3721 W. MICHIGAN

Room/suite

103

City or town, state or province, country, and ZIP or foreign postal code

LANSING**MI 48917****D** Employer identification number**38-1201330****E** Telephone number**517-327-9207****F** Group Exemption

Number

G Accounting Method ☐ Cash ☒ Accrual Other (specify) _____**I** Website: **WWW.MIMOVERS.ORG****H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other _____**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$ **133,035****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	10,071
	3	Membership dues and assessments	3	113,883
	4	Investment income	4	176
	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		
	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)	6d		
7a	Gross sales of inventory, less returns and allowances	7a	7,606	
b	Less cost of goods sold	7b	4,516	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	3,090	
8	Other revenue (describe in Schedule O)	8	1,299	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	128,519	
Expenses	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	67,650
	14	Occupancy, rent, utilities, and maintenance	14	2,299
	15	Printing, publications, postage, and shipping	15	12,247
	16	Other expenses (describe in Schedule O)	16	37,678
	17	Total expenses. Add lines 10 through 16	17	119,874
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,645
	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	191,368
	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	200,013

For Paperwork Reduction Act Notice, see the separate instructions.

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MICHIGAN MOVERS ASSOCIATION**38-1201330**Page **2****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	177,914	22	196,229
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	15,241	24	6,169
25 Total assets	193,155	25	202,398
26 Total liabilities (describe in Schedule O)	1,787	26	2,385
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	191,368	27	200,013

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.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 See Schedule O

29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
31	(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	0.00	65,400	0	0
DAVID MORSE				
DIRECTOR	1.00	0	0	0
TIMOTHY SEE				
DIRECTOR	1.00	0	0	0
JON SORBER				
PRESIDENT	1.00	0	0	0
MORRIE STEVENS, JR.				
VICE-PRESIDENT	1.00	0	0	0
KENNETH WOODWORTH				
DIRECTOR	1.00	0	0	0
KINGSLEY IFEZUE				
DIRECTOR	1.00	0	0	0
NATE CORRIGAN				
SECRETARY	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
DAVE HUNT				
DIRECTOR	1.00	0	0	0

DAA

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Form 990-EZ (2014)

MICHIGAN MOVERS ASSOCIATION**38-1201330**Page **2****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 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, 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)	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
ROB FELCHER DIRECTOR	1.00	0	0	0
GLENN HUMMON DIRECTOR	1.00	0	0	0
ANDREW ANDROFF TREASURER	1.00	0	0	0
SCOTT JENSEN DIRECTOR	1.00	0	0	0
JEFF PALMER DIRECTOR	1.00	0	0	0
ANDREW BOER DIRECTOR	1.00	0	0	0

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MICHIGAN MOVERS ASSOCIATION**38-1201330**Page **3****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		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)		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)?	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	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		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		
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		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
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 _____		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		X
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 _____		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		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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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)		X

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MICHIGAN MOVERS ASSOCIATION**38-1201330**Page **4**

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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	(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 business address of each independent contractor	(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 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 officer ANDREW ANDROFF	Date 7/13/16
	Type or print name and title TREASURER	

Paid Preparer Use Only	Print/Type preparer's name JASON F. CLAUSEN	Preparer's signature JASON F. CLAUSEN	Date 01/13/16	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** (2014)

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-EZComplete 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

2014Open to Public
Inspection

Employer identification number

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

Description	Amount
MISCELLANEOUS ADVERTISING	\$ 1,299
Total	\$ 1,299

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

Description	Amount
Expenses	
OFFICE SUPPLIES	\$ 809
WEBSITE	\$ 1,804
TRAVEL	\$ 114
BOARD AND COMMITTEE MEETING	\$ 236
INSURANCE	\$ 1,070
BANK CHARGES	\$ 1,218
DUES	\$ 620
TARIFF JUSTIFICATION	\$ 2,558
MISCELLANEOUS	\$ 68
MMA SCHOLARSHIP	\$ 7,500
GRAPHIC DESIGN	\$ 225
MRA CONVENTION EXP	\$ 21,456
Total	\$ 37,678

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
RECLASSIFICATION OF PAC	\$ 0

Schedule O (Form 990 or 990-EZ) (2014)

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Name of the organization

Employer identification number

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

Description	Beg. of Year	End of Year
Inventories for Sale or Use	\$ 5,869	\$ 5,169
Prepaid Expenses and Deferred Charges	\$ 9,372	\$ 1,000
Total	\$ 15,241	\$ 6,169

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

Description	Beg. of Year	End of Year
Deferred Revenue	\$ 1,500	\$ 300
SALES TAX PAYABLE	\$ 287	\$ 450
PRO MOVER	\$ 0	\$ 660
SCHOLARSHIPS	\$ 0	\$ 975

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

This past year the MMA maintained a stable financial structure and was able to contribute significantly to retained earnings. As the Michigan economy continues its slow recovery, numerous movers were feeling the effects of reduced demand for their services. Several went out of business in 2014 but it was the unexpected number of new stores which opened that was surprising. Both MMA and MPSC staff regularly combed through Craig=s List postings, writing to movers who were not part of our database, encouraging them to both join the MMA and get Alegal A with the MPSC.

We continued our tradition of financially subsidizing the annual convention, permitting smaller movers to attend at budget prices. This is the board=s way of giving back to those movers who cannot afford to attend national meetings but still need the education they offer.

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Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

Employer identification number

MICHIGAN MOVERS ASSOCIATION**38-1201330**

Our quarterly newsletter continues to be one of the nicest in the industry and our website is an important resource for members and the public to gain information about Michigan based movers and the industry in general. We also update members through Constant Contact emails on legislative, business and industry issues.

MMA continues to be one of only three states which offers an intrastate ProMover designation. We currently have eleven Michigan movers who are certified as Michigan ProMovers.

The MMA Academic Scholarship Fund (MMA-ASF) awarded \$4,500 to nine college students this past fall and we anticipate an ever growing response to this worthwhile fund in 2015.

Our board decided to pursue a tariff rate increase this year as several years have passed without a rate increase and margins are being pinched. We were successful in garnering an 8% increase across the board which went into effect in the summer of 2014. We remain ever vigilant and watchful regarding legislation which affects the moving industry, taxation and general business issues. We are prepared to participate when necessary to protect our industry=s rights and ability to conduct business fairly and profitably.

The MMA MoversPAC received donations which increased our fund to over \$5,000 in 2014, and we were able to contribute \$4,800 to candidates who support our position on growing Michigan=s economy and how the moving industry should be regulated.

HB 5714 (S-1) amended the Motor Carrier Act (MCA) and has been signed into law by Governor Snyder. Mr. Millenbach worked closely with MPSC staff on language, and we assisted the MPSC to attain passage of this bill prior to the end of this legislative session. This important new language

Schedule O (Form 990 or 990-EZ) (2014)

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Name of the organization

Employer identification number

MICHIGAN MOVERS ASSOCIATION**38-1201330**

modernized and clarified sections of the MCA which had become obsolete or
vague.

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Schedule O (Form 990 or 990-EZ) (2014)