TAXABLE YEAR

2013

California Exempt Organization Annual Information Return

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199

Calendar Yea	ar 2013 or fiscal year beginning (mm/dd/yyyy)		and ending	g (mm/dd/yyyy))				Marine Rose				
Corporation/	Organization Name					oration	numbe	er	Marie Control				
Friends	for Fragile X												
	te, room, or PMB no.)			FEIN			-						
P O Box	: 503846			2	7 3	8	7	7	5	1	8		
City		State	ZIP Code							i	Ť		
San Die	go	CA	92150										
A First Ret	urn	✓No	J If exempt under R&TC S	Section 2370	1d, has	the or	rganiza'	tion					
B Amended	d Return ● □Yes	☑No	during the year: (1) part	rticipated in ar	ny politi	cal ca	mpaigr	1,					
C IRC Sect	tion 4947(a)(1) trust		slation or any ballot measure,										
	or (3) made an election under										- 0		
	lerged/Reorganized Enter date: • / / (Telating to looplying by put						• • • • •		∐Yes	V	٥NC		
	counting method: If "Yes, complete and attach form F18 is the organization exempt under R&TG If "Yes, complete and attach form F18 is the organization exempt under R&TG If "Yes" onter the green receive forms.					€.							
						-					No		
F Federal r													
	990T (2) ● □ 990(PF) (3) ● □ Sch H (990)	os Ma	sources						\$				
			■ If organization is exemp	pt under R&T0	C Section	n 237	′01d an	id is					
Is this a group filing for the subordinates/affiliates? • Yes If "Yes," attach a roster. See instructions							charitable, and is						
		-A	supported primarily (50										
	rganization in a group exemption?□Yes ☑No check box. No filing fee is required							. •					
If "Yes,"	what is the parent's name? M Is the organization a Limited Liability					ny?.		. •	☐ Yes	V	No		
- D' L I			N Did the organization file										
	organization have any changes in its activities, taxable income?							. •	Yes	V	No		
	ig instrument, articles of incorporation, or bylaws on the been reported to the Franchise Tax Board? • Yes												
		MO	IRS audited in a prior ye	ear?				. •	☐ Yes	V	No		
	explain, and attach copies of revised documents.												
Part I Co	implete Part I unless not required to file this form. See Gen												
	1 Gross sales or receipts from other sources. From Side 2,					1					00		
	2 Gross dues and assessments from members and affiliates					2					00		
Receipts and	3 Gross contributions, gifts, grants, and similar amounts received					3			57,8	327	00		
Revenues	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					4		. Programme and the	57,8	327	00		
	5 Cost of goods sold				00								
	${\bf 6}$ Cost or other basis, and sales expenses of assets sold $$			*****	00								
	7 Total costs. Add line 5 and line 6.					7					00		
	8 Total gross income. Subtract line 7 from line 4					8			57,8				
	9 Total expenses and disbursements. From Side 2, Part II, li					9			23,5	592	00		
1	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8					10			34,2	235	00		
1	1 Filing fee \$10 or \$25. See General Instruction F					11				10	00		
Filing 1	12 Total payments					12					00		
Fee 1	3 Penalties and Interest. See General Instruction J					13					00		
						14					00		
1	5 Balance due. Add line 11, line 13, and line 14. Then subtr					15				10			
Sign	Under penalties of perjury, I declare that I have examined this return, true, correct, and complete. Declaration of preparer (other than taxpa	including	accompanying schedules and st	statements, and	to the be	st of m	ıy knowla	edge :	and bel	ief, it i	is		
Here		itle	the state of the s	ate	_	ige. elepho	nne						
	Signature of officer				,)218	2521	7				
	. / /		Date				1210	0004	1				
Paid	Preparer's signature		Ch	heck if self- nployed ▶□		TIN							
Preparer's	signature		02/10/14 (6)	npioyea 🗾		EIN	-1	,					
Use Only	Firm's name (or yours, if self-employed) and address Heaton & Associates					EIN							
						● Telephone							
	25670 Alicante Drive Vale	ncia C	Δ 91355-2266					244	24				
	- Tool of all of the Vale	noid, C	// C 1000-2200	Marie de la compansión de) 802		J4 +				
May the FTB discuss this return with the preparer shown above? See instructions													
				-							-		

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.

		- 3							
		1	Gross sales or receipts from all business	activities. See instructions.			1		00
		2	Interest			•	2		00
_		3	Dividends			•	3		00
	ceipts	4	4 Gross rents						00
fro Otl		5	5 Gross royalties.						00
	irces	1	Gross amount received from sale of asset						00
			7 Other income. Attach schedule.						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						00
			Contributions, gifts, grants, and similar ar	-			8		57,827 00
		10 Disbursements to or for members.							00
		1	1 Compensation of officers, directors, and trustees. Attach schedule.						00
			2 Other salaries and wages						00
Expenses		1	3 Interest.						00
ani			Taxes						00
	burse-	1	Rents						00
me	nts	4	Depreciation and depletion (See instruction				-		00
		1	Other Expenses and Disbursements. Attac						23,592 00
		1	Total expenses and disbursements. Add li				18		00
_	hedu								
	neau sets	ile i	L Balance Sheets	(a)	f taxable year		o or t	axable y	
70000					(b) 38,793	(c)			(d) 73,028
			nts receivable		30,733			•	13,020
J			receivable						
4			S						
-			d state government obligations						
6	Invest	men	its in other bonds				100	-	
/	Invest	men	its in stock					•	
ď	iviortg	age	loans						
9	Uther	inve	stments. Attach schedule	200000000000000000000000000000000000000					
10			able assets		The state of the s	,		,	
			cumulated depreciation			(1281.32(0)47	1	·····
					1010				
			ets. Attach schedule		4,643			•	4,643
			ts	10.54	43,436				77,671
			net worth						
			payable						
			ons, gifts, or grants payable					•	
			notes payable					•	
17	Mortg	ages	s payable					•	
			lities. Attach schedule						
			ck or principle fund						
20	Paid-ir	1 or	capital surplus. Attach reconciliation		40.400			•	77.074
21	Retain	ea e	arnings or income fund		43,436				77,671
Sc Sc	hedii		ties and net worth	e with income ner return	43,436				77,671
_			Do not complete this schedule if the	amount on Schedule L. lir	ne 13. column (d), is less t	han \$50,000.			
4	Mat in								
1			e per bookscome tax			,	J I -		
					not included in this r		aule.		
3 4			capital losses over capital gains ot recorded on books this		8 Deductions in this re				
-9					against book income	-			
5			h schedule	•	Attach schedule			•	
5			recorded on books this year not		9 Total. Add line 7 and			(1), E (10), (1)	
c			n this return. Attach schedule		10 Net income per return				04.00=
6	iotal.	AUU	line 1 through line 5	34,235	Subtract line 9 from I	ine 6			34,235