TAXABLE YEAR

2011

## California Exempt Organization Annual Information Return

FORM

199

Conference Comparison Name   Conference Com	Calendar Ye	ear 2011 or fiscal year beginning monthday	yea	ar, and ending month	1	day		_year					
Sample   Complete	-			and the second s			ration	-					
Sample   Complete	Friends f	or Fragile X											
San Diego   Cab   292150   San Diego   Cab   292150   San Diego   Cab   292150   San Diego   Cab   Cab   292150   San Diego   Cab	Address (suit	e, room, or PMB no.)			FEIN								
San Diego   CA   92150	P O Box	503846			2	7 3	8	7	7	5	1	8	
A First Return	City			ZIP Code	7								
during the year; (1) participated in any political campaign, or (2) articipated in any political campaign, or (2) in a Return	San Dieg	go	CA	92150									
3 Amended Return	A First Retu	ırnYe:	s 🗹 No	J If exempt under R&TC Sect	tion 2370	1d, has t	he or	ganiz	ation				
C (2) attempted to influence legislation or any ballot measure.  or (3) made an election under R&TG Section 3970 (2) € [Viscos   Viscos				during the year: (1) particip	oated in ar	ny politic	al ca	mpaig	n,				
Final Return  □ □ Insusoided □ □ Surrendered (Withdrawn) □ □ Insusoided □ □ Surrendered (Withdrawn) □ □ Insusoided □ □ Surrendered (Withdrawn) □ □ Mergeu/Reorganized Either date: □ / /			_						easur	e,			
Clearly   Surrendered (Withdrawn)   If "Yes," complete and attach form FTB 5509.   If "Yes," complete part unless on receipts from one file this form. See General Instruction B and C.   If yes, what is the parent's and attach copies of revised documents.   If "Yes," explain, and attach copies of revised documents.   If "Yes," explain, and attach copies of revised documents.   If "Yes," explain, and attach copies of revised documents.   If "Yes," explain, and attach copies of revised documents.   If "Yes," explain, and attach copies of revised documents.   If "Yes," explain, and attach copies of revised documents.   If "Yes," explain, and attach copies of revised documents.   If "Yes," explain, and attach copies of revised documents.   If "Yes," explain, and attach copies of revised documents.   If "Yes," explain, and attach copies of revised documents.   If "Yes," explain, and attach copies of revised documents.   If "Yes," explain, and attach copies of revised documents.   If "Yes," explain, and attach copies of revised documents.   If "Yes," explain, and attach copies of revised documents.   If "Yes," explain, and attach copies of revised documents.   If "Yes," explain, and attach copies of revised documents.   If yes, the requirement   If ye										_	-	-	
© Check accounting method:  (1) □ Cash (2) □ Accrual (3) □ Other  Federal return filled?  (1) □ □ 990 (PF) (3) ● □ SIN (1900)  3 is this a group filing for the subordinates/affillates? □ Yes □ No If "Yes," attach a roster. See instructions  If "Yes," attach a roster. See instructions  If "Yes," attach a roster. See instructions  If "Yes," what is the parent's name?  Did the organization in a group exemption? □ Yes □ No If "Yes," what is the parent's name?  Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bytaws that have not been reported to the Franchise Tax Body (3) ■ One If "Yes," what is the parent's name?  Part I Complete Part I unless not required to file this form. See General Instructions B and C.  1 forces sales or receipts from other sources. From Side 2, Part II, line 8. □ 1 □ 00  2 cross dues and assessments from members and affiliates and revenues  1 forces sales or receipts from other sources. From Side 2, Part III, line 8. □ 1 □ 00  2 cross dues and assessments from members and affiliates and revenues  1 forces sales or receipts from other sources. From Side 2, Part III, line 8. □ 1 □ 00  2 cross dues and assessments from members and affiliates and the venues of the part of t	Discolved Surrendered (Withdrawn)								🜑	∐Yes	S 1	lNo	
E Check accounting method:  ( 1)		, ,											
f1   Cash   (2)   Accrual   (3)   Other			_	K Is the organization exempt	under R&	TC Sect	on 23	3701g	?.	Yes	S	No	
Federal return filear   10   990T   20   990(PF)   30   Sch H (990)   18   18 his a group lifting for the subordinates/affiliates?   990   18   18 his a group lifting for the subordinates/affiliates?   990   18   18 his a group group exemption?   980   18   18 his a group group exemption?   980   980   18   18 his organization in a group exemption?   980				If "Yes," enter the gross red	ceipts fror	n nonm	embe	r					
