

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year period beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: **FSH SOCIETY, INC.**
C/O RUSSELL, BRIER & CO.
 Number and street (or P O box if mail is not delivered to street address) Room/suite: **50 CONGRESS STREET, ROOM 900**
 City or town, state or country, and ZIP + 4: **BOSTON, MA 02109**

D Employer identification number: **52-1762747**

E Telephone number: **(617) 523-7094**

F Accounting method: Cash Accrual Other (specify) ▶

G Web site ▶ **WWW.FSHSOCIETY.ORG**

J Organization type (check only one) ▶ 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 ▶ **546,798.**

H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? **N/A** Yes No (if "No" attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN ▶

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ or 990-PF)

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances | | | | |
|--|--|--|---|----------------------------|
| Revenue | 1 | Contributions gifts grants, and similar amounts received | | |
| | a | Direct public support | 1a 517,765. | |
| | b | Indirect public support | 1b | |
| | c | Government contributions (grants) | 1c | |
| | d | Total (add lines 1a through 1c) (cash \$ 377,915. noncash \$ 139,850.) | 1d 517,765. | |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Interest on savings and temporary cash investments | 4 8,635. | |
| | 5 | Dividends and interest from securities | 5 | |
| | 6a | Gross rents | 6a | |
| | 6b | Less rental expenses | 6b | |
| | 6c | Net rental income or (loss) (subtract line 6b from line 6a) | 6c | |
| 7 | Other investment income (describe ▶) | 7 | | |
| Revenue | 8a | Gross amount from sale of assets other than inventory | (A) Securities 20,398. 8a | |
| | b | Less cost or other basis and sales expenses | 19,169. 8b | |
| | c | Gain or (loss) (attach schedule) | 1,229. 8c | |
| | d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | STMT 1 8d 1,229. | |
| Revenue | 9 | Special events and activities (attach schedule) | | |
| | a | Gross revenue (not including reported on line 1a) of contributions | 9a | |
| | b | Less direct expenses other than fundraising expenses | 9b | |
| 9c | Net income or (loss) from special events (subtract line 9b from line 9a) | 9c | | |
| Revenue | 10a | Gross sales of inventory, less returns and allowances | 10a | |
| | b | Less cost of goods sold | 10b | |
| | c | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | 10c | |
| Expenses | 11 | Other revenue (from Part VII, line 103) | 11 | |
| | 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 527,629. | |
| | 13 | Program services (from line 44 column (B)) | 13 470,857. | |
| | 14 | Management and general (from line 44, column (C)) | 14 61,494. | |
| | 15 | Fundraising (from line 44, column (D)) | 15 16,646. | |
| | 16 | Payments to affiliates (attach schedule) | 16 | |
| | 17 | Total expenses (add lines 16 and 44, column (A)) | 17 548,997. | |
| | Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | 18 -21,368. |
| | | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 555,940. |
| | | 20 | Other changes in net assets or fund balances (attach explanation) | 20 SEE STATEMENT 2 -3,513. |
| | | 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 531,059. |

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| Part II Statement of Functional Expenses | | All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others | | | |
|--|--|---|----------------------|----------------------------|-----------------|
| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
| 22 | Grants and allocations (attach schedule) cash \$174,700. noncash \$ | 174,700. | 174,700. | STATEMENT 5 | |
| 23 | Specific assistance to individuals (attach schedule) | | | | |
| 24 | Benefits paid to or for members (attach schedule) | | | | |
| 25 | Compensation of officers, directors, etc | 94,228. | 80,094. | 9,423. | 4,711. |
| 26 | Other salaries and wages | | | | |
| 27 | Pension plan contributions | | | | |
| 28 | Other employee benefits | | | | |
| 29 | Payroll taxes | 6,351. | 5,399. | 635. | 317. |
| 30 | Professional fundraising fees | | | | |
| 31 | Accounting fees | 22,350. | | 22,350. | |
| 32 | Legal fees | 21,428. | 16,071. | 5,357. | |
| 33 | Supplies | | | | |
| 34 | Telephone | | | | |
| 35 | Postage and shipping | | | | |
| 36 | Occupancy | | | | |
| 37 | Equipment rental and maintenance | | | | |
| 38 | Printing and publications | 30,140. | 27,465. | | 2,675. |
| 39 | Travel | 1,842. | 1,842. | | |
| 40 | Conferences, conventions, and meetings | | | | |
| 41 | Interest | | | | |
| 42 | Depreciation depletion, etc (attach schedule) | 2,112. | | 2,112. | |
| 43 | Other expenses not covered above (itemize) | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | SEE STATEMENT 3 | 195,846. | 165,286. | 21,617. | 8,943. |
| 44 | Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15 | 548,997. | 470,857. | 61,494. | 16,646. |

