(Rev. January 2020)

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public Inspection

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.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

A	For the 2	2019 calend	dar year, or tax year beginning	, 2019, ar	na enaing		_	, 20		
В	Check if a	pplicable:	C Name of organization UNITED	ASSOC OF MOBILE CONTE	RACT CL	EANERS	D Employ	yer identification	number	
	Address c	hange	Doing business as				26-36	77848		
	Name cha	nge	Number and street (or P.O. box if	mail is not delivered to street address)	Roo	m/suite	<b>E</b> Telepho	one number		
	Initial retur	'n	P.O. BOX 1914				(714)	330-6115		
$\overline{\Box}$	Final return	/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal code	'					
$\overline{\Box}$	Amended	return	GILBERT, AZ 85299				<b>G</b> Gross	receipts \$ 53	3,961.	
$\overline{\Box}$	Application	n pendina	oup return for		es X No					
	1.1.	1 1 3	KRISTY WHITE, P.O.	BOX 1914, GILBERT, AZ	85299	1		s included? Te		
ī	Tax-exem	ot status:	501(c)(3) × 501(c) (	6 ) ◀ (insert no.) 4947(a)(1) or	527	<b>→</b> ``		t. (see instructions)		
J	Website:					H(c) Group e				
K			Corporation Trust Associa	tion Other ► L Yea	ar of formation	, , ,		of legal domicile: A		
	art I	Summa			a. 0. 101111a110		in otato c			
			<u>-</u>	ion or most significant activities:	MEMBED	TDATMIN	C VND	EDIICATION		
ø		onony doo	onbo ino organization o miloo	ion of most significant delivities.	MEMBER	TIVATIVITI	G AND.	EDUCATION		
auc										
Ĭ	2 0	hack this	s boy  if the organization	discontinued its operations or d	ienosed o	f more than	25% of i	te not accote		
ŏ	1		f voting members of the gove		isposed o	rinore triair	<b>3</b>	its fiet assets.	282	
ত			9	s of the governing body (Part VI,	line 1h)		4		0	
es				n calendar year 2019 (Part V, line			5		0	
Activities & Governance			ber of individuals employed in ber of volunteers (estimate if i	-	· Ζα) .		6			
							7a		125	
				, , , , , , ,					0.	
	<b>b</b> N	vet urireiai	ted business taxable income	from Form 990-1, line 39	<del>-</del>		7b	Command Va	0.	
		Santributio	one and grants (Dart VIII line	16)		Prior Yea		Current Ye		
Revenue	8 (			1h)	_	160	,717.	5.3	,961. 0.	
	9 F		estment income (Part VIII, line 2g)							
	10 li									
	11 (		enue (Part VIII, column (A), line	0.						
				nust equal Part VIII, column (A), lir	ne 12)	160	,717.	53	,961.	
			d similar amounts paid (Part I		· ·					
		-	aid to or for members (Part IX							
es	15 9			penefits (Part IX, column (A), lines		60,	,952.	12	,649.	
Expenses	<b>16</b> a   F		= '	olumn (A), line 11e)						
ă	<b>b</b> T		raising expenses (Part IX, col							
ш	17	-	enses (Part IX, column (A), line			91,	,249.	45	,539.	
		-		equal Part IX, column (A), line 25		152	,201.	58	,188.	
	19 F	Revenue le	ess expenses. Subtract line 1	8 from line 12		8 ,	,516.	-4	,227.	
Net Assets or Fund Balances					Ве	eginning of Curr	ent Year	End of Yea	ar	
sets	<b>20</b> T	otal asset	ts (Part X, line 16)			18,	,584.	10	,520.	
A As	<b>21</b> T		ities (Part X, line 26)							
žē	<b>22</b> N		s or fund balances. Subtract li	ne 21 from line 20		18,	,584.	10	,520.	
P	art II	Signatu	ıre Block							
				eturn, including accompanying schedules				y knowledge and	belief, it is	
	ie, correct,	and complete	te. Declaration of preparer (other than	officer) is based on all information of which	cn preparer i	ias any knowied	e.			
٠.		<b>\</b>				11	/16/20	020		
Si	_	Signati	ture of officer			Date	•			
He	ere	KRIS	STY WHITE, PRESIDENT							
		Type o	or print name and title							
Pa	nid	Print/Type	e preparer's name	Preparer's signature	Date	e	Check >	( if PTIN		
		CRAIG	L ELGGREN, CPA	CRAIG L ELGGREN, CPA	11	/16/2020	self-empl	oyed P00534	031	
	eparer	Firm's nan	me ► Craig L. Elggre	en, CPA PC	'	Firm's	s EIN ► 8	6-0750093		
US	se Only	Firm's add	dress ▶ 1467 W. Elliot		t, AZ 8			30)464-020	 5	
Ma	y the IRS			shown above? (see instructions)				. XYes	☐ No	
_										

