

Form **990-EZ** (2017)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☒

**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. ☐

[illegible]

**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
<b>33</b> 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 . . . . .	<b>33</b>	No
<b>34</b> 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) . . . . .	<b>34</b>	No
<b>35a</b> 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)? . . . . .	<b>35a</b>	No
<b>b</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 . . . . .	<b>35b</b>	
<b>c</b> 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 . . . . .	<b>35c</b>	No
<b>36</b> 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 . . . . .	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	No
<b>38a</b> 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? . . . . .	<b>38a</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations Enter . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ . . . . .		
<b>b</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 . . . . .	<b>40b</b>	
<b>c</b> 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 ▶ . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ . . . . .		
<b>e</b> 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 . . . . .	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed ▶ . . . . .		
<b>42a</b> The organization's books are in care of ▶ <u>TRACI RIEHL RIEHL SOLUTIONS</u> Telephone no ▶ <u>(517) 338-3035</u> Located at ▶ <u>416 SOUTH CEDAR ST SUITE C LANSING, MI</u> ZIP + 4 ▶ <u>48912</u>		
<b>b</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)? . . . . .	<b>42b</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> . . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . .	<b>42c</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	No
<b>b</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 . . . . .	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	No
<b>45b</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) . . . . .	<b>45b</b>	No

		<b>Yes</b>	<b>No</b>
<b>46</b>	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 . . . . .	<b>46</b>	No

**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 . . . . . ☐

		<b>Yes</b>	<b>No</b>
<b>47</b>	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 . . . . .	<b>47</b>	
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>49b</b>	If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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.

<b>Sign Here</b>	***** Signature of officer		2019-09-10 Date		
	ANDREW ANDROFF PRESIDENT Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name BRADLEY M DEVRIES	Preparer's signature	Date 2019-09-25	Check <input type="checkbox"/> if self-employed	PTIN P01305693
	Firm's name ► YEO & YEO PC			Firm's EIN ► 38-2706146	
	Firm's address ► 822 CENTENNIAL WAY STE 250 LANSING, MI 48917			Phone no. (517) 323-9500	

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 38-1201330  
**Name:** MICHIGAN MOVERS ASSOCIATION

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

<b>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.</b>	<b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b>	
<b>28</b> THIS PAST YEAR THE MMA CONTINUED TO MAINTAIN A STABLE FINANCIAL STRUCTURE WE CONTINUED OUR TRADITION OF FINANCIALLY SUBSIDIZING THE ANNUAL CONVENTION,WHICH IS FREE TO ALL MEMBERS 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 OUR 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 ADDED MEMBER RESOURCES INCLUDING A MICHIGAN TARRIFF CALCULATOR ADDITIONALLY, MMA UPDATES MEMBERS THROUGH EMAILS ON LEGISLATIVE, BUSINESS, AND INDUSTRY ISSUES THE MMA ACADEMIC SCHOLARSHIP FUND (MMA-ASF) AWARDED 5,000 TO COLLEGE STUDENTS THIS PAST FALL AND WE ANTICIPATE AN EVER GROWING RESPONSE TO THIS WORTHWHILE FUND  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	

**Form 990EZ, 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. . . . . ☐

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
MORRIE STEVENS JR PAST PRESIDE	1 00	0		
ANDREW ANDROFFPRESIDENT	1 00	0		
NATE CORRIGAN VICE-PRESIDE	1 00	0		
ROB FELCHER TREASURER	1 00	0		
KAITLYN JOHNSTON SECRETARY	1 00	0		
JON SORBER DIRECTOR (PA	1 00	0		
ANDREW BOER DIRECTOR	1 00	0		
SCOTT JENSEN DIRECTOR	1 00	0		
BLANE LAGERMAN DIRECTOR	1 00	0		
JIM MEYER DIRECTOR	1 00	0		
DAVE MORSE DIRECTOR	1 00	0		
JEFF PALMER DIRECTOR	1 00	0		
JESSICA PULA DIRECTOR	1 00	0		
JAMIE SCOTT DIRECTOR	1 00	0		
TIMOTHY SEE DIRECTOR	1 00	0		

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(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
MICHAEL STAFFORD DIRECTOR	1 00	0		
JOHNNA STRUCK DIRECTOR	1 00	0		
JOHN DRAKE DIRECTOR	1 00	0		
TRACI RIEHL RIEHL SOLUTIONS MANAGEMENT C	20 00	0		

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
MICHIGAN MOVERS ASSOCIATION**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public  
Inspection**

Employer identification number

38-1201330

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	SCHOLARSHIP FUND 250 TOTAL 250

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES TRAVEL 746 SCHOLARSHIPS 5,000 D&O INSURANCE 920 BANK SERVICE CHARGES 32 DUES 720 MEALS AND ENTERTAINMENT 99 MEMBERSHIP DIRECTORY 198 CREDIT CARD FEES 1,517 MEMBERSHIP SOFTWARE 1,000 OFFICE SUPPLIES 240 WEBSITE EXPENSES 4,500 MISCELLANEOUS 2,353 ANNUAL CONFERENCE 31,591 PRINTING 515 BOARD/COMMITTEE 937 DUES PAY DISCOUNT EARLY 8,974 ELECTRONIC TARIFF DEV 25,500 TOTAL 84,842

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26	DEFERRED REVENUE 0 1,940

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III	TO FOSTER, DEVELOP AND PROMOTE THE HIGHEST STANDARDS OF CONDUCT AND SERVICE TO THE PUBLIC AND TO MEMBERS ENGAGED IN THE TRANSPORTATION AND/OR THE STORAGE OF PROPERTY

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 28	THIS PAST YEAR THE MMA CONTINUED TO MAINTAIN A STABLE FINANCIAL STRUCTURE WE CONTINUED OUR TRADITION OF FINANCIALLY SUBSIDIZING THE ANNUAL CONVENTION,WHICH IS FREE TO ALL MEMBERS 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 OUR 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 ADDED MEMBER RESOURCES INCLUDING A MICHIGAN TARRIFF CALCULATOR ADDITIONALLY, MMA UPDATES MEMBERS THROUGH EMAILS ON LEGISLATIVE, BUSINESS, AND INDUSTRY ISSUES THE MMA ACADEMIC SCHOLARSHIP FUND (MMA- ASF) AWARDED 5,000 TO COLLEGE STUDENTS THIS PAST FALL AND WE ANTICIPATE AN EVER GROWING RESPONSE TO THIS WORTHWHILE FUND