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

| What is the organization's primary exempt purpose? SEE STATEMENT 4 | | Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others) | |
|---|--|---|----------|
| a | TO INCREASE AWARENESS AND UNDERSTANDING OF THE RARE MUSCLE DISORDER, FACIOSCAPULOHUMERAL MUSCULAR DYSTROPHY. (Grants and allocations \$ 174,700.) | | 470,857. |
| b | (Grants and allocations \$) | | |
| c | (Grants and allocations \$) | | |
| d | (Grants and allocations \$) | | |
| e | Other program services (attach schedule) (Grants and allocations \$) | | |
| f | Total of Program Service Expenses (should equal line 44, column (B), Program services) | | 470,857. |

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

| | | (A) Beginning of year | (B) End of year |
|---|---|--------------------------|--------------------|
| Assets | 45 Cash - non-interest-bearing | | 45 |
| | 46 Savings and temporary cash investments | 157,951. | 46 179,755. |
| | 47 a Accounts receivable | 47a | |
| | b Less allowance for doubtful accounts | 47b | 47c |
| | 48 a Pledges receivable | 48a 281,431. | |
| | b Less allowance for doubtful accounts | 48b | 48c 281,431. |
| | 49 Grants receivable | | 49 |
| | 50 Receivables from officers, directors, trustees, and key employees | | 50 |
| | 51 a Other notes and loans receivable | 51a | |
| | b Less allowance for doubtful accounts | 51b | 51c |
| | 52 Inventories for sale or use | | 52 |
| | 53 Prepaid expenses and deferred charges | 3,872. | 53 4,423. |
| | 54 Investments - securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 42,693. | 54 69,685. |
| | 55 a Investments - land, buildings, and equipment basis | 55a | |
| | b Less accumulated depreciation | 55b | 55c |
| 56 Investments - other | | 56 | |
| 57 a Land, buildings, and equipment basis | 57a 10,562. | | |
| b Less accumulated depreciation STMT 7 | 57b 9,230. | 57c 3,444. | |
| 58 Other assets (describe <input type="checkbox"/>) | | 58 1,332. | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | 558,851. | 59 536,626. | |
| Liabilities | 60 Accounts payable and accrued expenses | 2,911. | 60 5,567. |
| | 61 Grants payable | | 61 |
| | 62 Deferred revenue | | 62 |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 |
| | 64 a Tax-exempt bond liabilities | | 64a |
| | b Mortgages and other notes payable | | 64b |
| | 65 Other liabilities (describe <input type="checkbox"/>) | | 65 |
| 66 Total liabilities (add lines 60 through 65) | 2,911. | 66 5,567. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | |
| | 67 Unrestricted | 201,755. | 67 127,291. |
| | 68 Temporarily restricted | 354,185. | 68 403,768. |
| | 69 Permanently restricted | | 69 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74 | | |
| | 70 Capital stock, trust principal, or current funds | | 70 |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 |
| 73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) | 555,940. | 73 531,059. | |
| 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | 558,851. | 74 536,626. | |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III, the organization's programs and accomplishments.

| Part VI Other Information | | Yes | No |
|---------------------------|---|-----|----|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | | X |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? N/A | | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | | X |
| b | If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt | | |
| 81 a | Enter direct or indirect political expenditures See line 81 instructions 81a 0. | | |
| b | Did the organization file Form 1120-POL for this year? | | X |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X |
| b | If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A | | |
| 85 | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A | | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | |
| c | Dues, assessments and similar amounts from members 85c N/A | | |
| d | Section 162(e) lobbying and political expenditures 85d N/A | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A | | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A | | |
| 86 | 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A | | |
| b | Gross receipts included on line 12, for public use of club facilities 86b N/A | | |
| 87 | 501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | | X |
| 89 a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0. | | |
| b | 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | | X |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. | | |
| d | Enter Amount of tax on line 89c, above, reimbursed by the organization 0. | | |
| 90 a | List the states with which a copy of this return is filed MASSACHUSETTS, DISTRICT OF COLUMBIA | | |
| b | Number of employees employed in the pay period that includes March 12, 2001 90b 2 | | |
| 91 | The books are in care of WILLIAM G. MICHAEL, CPA Telephone no 617-523-7094 Located at 50 CONGRESS ST., ROOM 900, BOSTON, MA ZIP + 4 02109-4002 | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A | | |

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Table with 2 columns: Line No, Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

comparing schedules and statements and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge. 2.02 President FRED DANIEL YETZER

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization **FSH SOCIETY, INC.** Employer Identification number **52 1762747**
C/O RUSSELL, BRIER & CO.