Form 990 (2019) Page **2** 

Part	Statement of Program Service Acc Check if Schedule O contains a resp		Part III	$\square$
1	Briefly describe the organization's mission:  MEMBER TRAINING AND EDUCATION			
2	Did the organization undertake any signification prior Form 990 or 990-EZ?			<b>Yes</b> ⊠ No
3	Did the organization cease conducting, of services?	or make significant changes in		Yes ⊠ No
4	Describe the organization's program service expenses. Section 501(c)(3) and 501(c)(4) o the total expenses, and revenue, if any, for expenses are considered to the total expenses of the total expens	e accomplishments for each of inganizations are required to reposit		
4a	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
	MEMBER DUES AND PROGRAM INCOME			
			, 	
	(0.1)		) (D	
4b	(Code:) (Expenses \$			
		<b></b>		
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
	Other and the second se	L.L. O.		
4d	Other program services (Describe on Sched (Expenses \$ including grant		<u>\$</u>	
4e	Total program service expenses ►	) (Hevenu	<b>υ</b> ψ	

Part	V Checklist of Required Schedules				
			Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3			
4	Section 501(c)(3) organizations. 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	4		×	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×	
7					
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV </i>	9		×	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×		
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate				
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×	
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×	
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX column (A) line 12 If "Yes" complete Schedule I. Parts Land II.	21		×	

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		×
29	"Yes," complete Schedule L, Part IV	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38		×
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10		

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	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)?	4a		×
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		_
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
100	against amounts due or received from them.)	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	ısa		
	·			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
^	the organization is licensed to issue qualified health plans			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14a		<b>├</b> ^
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
15	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
. •	If "Ves " complete Form 4720. Schedule O			

Form 990 (2019) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Part VI

Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 282 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 0 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a × Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a × **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 × Did the organization have a written document retention and destruction policy? . . . . . . . . . 14 × 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . . . 15a × 15b × If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a × If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ☐ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records MELISSA VANDEVER, 428 S GILBERT RD STE F, GILBERT, AZ 85296 (800)816-3240

Form 990 (2019) Page **7** 

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

×				(0	C)					
(A)	(B)	/erage   (do not check more than one box, unless person is both an				one	(D)	(E)	(F)	
Name and title	Average hours			Reportable compensation	Reportable compensation	Estimated amount of other				
	per week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	a Officer	Key employee	Highest compensated employee	tee) Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	dotted line)	Ď	stee			sated				
(1) KRISTY WHITE	8.00									
PRESIDENT				×				0.	0.	0.
(2) TONY EVANS VICE PRESIDENT	8.00			×				0.	0.	0.
(3) JOHN MICKELSON BOARD AT LARGE	6.00			X				0.	0.	0.
(4) CHRIS WATSON BOARD AT LARGE	6.00			×				0.	0.	0.
(5) CHARLES DANIELS BOARD AT LARGE	5.00			×				0.	0.	0.
(6) GEORGE ERSKIN BOARD AT LARGE	5,00			×				0.	0.	0 .
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Ξm	plo	yee	s, an	d H	lighest Compe	nsated E	mplo	yees (contin	ued)
					•	C)							
	(A) Name and title		(B) Position (do not check more that box, unless person is both officer and a director/tri					n an	(D)  Reportable compensation		Reportable Estimate compensation of		
		per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rela organiza (W-2/1099-	tions	compensatio from the organization a related organiza	and
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Subtotal		n A					<b>&gt; &gt; &gt;</b>	0.		0.		0.
2	Total number of individuals (including but reportable compensation from the organi	t not limited	$\overline{}$	$\overline{}$	e list	ted	above	e) w		e than \$10		of	<u> </u>
3	Did the organization list any former employee on line 1a? If "Yes," complete											Yes 3	No ×
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	,000	? /	f "Ye	s, "	complete Sched	dule J foi	r such		×
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	fro	m any	un un	related organizat	ion or ind	ividual		×
Secti	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add	ress							(B) Description of serv	rices	(	(C) Compensation	
2	Total number of independent contractor received more than \$100,000 of compens	•	-					th	nose listed abov	e) who			

## Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to an	ny line in this Pa	ırt VIII		$\square$
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues <b>1b</b> 52,086.				
۾ ۾	С	Fundraising events 1c				
ifts r A	d	Related organizations 1d				
ء ُ <u>ھ</u>	е	Government grants (contributions) 1e				
Sin	f	All other contributions, gifts, grants,				
it e		and similar amounts not included above 1f 1,875.				
흔히	g	Noncash contributions included in				
on of		lines 1a–1f				
2 E	h	<b>Total.</b> Add lines 1a–1f	53,961.			
<b>a</b>		Business Code				
Program Service Revenue	2a					
ne ne	b					
n S	С.					
gram Ser Revenue	d					
و 1	e	All all and an arrangement of the second of			0	
•	f	All other program service revenue   Total. Add lines 2a–2f	0.	0.	0.	0.
	<u>g</u> 3	Investment income (including dividends, interest, and	0.			
	3	other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
		other than inventory 7a				
ne	b	Less: cost or other basis				
Revenue		and sales expenses . 7b				
è l		Gain or (loss) 7c				
_	d	Net gain or (loss)				
Other	8a	Gross income from fundraising				
		events (not including \$				
		1c). See Part IV, line 18 8a				
	b	Less: direct expenses 8b				
	C	Net income or (loss) from fundraising events •				
	9a	Gross income from gaming				
		activities. See Part IV, line 19 . 9a				
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less				
		returns and allowances 10a				
		Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory				
sno	44~	Business Code				
Miscellaneous Revenue	11a					
ella Ver	b					
Sce	d	All other revenue				
Ξ		<b>Total.</b> Add lines 11a–11d ▶				
	12	Total revenue See instructions	53.961	0	0	0

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
Check if Schedule O contains a response or note to any line in this Part IX								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .							
2	Grants and other assistance to domestic individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	11,480.	11,480.					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7	Other salaries and wages							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes	1,169.	1,169.					
11 a	Fees for services (nonemployees):  Management	24.	24.					
a b	Legal	19,940.	19,940.					
C	Accounting	205.	205.					
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .							
12	Advertising and promotion							
13	Office expenses	5,179.	5,179.					
14	Information technology							
15 16	Royalties							
17	Travel	2,366.	2,366.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,000.	270001					
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization . Insurance							
23								
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
a	INSURACNE	1,673.	1,673.					
b	BANK SERVICE CHARGES	2,541.	2,541.					
c d	POSTAGE	1,184. 582.	1,184. 582.					
u e	ADVERTISING AND PROMOTIONAL All other expenses	11,845.	11,845.					
25	Total functional expenses. Add lines 1 through 24e	58,188.	58,188.					
26	Joint costs. Complete this line only if the	22,233.	,					
	organization reported in column (B) joint costs from a combined educational campaign and							
	fundraising solicitation. Check here							
	following SOP 98-2 (ASC 958-720)	REV 06/02/20 PRO			Form <b>990</b> (2019)			
		KEV 00/02/20 PKO			rorm <b>330</b> (2019)			

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rtx		<u>. U</u>
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	14,783.	1	5,527.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	249.	4	1,441.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
,	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,552.	_		
	b	Less: accumulated depreciation 10b	3,552.	10c	3,552.
	11	Investments—publicly traded securities	3,332.	11	3,332.
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	18,584.	16	10,520.
	17	Accounts payable and accrued expenses	•	17	·
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
iak		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
S		Organizations that follow FASB ASC 958, check here ▶ □		20	
ınce		and complete lines 27, 28, 32, and 33.			
ale	27	Net assets without donor restrictions		27	
d E	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► ⊠ and complete lines 29 through 33.			
0 0	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds	18,584.	31	10,520.
et ⊿	32	Total net assets or fund balances	18,584.	32	10,520.
Z	33	Total liabilities and net assets/fund balances	18,584.	33	10,520.

