

2013

California Exempt Organization Annual Information Return

199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization Name

UNITED ASSOC OF MOBILE CONTRACT CLEANERS

Address (suite, room, or PMB no.)

P.O. BOX 1914

City

GILBERT

State

AZ

ZIP Code

85299

California corporation number

CS191726

FEIN

26-3677848

- A** First Return ☐ Yes ☒ No
- B** Amended Information Return ☒ Yes ☐ No
- C** IRC Section 4947 (a)(1) trust ☐ Yes ☒ No
- D** Final Information Return? ☒ Dissolved ☐ Surrendered (Withdrawn)

☒ Merged/Reorganized

Enter date: (mm/dd/yyyy) _____

E Check accounting method:(1) ☒ Cash (2) ☐ Accrual (3) ☐ Other**F** Federal return filed?(1) ☐ 990T (2) ☒ 990 PF (3) ☐ Sch H (990)**G** Is this a group filing for the subordinates/affiliates? ☐ Yes ☒ No

If "Yes," attach a roster. See instructions

H Is this organization in a group exemption? ☐ Yes ☒ No

If "Yes," what is the parent's name? _____

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? ☐ Yes ☒ No

If "Yes," explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? ☐ Yes ☒ No

If "Yes," complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No

If "Yes," enter the gross receipts from nonmember sources \$ _____

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required ☐

M Is the organization a Limited Liability Company? ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	0	00
	2 Gross dues and assessments from members and affiliates	2	41,252	00
	3 Gross contributions, gifts, grants, and similar amounts received.	3	13,640	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	54,892	00
Expenses	5 Cost of goods sold	5	0	00
	6 Cost or other basis, and sales expenses of assets sold	6	0	00
	7 Total costs. Add line 5 and line 6	7	0	00
	8 Total gross income. Subtract line 7 from line 4	8	54,892	00
Filing Fee	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	46,685	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	8,207	00
	11 Filing fee \$10 or \$25. See General Instruction F	11	10	00
	12 Total payments	12	0	00
	13 Penalties and Interest. See General Instruction J	13	0	00
	14 Use tax. See General Instruction K	14	0	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10	00

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Title	Date
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address		PTIN
			P00534031
			FEIN
			86-0750093
			Telephone
			(480) 464-0205
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

UNITED ASSOC OF MOBILE CONTRACT CLEANERS

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.

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Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	0	00
	2	Interest	2	0	00
	3	Dividends	3	0	00
	4	Gross rents	4	0	00
	5	Gross royalties	5	0	00
	6	Gross amount received from sale of assets (See Instructions)	6	0	00
	7	Other income. Attach schedule	7	0	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	0	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	0	00
	10	Disbursements to or for members.	10	0	00
	11	Compensation of officers, directors, and trustees. Attach schedule	11	0	00
	12	Other salaries and wages	12	23,007	00
	13	Interest	13	0	00
	14	Taxes	14	0	00
	15	Rents	15	0	00
	16	Depreciation and depletion (See instructions)	16	0	00
	17	Other Expenses and Disbursements. Attach schedule	17	23,678	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	46,685	00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		12,215.		20,422.
2	Net accounts receivable		0.		0.
3	Net notes receivable		0.		0.
4	Inventories		0.		0.
5	Federal and state government obligations		0.		0.
6	Investments in other bonds		0.		0.
7	Investments in stock		0.		0.
8	Mortgage loans		0.		0.
9	Other investments. Attach schedule		0.		0.
10 a	Depreciable assets	0.		0.	
b	Less accumulated depreciation	(0.)	0.	(0.)	0.
11	Land		0.		0.
12	Other assets. Attach schedule		0.		0.
13	Total assets		12,215.		20,422.
Liabilities and net worth					
14	Accounts payable		0.		0.
15	Contributions, gifts, or grants payable		0.		0.
16	Bonds and notes payable		0.		0.
17	Mortgages payable		0.		0.
18	Other liabilities. Attach schedule		0.		0.
19	Capital stock or principle fund		0.		0.
20	Paid-in or capital surplus. Attach reconciliation		0.		0.
21	Retained earnings or income fund		12,215.		22,422.
22	Total liabilities and net worth		12,215.		22,422.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	8,207.	7	Income recorded on books this year not included in this return. Attach schedule	0.
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	0.
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	0.
4	Income not recorded on books this year. Attach schedule	0.	10	Net income per return. Subtract line 9 from line 6	8,207.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	0.			
6	Total. Add line 1 through line 5	8,207.			

Line 17, Part II (CA 199) - Other Deductions

1	Pension plans, employee benefits	1	0
2	Legal fees	2	0
3	Accounting fees	3	0
4	Other professional fees	4	892
5	Travel, conferences, and meetings	5	0
6	Printing and publications	6	5,060
7	Special events direct expenses	7	0
8	Office expenses	8	0
9	Other expenses	9	17,726
10		10	
11		11	
12	Total	12	23,678

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