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| Total number of other employees paid over \$50,000 ▶ | 0 | | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| Total number of others receiving over \$50,000 for professional services ▶ | 0 | |

Part III Statements About Activities (See page 2 of the instructions)

| | Yes | No |
|---|-----|----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>5,550.</u> (Must equal amounts on lines 38, Part VI-A, or line 1 of Part VI-B) VI-B, LINE I | X | |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) SEE STATEMENT 9 | | |
| a Sale, exchange, or leasing of property? | | X |
| b Lending of money or other extension of credit? | | X |
| c Furnishing of goods, services, or facilities? | X | |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | X | |
| e Transfer of any part of its income or assets? | | X |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below) | | X |
| 4 Do you have a section 403(b) annuity plan for your employees? | | X |
| Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments | | |

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| | |
| | |
| | |

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

| Calendar year (or fiscal year beginning in) | (a) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
|---|---|-----------------|-----------------|-----------------|----------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) | 606,847. | 232,901. | 185,668. | 191,828. | 1,217,244. |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose | | | | | |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 8,506. | 6,277. | 5,292. | 1,923. | 21,998. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization a benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. | | | | | |
| 23 Total of lines 15 through 22 | 615,353. | 239,178. | 190,960. | 193,751. | 1,239,242. |
| 24 Line 23 minus line 17 | 615,353. | 239,178. | 190,960. | 193,751. | 1,239,242. |
| 25 Enter 1% of line 23 | 6,154. | 2,392. | 1,910. | 1,938. | |
| 26 Organizations described on lines 10 or 11 | a Enter 2% of amount in column (e), line 24 | | | | 26a N/A |
| | b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. | | | | 26b N/A |
| | c Total support for section 509(a)(1) test. Enter line 24, column (e). | | | | 26c N/A |
| | d Add Amounts from column (e) for lines 18 _____ 19 _____ | | | | 26d N/A |
| | 22 _____ 26b _____ | | | | 26e N/A |
| | e Public support (line 26c minus line 26d total) | | | | 26f N/A % |
| | f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | |
| 27 Organizations described on line 12 | a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. | | | | |
| | (2000) 95,843. | (1999) 140,210. | (1998) 124,010. | (1997) 124,860. | |
| | b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. | | | | |
| | (2000) 0. | (1999) 0. | (1998) 0. | (1997) 0. | |
| | c Add Amounts from column (e) for lines 15 _____ 16 _____ | | | | 27c 1,217,244. |
| | 17 _____ 20 _____ | | | | 27d 484,923. |
| | d Add Line 27a total 484,923. and line 27b total _____ | | | | 27e 732,321. |
| | e Public support (line 27c total minus line 27d total) | | | | 27f 1,239,242. |
| | f Total support for section 509(a)(2) test. Enter amount on line 23, column (e). | | | | 27g 59.0943% |
| | g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | 27h 1.7751% |
| | h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | |

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | | Yes | No |
|-------|---|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe, if "No," please explain (If you need more space, attach a separate statement) | | |
| <hr/> | | | |
| <hr/> | | | |
| 32 | Does the organization maintain the following | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) | 32d | |
| <hr/> | | | |
| 33 | Does the organization discriminate by race in any way with respect to | | |
| a | Students' rights or privileges? | 33a | |
| b | Admissions policies? | 33b | |
| c | Employment of faculty or administrative staff? | 33c | |
| d | Scholarships or other financial assistance? | 33d | |
| e | Educational policies? | 33e | |
| f | Use of facilities? | 33f | |
| g | Athletic programs? | 33g | |
| h | Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) | 33h | |
| <hr/> | | | |
| <hr/> | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b | Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement | 34b | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

| | (a) Affiliated group totals | (b) To be completed for ALL electing organizations | |
|--|-----------------------------------|--|---|
| | N/A | | |
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | | |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | | |
| 39 Other exempt purpose expenditures | 39 | | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | | |
| 41 Lobbying nontaxable amount Enter the amount from the following table - | 41 | | |
| If the amount on line 40 is - | | | The lobbying nontaxable amount is - |
| Not over \$500,000 | | | 20% of the amount on line 40 |
| Over \$500,000 but not over \$1,000,000 | | | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,000,000 but not over \$1,500,000 | | | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | | | \$225,000 plus 5% of the excess over \$1,500,000 |
| Over \$17,000,000 | \$1,000,000 | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | | |
| 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 | 43 | | |
| 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | 44 | | |