Form 990 (2019) Page **12** 

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	5	3,9	61.
2	Total expenses (must equal Part IX, column (A), line 25)	5	8,1	88.
3	Revenue less expenses. Subtract line 2 from line 1	_	4,2	<u> 27.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	1	.8,5	84.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	1	4,3	57.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🗌 Accrual 📗 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>×</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		<u>×</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		<u>×</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b	200	

REV 06/02/20 PRO Form **990** (2019)

## SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

UNI	TED ASSOC OF MOBILE CONTRACT CLEANER			677848						
Par			ds or	Accounts.						
	Complete if the organization answered "									
	<b>T.</b> 1. 1. 1. 1.	(a) Donor advised funds		(b) Funds and other accounts						
1	Total number at end of year									
2	Aggregate value of contributions to (during year) .									
3 4	Aggregate value of grants from (during year) Aggregate value at end of year									
5	Did the organization inform all donors and donor	advisors in writing that the assets be	ld in a	donor advised						
3	funds are the organization's property, subject to the organization's exclusive legal control?									
6	Did the organization inform all grantees, donors, ar	_								
	only for charitable purposes and not for the benefit									
	conferring impermissible private benefit?			🗌 Yes 🗌 No						
Par	Conservation Easements.									
	Complete if the organization answered "									
1	Purpose(s) of conservation easements held by the c									
	Preservation of land for public use (for example, recre									
	Protection of natural habitat	☐ Preservation o	f a cer	tified historic structure						
_	Preservation of open space									
2	Complete lines 2a through 2d if the organization hel easement on the last day of the tax year.	d a qualified conservation contribution	n in the							
_	-			Held at the End of the Tax Year						
a b	Total number of conservation easements Total acreage restricted by conservation easements		•	2a						
C	Number of conservation easements on a certified hi			2c 2c						
d	Number of conservation easements included in (		+							
u	historic structure listed in the National Register		. a	2d						
3	Number of conservation easements modified, trans	ferred, released, extinguished, or tern	ı ninate							
	tax year									
4	Number of states where property subject to conserv	vation easement is located ►								
5	Does the organization have a written policy reg		ection	n, handling of						
	violations, and enforcement of the conservation eas									
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conse	ervation easements during the year						
_	A									
7	Amount of expenses incurred in monitoring, inspecting  \$ \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	g, handling of violations, and enforcing	conser	vation easements during the year						
_	·			- 170/b)/4/D)/i)						
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of s	section	1 170(n)(4)(B)(l) <b>Yes No</b>						
9	In Part XIII, describe how the organization reports of		and ex	<del>-</del> -						
	balance sheet, and include, if applicable, the text of									
	organization's accounting for conservation easemen	9								
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other	Similar Assets.						
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.								
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenu	ie stat	ement and balance sheet works						
	of art, historical treasures, or other similar assets									
	service, provide in Part XIII the text of the footnote t									
b	If the organization elected, as permitted under FAS									
	art, historical treasures, or other similar assets held provide the following amounts relating to these item		searcn	in furtherance of public service,						
	(i) Payanua included on Form 990 Part VIII line 1	io.		▶ ¢						
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>			• \$						
2	If the organization received or held works of art,									
-	following amounts required to be reported under EA	SR ASC 958 relating to these items:								
а	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X			. ▶ \$						
b	Assets included in Form 990, Part X			. • \$						

