

2010

California Exempt Organization Annual Information Return

199

Calendar Year 2010 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

A First Return Filed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	B Type of organization Exempt under Section 23701 _____ (insert letter) IRC Section 4947(a)(1) trust <input type="checkbox"/>	CORP # _____
--	--	--------------

Corporation/Organization Name Friends for Fragile X	FEIN 2 7 3 8 7 7 5 1 8
---	----------------------------------

Address P O Box 503846		State CA	ZIP Code 92150
City San Diego			

C Amended Return? <input type="radio"/> Yes <input checked="" type="radio"/> No D Are you a subordinate/affiliate in a group exemption? <input type="radio"/> Yes <input checked="" type="radio"/> No (a) Is this a group filing for affiliates? See General Instruction L <input type="radio"/> Yes <input checked="" type="radio"/> No (b) If "Yes," enter the number of affiliates _____ (c) Are all affiliates included? <input type="radio"/> Yes <input checked="" type="radio"/> No (If "No," attach a list. See instructions.) (d) Is this a separate return filed by an organization covered by a group ruling? <input type="radio"/> Yes <input checked="" type="radio"/> No (e) Federal Group Exemption Number _____ (f) Is a roster of subordinates attached? <input type="radio"/> Yes <input checked="" type="radio"/> No E Final return? <input type="radio"/> Dissolved <input type="radio"/> Surrendered (Withdrawn) <input type="radio"/> Merged/Reorganized (attach explanation) If a box is checked, enter date _____ F Check the box if the organization filed the following federal forms or schedule: (1) <input type="radio"/> 990T (2) <input type="radio"/> 990PF (3) <input type="radio"/> (Schedule H) 990 G 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. See General Instruction F. No filing fee is required. <input type="radio"/> <input type="radio"/>	H Accounting method used (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other I 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)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. <input type="radio"/> Yes <input checked="" type="radio"/> No J 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? If "Yes," complete an explanation and attach copies of revised documents. <input type="radio"/> Yes <input checked="" type="radio"/> No K Is the organization exempt under R&TC Section 23701g? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," enter amount of gross receipts from nonmember sources \$ _____ L Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="radio"/> Yes <input checked="" type="radio"/> No M Is the organization a Limited Liability Company? <input type="radio"/> Yes <input checked="" type="radio"/> No N Did the organization file Form 100 or Form 109 to report taxable income? <input type="radio"/> Yes <input checked="" type="radio"/> 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	00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received.	3	13,024 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 \$25,000, see General Instruction B.	4	13,024 00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6.	7	00
	8	Total gross income. Subtract line 7 from line 4.	8	13,024 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	7,666 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	5,358 00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F.	11	25 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	25 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.		Telephone (858) 218-5347
	Signature of officer	Title Co-Chairman	Date 5/22/12
Paid Preparer's Use Only	Preparer's signature	Date 5/9/12	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address Heaton & Associates 13430 The Square, Poway, CA 92064-1309	Preparer's PTIN/SSN P 1 0 2 5 6 4 0 6	
		FEIN 2 3 6 6 2 3 4 0 3 Telephone (818) 802-2404	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="radio"/> Yes <input type="radio"/> No			

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1		00
	2	Interest.	●	2		00
	3	Dividends	●	3		00
	4	Gross rents	●	4		00
	5	Gross royalties.	●	5		00
	6	Gross amount received from sale of assets (See Instructions)	●	6		00
	7	Other income. Attach schedule	●	7		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		00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	13,024	00
	10	Disbursements to or for members.	●	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule.	●	11		00
	12	Other salaries and wages.	●	12		00
	13	Interest.	●	13		00
	14	Taxes	●	14		00
	15	Rents	●	15		00
	16	Depreciation and depletion (See instructions)	●	16		00
	17	Other. Attach schedule	●	17	7,666	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	5,358	00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		0		9,954
2	Net accounts receivable				
3	Net notes receivable. Attach schedule.				
4	Inventories				
5	Federal and state government obligations.				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans _____).				
9	Other investments. Attach schedule				
10	a Depreciable assets				
	b Less accumulated depreciation	()	()		
11	Land				
12	Other assets. Attach schedule				2,994
13	Total assets		0		12,948
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule				7,590
19	Capital stock or principle fund.				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		0		5,358
22	Total liabilities and net worth.		0		12,948

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 \$25,000

1	Net income per books	●	5,358	7	Income recorded on books this year not included in this return. Attach schedule	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
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	●		10	Net income per return. Subtract line 9 from line 6		5,358
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	Total. Add line 1 through line 5		5,358				

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.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

Friends for Fragile X

27-3877518

Part II. Line 17 Other Expenses: Referral Donation to NXFX \$7,590; Other Expenses \$76

Schedule L Line 12 Other Assets: Blog programming costs \$2,994

Schedule L Line 18 Other Liabilities: Donations received in current year; to be donated to NXFX in year 2011. \$7,590