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

| Calendar year (or fiscal year beginning in) | Lobbying Expenditures During 4-Year Averaging Period | | | | N/A |
|---|--|-------------|-------------|-------------|-----|
| | (a) 2001 | (b) 2000 | (c) 1999 | (d) 1998 | |
| 45 Lobbying nontaxable amount | | | | | 0. |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | 0. |
| 47 Total lobbying expenditures | | | | | 0. |
| 48 Grassroots nontaxable amount | | | | | 0. |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | 0. |
| 50 Grassroots lobbying expenditures | | | | | 0. |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | Yes | No | Amount |
|--|-----|----|--------|
| a Volunteers | | X | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h) | | X | |
| c Media advertisements | | X | |
| d Mailings to members, legislators, or the public | | X | |
| e Publications, or published or broadcast statements | | X | |
| f Grants to other organizations for lobbying purposes | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | X | | 5,550. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | X | |
| i Total lobbying expenditures (Add lines e through h) | | | 5,550. |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

FSH SOCIETY, INC.
C/O RUSSELL, BRIER & CO.

Employer identification number

52-1762747

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990 PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule—see instructions)

General Rule-

For organizations filing Form 990, 990-EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization
FSH SOCIETY, INC.
C/O RUSSELL, BRIER & CO.

Employer identification number
52-1762747

Part I Contributors (See Specific Instructions)

| (a) No. | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|----------------------------------|--------------------------------|---|
| <u>1</u> | | \$ <u>28,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| <u>2</u> | | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| <u>3</u> | | \$ <u>12,764.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| <u>4</u> | | \$ <u>21,625.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| <u>5</u> | | \$ <u>30,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| <u>6</u> | | \$ <u>11,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |

| | |
|---|--|
| Name of organization FSH SOCIETY, INC. C/O RUSSELL, BRIER & CO. | Employer identification number 52-1762747 |
|---|--|

Part I Contributors (See Specific Instructions)

| (a) No | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|-----------|----------------------------------|--------------------------------|---|
| 7 | | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 8 | | \$ 7,125. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 9 | | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 10 | | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 11 | | \$ 8,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 12 | | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |

Name of organization
FSH SOCIETY, INC.
C/O RUSSELL, BRIER & CO.

Employer identification number
52-1762747

Part I Contributors (See Specific Instructions)

| (a) No | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|-----------|----------------------------------|--------------------------------|---|
| 13 | | \$ 5,050. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 14 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |

| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis - ITC, 179, Salvage | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Amount Of Depreciation |
|----------|--|---------------|--------|------|---------|--------------------------|------------|--|------------------------|--------------------------|-----------------|------------------------|
| 1 | MANAGEMENT AND GENERAL COMPUTER | 06/30/97 | SL | 5.00 | 17 | 9,188. | | | 9,188. | 6,430. | | 1,837. |
| 2 | MANAGEMENT AND GENERAL PRINTER | 06/30/98 | SL | 5.00 | 17 | 1,374. | | | 1,374. | 688. | | 275. |
| | * 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL | | | | | 10,562. | | 0. | 10,562. | 7,118. | 0. | 2,112. |
| | * GRAND TOTAL 990 PAGE 2 DEPR | | | | | 10,562. | | 0. | 10,562. | 7,118. | 0. | 2,112. |

(D) - Asset disposed

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

| | | |
|---|--|---|
| Type or print | Name of Exempt Organization FSH SOCIETY, INC. C/O RUSSELL, BRIER & CO. | Employer identification number 52-1762747 |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P O box, see instructions 50 CONGRESS STREET, ROOM 900 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions BOSTON, MA 02109 | |

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6-month, for 990-T corporation) extension of time until **AUGUST 15, 2002** to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year **2001** or tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *Keith P. Lawrence* Title ▶ *CPA* Date ▶ *5/10/02*
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)