 Schedule D (Form 990) 2019
 Page 2

Part	Organizations Maintaining Col	lections of Art, Hi	storical Treasures	, or Other Similar As	ssets (continued)
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and other rec	ords, check any of th	e following that make s	significant use of its
а	☐ Public exhibition	d	☐ Loan or exchang	e program	
b	☐ Scholarly research	е	☐ Other		
С	☐ Preservation for future generations				
4	Provide a description of the organization's XIII.	s collections and exp	lain how they further	the organization's exer	mpt purpose in Part
5	During the year, did the organization solid assets to be sold to raise funds rather than	n to be maintained as			
Part					
	Complete if the organization ans 990, Part X, line 21.			· •	
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?				
b	If "Yes," explain the arrangement in Part XI	III and complete the	ollowing table:		
	B : : 1 1				mount
C	Beginning balance			1c	
d	Additions during the year			1d	
e	Distributions during the year			1e   1f	
f	Ending balance				√2 □ Vaa □ Na
2a h	If "Yes," explain the arrangement in Part XI				
b Par		iii. Check here ii the	explanation has been	provided on Fart Alli .	· · · <u> </u>
Гаг	Complete if the organization ans	wered "Ves" on Fo	orm 990 Part IV line	<u>-</u> 10	
			rior year (c) Two year		k (e) Four years back
1a	Beginning of year balance	Current year (b) i	Tior year (c) I wo year	13 Dack (u) Three years bac	(e) I our years back
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and				
	programs				
f	Administrative expenses End of year balance				
g 2	Provide the estimated percentage of the ci	urrent year and belor	usa (lina 1a, saluma (a	/// hold oo:	
	Board designated or quasi-endowment		ice (iirie 19, column (a	ij) Held as.	
a h		,			
C	Term endowment ▶ %	,			
U	The percentages on lines 2a, 2b, and 2c sh	rould equal 100%			
20	Are there endowment funds not in the pos		sization that are hold	and administered for th	20
3a	organization by:	ssession of the organ	iization that are neid	and administered for th	Yes No
	(i) Unrelated organizations				3a(i)
					3a(ii)
b	If "Yes" on line 3a(ii), are the related organi				3b
4	Describe in Part XIII the intended uses of the				
Part					
	Complete if the organization ans		orm 990. Part IV. line	e 11a. See Form 990.	Part X. line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
	Land				
b	Buildings				
C	Leasehold improvements				
d	Equipment	3,552			3,552.
e	Other	3,332	-		3,332.
	Add lines 1a through 1e. (Column (d) must	equal Form 990, Pari	X, column (B), line 10	Dc.) ▶	3,552.

 $\mathsf{B}\mathsf{A}\mathsf{A}$ 

Schedule D (Form 990) 2019 Page **3** 

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on F	Form 990, Part IV, lir	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation: -of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
Part VIII	Investments—Program Related.	000 D. I.IVAL		000 D. I.V. I' 40
	Complete if the organization answered "Yes" on F			
	(a) Description of investment	(b) Book value		hod of valuation: -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
rarenx	Complete if the organization answered "Yes" on F	Form 990. Part IV. lir	ne 11d. See Form	990. Part X. line 15.
	(a) Description			(b) Book value
(1)		7		.,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.) .	<del></del>		
Part X	Other Liabilities.	Taura 000 David IV II:	11 11f C	- Faura 000 Davit V
	Complete if the organization answered "Yes" on F	-orm 990, Part IV, III	ie i ie or i ii. See	e Form 990, Part A,
1.	line 25.  (a) Description of liability			(h) Dook value
(1) Federal in				(b) Book value
	icome taxes			
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.) .			
	r uncertain tax positions. In Part XIII, provide the text of the fo			nts that reports the
	s liability for uncertain tax positions under FASB ASC 740. Ch			

Schedule D (Form 990) 2019 Page **4** 

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, F		
1	Total expenses and losses per audited financial statements	🖍	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	4
b	Prior year adjustments	2b	-
C	Other losses	2c	-
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	10	
a b	Other (Describe in Part XIII.)	4a 4b	-
		1.07	4c
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line		5
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1 4 Part IV lines 1b and 2	o: Part V line 4: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
,		,	

BAA

Schedule D (For	m 990) 2019	Page 🕻
Part XIII	Supplemental Information (continued)	

#### SCHEDULE O (Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
UNITED ASSOC OF MOBILE CONTRACT CLEANERS	26-3677848
Pt VI, Line 11b: BOARD MEMBERS PROVIDE COPY TO REVIEW AND COMMENT	
Pt VI, Line 6: NO STOCKHOLDERS, MEMBERS ONLY	
Pt VI, Line 7a: ONLY VOTING MEMBERS ELECT OFFICERS AND BOARD MEMB	ERS
Pt IX, Line 24e:	
Description: TELEPHONE	
Total: \$1,561	
Program services: \$1,561	
Description: OTHER OPERATING EXPENSES	·
Total: \$20	
Program services: \$20	
Description: WEBSITE	
Total: \$3,417	
Program services: \$3,417	
Description: COMMUNICATIONS	
Total: \$6,847	
Program services: \$6,847	