1   90T (2)   90(PF) (3)   Sch H (990)				sources						. \$			
a is this a group filing for the subordinates/affiliates?									nd is				
If "Yes," attach a roster. See instructions  If siths organization in a group exemption?  If "Yes," what is the parent's name?  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?.			s 🚺 No										
It is this organization in a group exemption?   Ves   No   If "Yes," what is the parent's name?   Ves   No   If "Yes," what is the parent's name?   Ves   Ves   No   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? .   Ves   Ves   No   Did the organization file Form 100 or Form 109 to report taxable income?   Ves   Ves   No   Did the organization file Form 100 or Form 109 to report taxable income?   Ves													
If "Yes," what is the parent's name?    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.   Part I Complete Part Lunless not required to file this form. See General Instructions B and C.   1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.   1   00   2   000     2 Gross dues and assessments from members and affiliates   2   000     3 Total costs. Add line 5 and line 6.   7   000     6 Cost or other basis, and sales expenses of assets sold   6   000     7 Total costs. Add line 5 and line 6.   7   000     8 Total gross income. Subtract line 7 from line 4.   8   56,320   000     8 Total gross income. Subtract line 7 from line 4.   8   56,320   000     8 Total costs. Add line 5 and line 6.   7   000     9 Total expenses and disbursements. From Side 2, Part II, line 18   9   33,289   000     9 Total expenses and disbursements. From Side 2, Part II, line 18   9   33,289   000     10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8   10   23,032   000     11 Filling fee \$10 or \$25. See General Instruction F   11   10   000     12 Gross and the search of th			MINO	-							_	4	
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? \  \text{Ves} \  \text{VNo} \  \text{Is the organization under audit by the IRS or has the IRS audited in a prior year?} \  \text{Ves} \  \text{VNo} \  \text{Is the organization under audit by the IRS or has the IRS audited in a prior year?} \  \text{Ves} \  \text{VNo} \  \text{Ves} \  \text{VNo} \  \text{Ves} \  \text{Ves} \  \text{VNo} \  \text{Is the organization under audit by the IRS or has the IRS audited in a prior year?} \  \text{Ves} \  \text{VNo} \  \text{Ves} \  \text{VNo} \  \text{Ves} \  \text{VNo} \  \text{Ves} \  \text{VNo} \  \text{Ves} \  \text{Ves} \  \text{VNo} \  \text{Ves} \  V										⊢Yes	S 1	□No	
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?	11 163,	what is the parents hame:									_	7	
governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board?   Yes   No   IRS audited in a prior year?   Part I Complete Part I unless not required to file this form. See General Instructions B and C.    1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.   1	■ Did the o	rganization have any changes in its activities							•	Yes	S 14	INO	
that have not been reported to the Franchise Tax Board? .									_			ď.,	
Firm's name (or yours, ir self-employed)   Firm's name (or yours,			✓No	IRS audited in a prior year?	?				•	□Yes	S 🔽	۱No	
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1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.		• • • • • • • • • • • • • • • • • • • •											
2 Gross dues and assessments from members and affiliates							4					Too	
Receipts and devenues  A 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.  Cost of goods sold  Cost or goods sold  Total costs. Add line 5 and line 6.  Total gross income. Subtract line 7 from line 4.  Expenses  Total gross income. Subtract line 7 from line 4.  Expenses  Total gross income. Subtract line 7 from line 4.  Total costs. Add line 5 and line 6.  Total costs. Add line 5 and line 6.  Total expenses and disbursements. From Side 2, Part II, line 18.  Total gross income. Subtract line 9 from line 8.  Total gross income. Subtract line 9 from line 8.  Total gross income. Subtract line 9 from line 8.  Total gross income. Subtract line 9 from line 8.  Total gross income. Subtract line 9 from line 8.  Total gross income. Subtract line 9 from line 8.  Total gross income. Subtract line 9 from line 8.  Total gross income. Subtract line 9 from line 8.  Total gross receipts over expenses and disbursements. Subtract line 9 from line 8.  Total gross receipts over expenses and disbursements. Subtract line 9 from line 8.  