

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

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	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	25,904.
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	0.	25,904.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	0.	698.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	25,206.

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**

What is the organization's primary exempt purpose? SEE SCHEDULE O

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

(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"/>	28 a
29	-----	
	(Grants \$ -----) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	-----	
	(Grants \$ -----) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (describe in Schedule O)	
	(Grants \$ -----) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
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

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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
BRYAN RIEF CHAIRMAN	5	0.	0.	0.
ALYSSA TUSHMAN VICE CHAIR	5	0.	0.	0.
ED EICKHOFF TREASURER	5	0.	0.	0.
DONALD JORDAN DIRECTOR	3	0.	0.	0.
MARK DUFRESNE DIRECTOR	3	0.	0.	0.
HENRY DABISH DIRECTOR	3	0.	0.	0.
MICHAEL DABISH DIRECTOR	3	0.	0.	0.
MICHAEL STACK DIRECTOR	3	0.	0.	0.
TOM PURTHER DIRECTOR	3	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
35 a 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)?	35 a	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	35 b	
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	35 c	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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.
b Did the organization file Form 1120-POL for this year?	37 b	X
38 a 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?	38 a	X
b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved	38 b	0.
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9	39 a	0.
b Gross receipts, included on line 9, for public use of club facilities	39 b	0.
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	40 a	N/A
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	40 b	
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	40 c	0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	40 d	0.
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	40 e	X
41 List the states with which a copy of this return is filed	41	NONE

42 a The organization's books are in care of	42 a	ED EICKHOFF	Telephone no	603-343-5665
Located at	42 b	133 WEST MAIN STREET, SUITE 266 NORTHVILLE MI	ZIP + 4	48167
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	42 b		Yes	No
	42 b			X
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 United States? If 'Yes,' enter the name of the foreign country	42 c		Yes	No
	42 c			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	N/A
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	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	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	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	44 d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	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.	45 b	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	(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 <u>Edward A Eickhoff</u>	Date <u>4/16/21</u>			
	Type or print name and title <u>BRYAN RIEF Edward A Eickhoff</u>	<u>CHAIRMAN-Treasurer</u>			
Paid Preparer Use Only	Print/Type preparer's name <u>ERIC J. STINSON</u>	Preparer's signature <u>ERIC J. STINSON</u>	Date <u>3.25.21</u>	Check <input type="checkbox"/> if self employed	PTIN <u>P01387725</u>
	Firm's name <u>ROBERT G. STINSON CO., PC</u>				
	Firm's address <u>144 PLEASANT STREET</u>				
	<u>LACONIA, NH 03246</u>	Firm's EIN <u>02-0513200</u>	Phone no <u>(603) 524-0940</u>		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2020)

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

2020

Open to Public
Inspection

Name of the organization

MICHIGAN FITNESS CLUB ASSOCIATION

Employer identification number

85-1246137

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	905.
BANK & CREDIT CARD FEES		1,960.
INSURANCE		1,293.
OFFICE SUPPLIES		56.
ONLINE ACCOUNTING SOFTWARE		113.
TOTAL	\$	4,327.

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 0.	\$ 698.
TOTAL	\$ 0.	\$ 698.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MICHIGAN FITNESS CLUB ASSOCIATION (MFCA) WAS FORMED IN MAY AS A DIRECT RESULT OF OUR NEED TO ESTABLISH A UNIFIED FRONT AND STAND TOGETHER AS AN INDUSTRY HERE IN MICHIGAN. OUR MISSION IS TO PROTECT, PROMOTE AND FOSTER THE INTERESTS OF ALL HEALTH AND FITNESS BUSINESS OWNERS. BEYOND ADVOCATING TO RE-OPEN OUR BUSINESSES AMID THIS ONGOING COVID-19 PANDEMIC, MFCA GIVES US A COLLECTIVE VOICE AND STRENGTHENS OUR POSITION AS AN INDUSTRY.