### Form **8879-E**0

#### IRS e-file Signature Authorization for an Exempt Organization

		1	
For calendar year 2019, or	r fiscal year beginning	, 2019	, and ending , 20

OMB No. 1545-1878

▶ Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization **Employer identification number** 26-3677848 UNITED ASSOC OF MOBILE CONTRACT CLEANERS Name and title of officer KRISTY WHITE, PRESIDENT Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. **1a** Form 990 check here ► 🗵 **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . . . 2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) . . . . . . . . . . **b Total tax** (Form 1120-POL, line 22) . . . . . . . . . . . 3a Form 1120-POL check here ► 3b 4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . 4b **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only □ I authorize to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature ▶ Date ▶ 11/16/2020 Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 6 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ 11/16/2020 **ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

2019

Name
UNITED ASSOC OF MOBILE CONTRACT CLEANERS

Employer Identification No. 26-3677848

TELEPHONE OTHER OPERATING EXPENSES WEBSITE COMMUNICATIONS  1,561. 20. 3,417. 6,847. 6,847.	
Total to Form 990, Part IX, line 24e	

TAXABLE YEAR

# **California Exempt Organization Annual Information Return**

199

201	9 Annual Information	Retu	ırn					199	
	ear 2019 or fiscal year beginning (mm/dd/yyyy)			, and end					
Corporation	n/Organization nameUNITED ASSOC OF MO	BILE C	CONTRACT	T CLEANERS	California			umber	
A 1 100 - 11	Additional information See instructions						-		—
Additional information. See instructions. FEIN 26-367784						0			
Street addre	ess (suite or room)				20-30	37764	PMB	no.	
P.O. B	OX 1914								
City						State	Zip cc	de	
GILBER	T					AZ	852	99	
Foreign cou	ntry name	Foreign p	orovince/state	/county			Foreig	gn postal code	
▲ First Ret	urn	\( \square\) Yes	×N0 J I	If exempt under R&T	C Section 2370	1d, has	the o	rganization	
	d Return		- INO	engaged in political a	ctivities? See ir	structio	ns	● □ Yes ⊠	∐No
C IRC Sect	tion 4947(a)(1) trust	🗆 Yes	×No K	ls the organization ex If "Yes," enter the gro	cempt under R&	TC Sect	ion 2	23701g?	∐No
	ormation Return?		la 1	ir res, enter the gro If organization is a pu	•				
Enter da	ssolved □ Surrendered (Withdrawn) □ Merged, te: (mm/dd/yyyy) ● / /		zed g	Section 23701d and r check box. No filing f	meets the filina	fee exce	eption	ı.	
	ccounting method: (1) $lacksquare$ Cash (2) $lacksquare$ Accrual (			Is the organization a	Limited Liability	/ Compa	ıny?.		SNo
F Federal r (4) ⊠Ot	eturn filed? (1) $lacktriangle$ 990T (2) $lacktriangle$ 990PF (3) her 990 series	● □Sch	H (990) N [	Did the organization f taxable income?	file Form 100 o	r Form 1	09 to	report ● □ Yes 🗵	ΩNο
G Is this a	group filing? See instructions	■ Yes	×No O I	ls the organization ur	nder audit by th	e IRS or	has	the IRS	Z]
H Is this o	rganization in a group exemptionwhat is the parent's name?		×No P I	audited in a prior yea Is federal Form 1023,	/1024 pending?	·			S No S No
		_	] [	Date filed with IRS _					
Did the on not repo	organization have any changes to its guidelines rted to the FTB? See instructions	■ Yes	×N0						
Part I C	omplete Part I unless not required to file this form	. See Ger	neral Inform	ation B and C.					
	1 Gross sales or receipts from other sources. Fro	m Side 2,	Part II, line	8		•	1		00
	2 Gross dues and assessments from members ar	nd affiliate	S			•	2		00
	<b>3</b> Gross contributions, gifts, grants, and similar a						3	53,961	00
Receipts and	4 Total gross receipts for filing requirement test.  This line must be completed. If the result is le				2		4	53,961	00
Revenues	5 Cost of goods sold				<del> </del>	0		337701	
	6 Cost or other basis, and sales expenses of asse	ets sold		6		0(	)		<u> </u>
	7 Total costs. Add line 5 and line 6						7		00
	8 Total gross income. Subtract line 7 from line 4.						8	53,961	
Expenses	<ul><li>9 Total expenses and disbursements. From Side 2</li><li>10 Excess of receipts over expenses and disburser</li></ul>							34,863 19,098	
	11 Total payments						11		00
I	12 Use tax. See General Information K								00
	<b>13</b> Payments balance. If line 11 is more than line 1								00
Filing Fee	14 Use tax balance. If line 12 is more than line 11,	subtract I	ine 11 from	line 12		•	14		00
	15 Filing fee \$10 or \$25. See General Information						15	10	
	16 Penalties and Interest. See General Information	J					16		00
	<b>17 Balance due.</b> Add line 12, line 15, and line 16. Under penalties of perjury, I declare that I have examined	this return.	including acco	Trom the result  Simpanying schedules an	d statements, and	to the be	)   <b>1</b>	10 mv knowledge and belief, it is	
Sign	true, correct, and complete. Declaration of preparer (other	r than taxpa	yer) is based o	on all information of which	h preparer has ar	y knowle	dge.		
Here	Signature		itle		Date	•		phone	
	of officer	I	PRESIDE	NT IDate				4)330-6115	
	Preparer's				Check if self-		PTIN		
Paid	signature CRAIG L ELGGREN, CPA	-		11-16-2020	employed ► X			)534031 's FEIN	
Preparer's	Firm's name (or yours, if self-employed)  CRAIG L. ELGG	ס מים ס	ים גםי						
Use Only				100				-0750093 phone	_
	1467 W. ELLION GILBERT AZ 85		SULTE	102				30)464-0205	
	May the FTB discuss this return with the prepa		n ahova? Sa	ae instructions					
	Times and the anodado and totalli with the bieba	01 0110 111	ubovo: 00			🗨	اتع	00 L 110	