Total gross receipts over expenses and disbursements. Subtract line 9 from line 8.  Total gross receipts over expenses and disbursements. Subtract line 9 from line 8.  Total gross receipts over expenses and disbursements. Subtract line 9 from line 8.  Total gross receipts over expenses and disbursements. Subtract line 9 from line 8.  Total gross receipts over expenses and disbursements. Subtract line 9 from line 8.  Total gross receipts over expenses and disbursements. Subtract line 9 from line 8.  Total gross receipts over expenses and disbursements. Subtract line 9 from line 8.  Total gross receipts over expenses and disbursements. Subtract line 9 from line 8.  Total gross receipts over expenses and disbursements. Subtract line 9 from line 8.  Total gross receipts over expenses and disbursements. Subtract line 9 from line 8.  Total gross receipts over expenses and disbursements. S						- 1						_	
A Total gross receipts for filling 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.  5 Cost of goods sold  7 Total costs. Add line 5 and line 6.  8 Total gross income. Subtract line 7 from line 4.  Expenses  9 Total expenses and disbursements. From Side 2, Part II, line 18.  9 Total expenses and disbursements. From Side 2, Part II, line 18.  9 Total expenses and disbursements. From Side 2, Part II, line 18.  10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.  11 Filling fee \$10 or \$\$25. See General Instruction F.  12 Total payments.  13 Penalties and Interest. See General Instruction J.  14 Use tax. See General Instruction K.  15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.  16 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.  18 Preparer's signature of officer  19 Title  10 Date  10 Title  10 Total costs. Add line 11, line 13, and line 14. Then subtract line 12 from the result.  10 Title  11	Descints									56	320		
This line must be completed. If the result is less than \$25,000, see General Instruction B.  5 Cost of goods sold	and					•	3			50,	320	100	
5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold 7 Total costs. Add line 5 and line 6. 8 Total gross income. Subtract line 7 from line 4. 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 Total expenses and disbursements. From Side 2, Part II, line 18 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. 11 Filing fee \$10 or \$25. See General Instruction F. 12 Total payments. 13 Penalties and Interest. See General Instruction J. 14 Use tax. See General Instruction K. 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result  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 line of officer.  Valid Preparer's lise Only Firm's name (or yours, if self-employed) and address  13430 The Square, Poway, CA 92064-1309  5 Cost or other basis, and sales expenses of assets sold 6 000 7 Total costs. Add line 5 and line 6. 7 000 8 Total gross income. Subtract line 9 from line 8. 9 33,289 00 9 33,289 00 10 23,032 00 11 11 10 00 12 12 00 00 11 10 00 12 00 00 13 00 00 14 Use tax. See General Instruction I 12 0 00 15 10 00 16 0 00 17 0 00 18 0 00 19 0 00 19 0 00 1	Revenues						4			56	330	Too	
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8 Total gross income. Subtract line 7 from line 4.  9 Total expenses and disbursements. From Side 2, Part II, line 18.  9 Total expenses and disbursements. From Side 2, Part II, line 18.  9 Total expenses and disbursements. From Side 2, Part II, line 18.  9 Total expenses and disbursements. Subtract line 9 from line 8.  10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.  11 Filing fee \$10 or \$25. See General Instruction F.  12 Total payments.  13 Penalties and Interest. See General Instruction J.  14 Use tax. See General Instruction K.  15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.  15 Total payments.  16 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.  17 Title  Co-Chairman  18 Total expenses and disbursements. From Side 2, Part II, line 18.  19 Growing from line 8.  10 2 3,032 00  11 Filing fee \$10 or \$25. See General Instruction F.  11 1 10 00  12 0 00  13 0 00  14 Use tax. See General Instruction K.  15 10 00  16 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.  15 10 00  16 Balance due. Add line 11, line 12, and line 14. Then subtract line 12 from the result.  15 0 0 00  16 Balance due. Add line 11, line 12, and line 14. Then subtract line 12 from the result.  18 0 0 00  19 Balance due. Add line 11, line 12, and line 14. Then subtract line 12 from the result.  19 0 00  10 00  11 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 which preparer has any knowledge.  10 PTIN P 1 0 2 5 6 4 0 6  11 Film S 1 0 0 00  12 0 0 00  13 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						100	7					Too	
