

Form 990EZ

Department of the
Treasury
Internal Revenue ServiceShort 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)

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

► Go to www.irs.gov/Form990EZ for the latest information.

2018

Open to
Public
Inspection**A For the 2018 calendar year, or tax year beginning 12-01-2018 , and ending 11-30-2019**

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 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) 416 SOUTH CEDAR STREET SUITE C	E Telephone number (517) 338-3035
City or town, state or province, country, and ZIP or foreign postal code LANSING, MI 48912	F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ►**H Check ► 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) - 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 ► \$ 124,596****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 8,788
	3 Membership dues and assessments	3 115,658
	4 Investment income	4 150
	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
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 124,596
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 56,566
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 2,723
	16 Other expenses (describe in Schedule O)	16 62,598
	17 Total expenses. Add lines 10 through 16 ►	17 121,887
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2,709
	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)	19 196,277
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 -4,689
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 194,297

Part II Balance Sheets (see the instructions for 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	198,217	22	194,297
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	198,217	25	194,297
26 Total liabilities (describe in Schedule O)	1,940	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	196,277	27	194,297

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

on !

What is the organization's primary exempt purpose?

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

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

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 Additional Data Table

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

28a

29

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

1

30

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

1

31

If this amount includes foreign grants, check here

212

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

(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
See Additional Data Table				

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

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

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

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

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

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

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

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

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

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 39b

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

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 40b

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 ► 40b

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► 40b

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 40e

41 List the states with which a copy of this return is filed ► 40e

42a

The organization's books are in care of ► TRACI RIEHL RIEHL SOLUTIONS Telephone no ► (517) 338-3035

Located at ► 416 SOUTH CEDAR ST SUITE C LANSING, MI

ZIP + 4 ► 48912

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

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 42b

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

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

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

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

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

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

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a		
37b		No
38a		No
39a		
39b		
40b		
40e		No
42b		
42c		No
43		
44a		No
44b		No
44c		No
44d		
45a		No
45b		No

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	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	46		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

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

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	2020-02-19 Date			
	ANDREW ANDROFF PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BRADLEY M DEVRIES	Preparer's signature	Date 2020-02-19	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

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 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 WEBSITE IS AN IMPORTANT RESOURCE FOR MEMBERS AND THE PUBLIC TO GAIN INFORMATION ABOUT MICHIGAN BASED MOVERS AND THE INDUSTRY IN GENERAL WE PROVIDE 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 \$)	28a If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	

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.

(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
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		
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		
MICHAEL STAFFORD DIRECTOR	1 00	0		

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(list each one even if not compensated — see the instructions for Part IV)

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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

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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

2018**Open to Public
Inspection**

Name of the organization

MICHIGAN MOVERS ASSOCIATION

Employer identification number

38-1201330

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES SCHOLARSHIPS 5,000 D&O INSURANCE 920 BANK SERVICE CHARGES 154 DUES 685 MEALS AND ENTERTAINMENT 60 MEMBERSHIP DIRECTORY 447 CREDIT CARD FEES 1,113 MEMBERSHIP SOFTWARE 1,738 OFFICE SUPPLIES 38 WEBSITE EXPENSES 7,316 MISCELLANEOUS 455 ANNUAL CONFERENCE 39,611 BOARD/COMMITTEE 299 DUES PAY DISCOUNT EARLY 4,762 TOTAL 62,598

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	ADJUSTMENT TO REMOVE PAC BANK ACCOUNTS -4,689

990 Schedule O, Supplemental Information

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

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 WEBSITE IS AN IMPORTANT RESOURCE FOR MEMBERS AND THE PUBLIC TO GAIN INFORMATION ABOUT MICHIGAN BASED MOVERS AND THE INDUSTRY IN GENERAL. WE PROVIDE 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.