051 3651194 Form 199 2019 **Side 1** REV 04/01/20 PRO

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information

	regardless of amount of gross receipts — com	plete Part II or furnish substitute information.			
	1 Gross sales or receipts from all business a	etivities. See instructions			
	·	2 0			
Receipts		3 00			
from		4 00			
Other		5 00			
Sources		(See Instructions). • 6 0			
	7 Other income. Attach schedule	See Stmt 7 00			
		ces. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 8			
		punts paid. Attach schedule 9 0			
	11 Compensation of officers, directors, and tru	stees. Attach schedule			
	12 Other salaries and wages				
Expenses	<b>13</b> Interest				
and					
Disburse-		<u>15</u> 0			
ments	<b>16</b> Depreciation and depletion (See instruction	s)			
	17 Other Expenses and Disbursements. Attach	See Stmt ■ 17 33,694 00			
	18 Total expenses and disbursements. Add lin	e 9 through line 17. Enter here and on Side 1, Part I, line 9			
Schedul	e L Balance Sheet	Beginning of taxable year End of taxable year			
Assets		(a) (b) (c) (d)			
1 Cash.		14,783			
2 Net ac	counts receivable	249 1,441			
	otes receivable				
	rories				
	al and state government obligations				
	ments in other bonds				
	ments in stock				
	age loans				
-	investments. Attach schedule				
		3,552			
•	preciable assets	3,552 3,552 3,552			
	s accumulated depreciation				
		•			
	assets. Attach schedule	10.504			
	assets	18,584 10,520			
	and net worth				
	nts payable	•			
	butions, gifts, or grants payable	•			
	and notes payable	•			
	ages payable	•			
18 Other	liabilities. Attach schedule				
19 Capita	I stock or principal fund	•			
20 Paid-ii	n or capital surplus. Attach reconciliation	•			
21 Retain	ed earnings or income fund	18,584			
22 Total I	liabilities and net worth	18,584 10,520			
Schedule					
	Do not complete this schedule if the	mount on Schedule L, line 13, column (d), is less than \$50,000			
1 Net ind	come per books	7 Income recorded on books this year			
<b>2</b> Federa	al income tax	not included in this return. Attach schedule			
3 Excess	s of capital losses over capital gains	B Deductions in this return not charged			
	e not recorded on books this year.	against book income this year.			
	schedule	Attach schedule			
Allacil					
E F	and reported on beating this was a set	9 Total. Add line 7 and line 8			
	ses recorded on books this year not				
deduc	ses recorded on books this year not ted in this return. Attach schedule	10 Net income per return. Subtract line 9 from line 6			