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13   Penalties and Interest. See General Instruction J   14   15   16   16   17   18   18   18   19   19   19   19   19									**********				
14 Use tax. See General Instruction K.  15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.  15 India on the lest 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.  16 India on the lest 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.  17 Itile  18 India on the lest 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.  18 India on the lest 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.  18 India on the lest 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.  18 India on the lest 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.  18 India on the lest of my knowledge and belief, it is true, correct, and complete. Declaration of preparer has any knowledge.  18 India on the lest of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge.  18 India on the lest of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge.  18 India on the lest of my knowledge and belief, it is true, correct	Fee					- 1					0	100	
15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result												00	
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.  Title  Co-Chairman  Preparer's Signature Original Preparer's Signature Firm's name (or yours, if self-employed) and address  13430 The Square, Poway, CA 92064-1309  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 has any knowledge.  Occupantification 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 has any knowledge.  Occupantification of preparer has any knowledge.  Occupantification of preparer has any knowledge.  Occupantification 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 my knowledge.  Occupantification of preparer has any knowledge													
true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Title  Co-Chairman  Preparer's Signature of officer  Preparer's Jse Only  Firm's name (or yours, if self-employed) and address  13430 The Square, Poway, CA 92064-1309  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  P TIN P 1 0 2 5 6 4 0 6  FEIN 2 3 6 6 2 3 4 0 3  Telephone  ( 818 ) 802-2404													
Signature of officer  Preparer's signature Signature    Preparer's signature    Prin's name (or yours, if self-employed)    Prin's name (or yours, if self-employed)    Preparer's signature    Prepar	Sign Here	true, correct, and complete. Declaration of preparer (other than tax	n, including payer) is ba	g accompanying schedules and state ased on all information of which prepared	arer has an	y knowled	dge.	пу кпо	wieag	e and be	eller, li		
Preparer's signature  Preparer's signature  Firm's name (or yours, if self-employed) and address  13430 The Square, Poway, CA 92064-1309    Co-Chairman   3447   (858 ) 218-5347     Check if self-employed   PTIN   P 1 0 2 5 6 4 0 6     FEIN   2 3 6 6 2 3 4 0 3     Telephone   (818 ) 802-2404			Title	Date	11	• T	eleph	one		4			
Preparer's signature   Preparer's signature   Preparer's signature   Preparer's   P		of officer	Co-Ch	airman 5/6	22/12	? (	858	3)2	18-5	5347			
Preparer's signature	Paid	NI WITH		Date Check	k if self-	● F							
Preparer's Jse Only Firm's name (or yours, if self-employed) and address  Heaton & Associates  13430 The Square, Poway, CA 92064-1309  FEIN  2 3 6 6 2 3 4 0 3  Telephone  ( 818 ) 802-2404		Preparer's signature		1 (/4//2 )		P	1	0 2	5	6 4	0	6	
if self-employed) and address  Heaton & Associates  13430 The Square, Poway, CA 92064-1309  ■ Telephone  ( 818 ) 802-2404	Preparer's				1	● F							
and address  13430 The Square, Poway, CA 92064-1309  13430 The Square, Poway, CA 92064-1309  ( 818 ) 802-2404	Use Only						3	6 6	2	3 4	0	3	
13430 The Square, Poway, CA 92064-1309 ( 818 ) 802-2404													
		36-04-050 E-04-050-05-05-05-05-05-05-05-05-05-05-05-05	av, CA	92064-1309		( 818 ) 802-2404							
May the FTB discuss this return with the preparer shown above? See instructions							1						
		May the FTB discuss this return with the preparer sho	wn above	e? See instructions			J Yes		10				

