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Form **990EZ**

Department of the Treasury
Internal Revenue Service

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)

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

▶ **Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

OMB No. 1545-1150

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 12-01-2019 , and ending 11-30-2020

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) Room/suite
416 SOUTH CEDAR STREET SUITE C

City or town, state or province, country, and ZIP or foreign postal code
LANSING, MI 48912

D Employer identification number
38-1201330

E Telephone number
(517) 338-3035

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 . . . ▶ $ 103,423

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 . . . ☑

Section	Line	Description	Sub-line	Sub-amount	Line	Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	9,076
	3	Membership dues and assessments			3	94,233
	4	Investment income			4	114
	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	103,423
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	5,000
	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	56,532
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	573
	16	Other expenses (describe in Schedule O)			16	40,052
	17	**Total expenses.** Add lines 10 through 16 ▶			17	102,157
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	1,266
	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	194,297
	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	195,563

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	194,297	**22**	218,088
23 Land and buildings		**23**	
24 Other assets (describe in Schedule O)		**24**	
25 Total assets	194,297	**25**	218,088
26 Total liabilities (describe in Schedule O)		**26**	22,525
27 Net assets or fund balances (line 27 of column (B) **must** agree with line 21)	194,297	**27**	195,563

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; optional for others.)

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.

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 . . . ▶ ☐	**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
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 . . . . ☐

			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		No
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		No
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		No
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		No
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		No
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		No
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		No
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), 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 sections4912, 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	40e		No

41 List the states with which a copy of this return is filed. ▶

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

			Yes	No
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)?	42b		No
	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).			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
	If "Yes," enter the name of the foreign country: ▶			

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		No
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		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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		No
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		No

		Yes	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.	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 . . . ☐

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

****** 2021-02-25
Signature of officer Date

NATHAN CORRIGAN VICE-PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BRADLEY M DEVRIES		2021-02-25		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 $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	

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
ANDREW ANDROFFPRESIDENT	1.00	0		
NATHAN CORRIGAN VICE-PRESIDE	1.00	0		
ROB FELCHER TREASURER	1.00	0		
KAITLYN JOHNSTON SECRETARY	1.00	0		
MORRIE STEVENS JR PAST PRESIDE	1.00	0		
ANDREW BOER DIRECTOR	1.00	0		
JOHN DRAKE 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		

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
MICHAEL STAFFORD DIRECTOR	1.00	0		
JOHNNA STRUCK DIRECTOR	1.00	0		
TRACI RIEHL RIEHL SOLUTIONS MANAGEMENT C	20.00	0		

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
MICHIGAN MOVERS ASSOCIATION	38-1201330

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES 59 WEBSITE HOSTING 1,892 WEBSITE MAINTENANCE 4,700 AUDIO VISUAL/INTERNET 2,806 ROOM RENTAL 517 STAFF TRAVEL 625 GUEST ROOMS 1,234 PARKING 110 TRAVEL/MILEAGE 83 SPEAKER FEES 3,000 SPEAKER GIFTS 49 TRAINING SUPPLIES 85 CONFERENCE GRAPHIC DESIGN 800 CONFERENCE PRINTING 552 ATTENDEE GIFTS 1,201 D & O INSURANCE 920 DUES 497 MEALS AND ENTERTAINMENT 11,399 CREDIT CARD FEES 1,759 DUES PAY DISCOUNT EARLY 7,739 STATE FILING 25 TOTAL 40,052

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	MEMBER REBATES 0 22,525

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 OU R 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 NATIO NAL 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 INDUST RY IN GENERAL. WE PROVIDE MEMBER RESOURCES INCLUDING A MICHIGAN TARRIFF CALCULATOR. ADDITI ONALLY, 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 F ALL AND WE ANTICIPATE AN EVER-GROWING RESPONSE TO THIS WORTHWHILE FUND.