## **Voucher at bottom of page.**



## DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations – File and Pay by the 15th day of the 4th month

following the close of the taxable year.

S corporations – File and Pay by the 15th day of the 3rd month

following the close of the taxable year.

Exempt organizations – File and Pay by the 15th day of the 5th

month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for

Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

DETACH HERE IF N	NO PAYMENT IS DUE, DO NOT MAIL T	HIS VOUCHER $\_$ $\_$ $\_$ $\_$ $\_$	DETACH HERE
CAUTION: You may be required to pay electronic	cally, see instructions.	REV 04/01/20 PRO	
TAXABLE YEAR DOVING ON!	show for Cornorations		CALIFORNIA FORM

# 2019 and Exempt Organizations e-filed Returns

3586 (e-file)

APPLD F UNIT 26-3677848 00000000000 19 FORM 3
TYB 01-01-2019 TYE 12-31-2019

INTERED ACCOR OF MODILE COMMUNICE CLEAR

UNITED ASSOC OF MOBILE CONTRACT CLEANERS

PO BOX 1914

GILBERT AZ 85299

(714) 330-6115

Amount of Payment 10.

051 6181196 FTB 3586 2019

Date Accepted

**California e-file Return Authorization for Exempt Organizations** 

8453-E0

= o : o Exempt of gameations		3133 = 3
Exempt Organization name		Identifying number
UNITED ASSOC OF MOBILE CONTRACT CLEANERS		26-3677848
Part I Electronic Return Information (whole dollars only)		
1 Total gross receipts (Form 199, line 4)		<b>2</b> 53,961.
Part II Settle Your Account Electronically for Taxable Year 2019		
4 Electronic funds withdrawal 4a Amount	<b>4b</b> Withdrawal date (mm/dd	//yyyy)
Part III Banking Information (Have you verified the exempt organization's	banking information?)	
5 Routing number6 Account number	7 Type of account:	☐ Savings
Part IV Declaration of Officer		

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

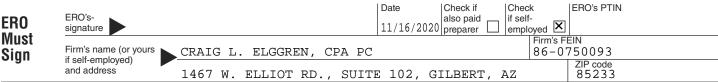
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here

		PRESIDENT
Signature of officer	Date	Title

#### Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.



Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature							Date Check if self-employed employed		_	Paid preparer's PTIN P00534031	
	and address	CRAIG	L	ELGGREI	N, CP	A				Firm's FE 86-07		
Oigii		1467	W.	ELLIOT	RD.,	SUITE	102	GILBERT,	ΑZ		ZIP code 85233	

## Additional information from your 2019 California Exempt Organization Business

## Form 199: CA Exempt Organization Annual Information Part II, Other Income

#### **Continuation Statement**

Description	Amount
INCOME FROM INVESTMENT OF TAX EXEMPT BOND PROCEEDS	
INCOME FROM FUNDRAISING EVENTS	
INCOME FROM GAMING ACTIVITIES	

**Total** 

# Form 199: CA Exempt Organization Annual Information Part II, Compensation

### **Continuation Statement**

	Description	Amount
KRISTY WHITE		0
TONY EVANS		0
JOHN MICKELSON		0
CHRIS WATSON		0
CHARLES DANIELS		0
GEORGE ERSKIN		0
	Total	0

## Form 199: CA Exempt Organization Annual Information Part II, Expenses

#### **Continuation Statement**

Description	Amount
MANAGEMENT	24
LEGAL	19,940
ACCOUNTING	205
OFFICE EXPENSES	5,179
TRAVEL	2,366
INSURACNE	1,673
BANK SERVICE CHARGES	2,541
POSTAGE	1,184
ADVERTISING AND PROMOTIONAL	582
Total	33,694