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.

	complete Part II or furnish substitute information	n. See Specific Line In	structions.		
	1 Gross sales or receipts from all business activ	vities. See instructions		1	00
	2 Interest			2	00
D	<b>3</b> Dividends				00
Receipts from	4 Gross rents	4	00		
Other	<b>5</b> Gross royalties	5	00		
Sources	6 Gross amount received from sale of assets (S	6	00		
	7 Other income. Attach schedule	,			00
	8 Total gross sales or receipts from other source				
	Enter here and on Side 1, Part I, line 1	•		8	00
	9 Contributions, gifts, grants, and similar amou				56,320 00
	<b>10</b> Disbursements to or for members				00
	11 Compensation of officers, directors, and trust		00		
Expenses	12 Other salaries and wages		00		
and	<b>13</b> Interest				00
Disburse-	<b>14</b> Taxes				00
ments	<b>15</b> Rents				00
	<b>16</b> Depreciation and depletion (See instructions)				00
	17 Other Expenses and Disbursements. Attach s				33,289 00
	18 Total expenses and disbursements. Add line 9				33,289 00
Schedu			f taxable year		axable year
Assets		(a)	(b)	(c)	(d)
			9,954		23,747
	counts receivable				•
	otes receivable				•
	tories				•
	al and state government obligations				
	ments in other bonds				
	ments in stock.				
	jage loans				
_	investments. Attach schedule	Character and Annual Artists (Annual Annual			
	preciable assets				
	s accumulated depreciation				)
	assets. Attach schedule		2,994		4,643
	assets		12,948		28,390
	and net worth		12,010		20,000
	ints payable				
	ibutions, gifts, or grants payable				
	and aster assable				
	The state of the s				
	liabilities. Attach schedule		7,590		
	Il stock or principle fund		7,000		•
	n or capital surplus. Attach reconciliation				•
	ned earnings or income fund		5,358		28,390
	iabilities and net worth.		12,948		28,390
Schedu	le M-1 Reconciliation of income per books w	ith income per return	12,010		20,000
	Do not complete this schedule if the an	nount on Schedule L, li	ne 13, column (d), is less tha	n \$25,000	
1 Net in	come per books	23.032	7 Income recorded on bo	nke this year	
	al income tax		not included in this retu		
	ss of capital losses over capital gains		Attach schedule		
	ne not recorded on books this		8 Deductions in this retur		
	Attach schedule	1	against book income th	1 <del>2</del>	
-	7300		Attach schedule		
	nses recorded on books this year not		9 Total. Add line 7 and lin		0
	cted in this return. Attach schedule				
6 Total.	ne 1 through line 5	23,032	<ul><li>10 Net income per return.</li><li>Subtract line 9 from line</li></ul>	. 6	23,032

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

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization Friends for Fragile X Employer identification number 273877518

Part I Line 10 Donations: National Fragile X Foundation = \$10,250. UC Davis Medical Center Mind Institute Fragile X Research & Development
Center = \$10,000. Total =\$20,250
Part I Line 16 Other Expenses: Operations, Miscellaneous business expenses, monthly website expenses = \$1,064
Part II Line 24 Other Assets:WEB site development=\$1,950; Software purchase and programming costs=\$2,149; Internet related costs =\$544
Total = \$4,643.