

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2007** calendar year, or tax year beginning and ending

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization FSH SOCIETY, INC. C/O RUSSELL, BRIER & CO. LLP		D Employer identification number 52-1762747
		Number and street (or P O box if mail is not delivered to street address) Room/suite TEN POST OFFICE SQUARE, 6TH FLOOR		E Telephone number (617)523-7094
		City or town, state or country, and ZIP + 4 BOSTON, MA 02109-4689		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		

G Website: **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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

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 **N/A**
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 Group Exemption Number **N/A**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **968,788.**

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, and similar amounts received				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	934,380.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 829,967. noncash \$ 104,413.)	1e			934,380.
	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			8,690.
	5 Dividends and interest from securities	5			18,218.
	6 a Gross rents	6a			
	b Less rental expenses	6b			
c Net rental income or (loss) Subtract line 6b from line 6a	6c				
7 Other investment income (describe OGDE)	7				
8 a Gross amount from sales of assets other than inventory	8a				
b Less cost or other basis and sales expenses	8b				
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8d			-184.	
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a				
b Less direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events Subtract line 9b from line 9a	9c				
10 a 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				
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			961,104.	
13 Program services (from line 44, column (B))	13			554,762.	
14 Management and general (from line 44, column (C))	14			78,155.	
15 Fundraising (from line 44, column (D))	15			22,534.	
16 Payments to affiliates (attach schedule)	16				
17 Total expenses. Add lines 16 and 44, column (A)	17			655,451.	
18 Excess or (deficit) for the year Subtract line 17 from line 12	18			305,653.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			833,766.	
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20			-20,351.	
21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			1,119,068.	

RECEIVED
 NOV 7 2008
 (A) Securities 7,500.
 (B) Other 7,684.
 OGDE 184.
 STMT 1

SCANNED DEC 08 2008

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				STATEMENT 4
22b Other grants and allocations (attach schedule) (cash \$ <u>292,363</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	292,363.	292,363.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	163,402.	131,815.	14,861.	16,726.
25b Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	22,854.	16,665.	4,579.	1,610.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	13,274.	11,283.	1,327.	664.
30 Professional fundraising fees				
31 Accounting fees	21,989.		21,989.	
32 Legal fees				
33 Supplies				
34 Telephone				
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications	40,183.	38,174.		2,009.
39 Travel	2,364.	2,364.		
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	2,503.		2,503.	
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g SEE STATEMENT 3	96,519.	62,098.	32,896.	1,525.
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	655,451.	554,762.	78,155.	22,534.

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A,

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5 AND STATEMENT 5(a)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE ATTACHED STATEMENT 5(b)	
(Grants and allocations \$ 292,363.) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	554,762.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	554,762.

Part IV Balance Sheets (See the instructions)

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	122,883.	45	160,881.	
	46 Savings and temporary cash investments	367,959.	46	397,412.	
	47 a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a	249,524.		
	b Less: allowance for doubtful accounts	48b	99,400.	48c	
	49 Grants receivable			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	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		1,367.	53	
	54 a Investments - publicly-traded securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		242,952.	54a	
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
	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	48,001.			
b Less: accumulated depreciation STMT 6	57b	20,739.	57c		
58 Other assets, including program-related investments (describe <input type="checkbox"/>)			58		
59 Total assets (must equal line 74). Add lines 45 through 58		838,502.	59	1,142,965.	
Liabilities	60 Accounts payable and accrued expenses	4,736.	60	23,897.	
	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		4,736.	66	23,897.	
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	268,217.	67	375,253.	
	68 Temporarily restricted	565,549.	68	743,815.	
	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 and column (B) must equal line 21)		833,766.	73	1,119,068.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		838,502.	74	1,142,965.

Part VI Other Information (continued)		Yes	No
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?	82a	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	59,915.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	N/A
	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 on line 85f?	85g	N/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	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 a	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	88a	X
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0., section 4912 <input type="checkbox"/> 0., section 4955 <input type="checkbox"/> 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	89b	X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0.		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0.		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	89g	
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> MA, DC		
	b Number of employees employed in the pay period that includes March 12, 2007	90b	4
91 a	The books are in care of <input type="checkbox"/> WILLIAM G. MICHAEL, CPA Telephone no <input type="checkbox"/> 617-523-7094 Located at <input type="checkbox"/> TEN POST OFFICE SQUARE, 6TH FL, BOSTON, MA ZIP + 4 <input type="checkbox"/> 02109-4689		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> N/A	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶ N/A

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

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	8,690.	
96 Dividends and interest from securities			14	18,218.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-184.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		26,724.	0.
105 Total (add line 104, columns (B), (D), and (E))					26,724.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

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 the instructions.)

(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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 officer) is based on all information of which preparer has any knowledge.

Please Sign Here: *William J Michael* Signature of officer Date: 11-13-08
WILLIAM MICHAEL, TREASURER Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *Kathleen P. Le Grivas* CPA Date: 11-4-08 Check if self-employed: Preparer's SSN or PTIN (See Gen Inst X): P00068702
Firm's name (or yours if self-employed), address, and ZIP + 4: RUSSELL, BRIER & CO. LLP TEN POST OFFICE SQUARE - 6TH FL BOSTON, MA 02109-4689
EIN: Phone no: 617-523-7094

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2007

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

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-A 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

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

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

	Yes	No
<p>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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		X
<p>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)</p> <p>a Sale, exchange, or leasing of property? SEE STATEMENT 10</p> <p>b Lending of money or other extension of credit?</p> <p>c Furnishing of goods, services, or facilities?</p> <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p>e Transfer of any part of its income or assets?</p>	2a 2b 2c 2d 2e	X X X X X
<p>3 a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p> <p>b Did the organization have a section 403(b) annuity plan for its employees?</p> <p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p> <p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3a 3b 3c 3d	X X X X
<p>4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p> <p>b Did the organization make any taxable distributions under section 4966?</p> <p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p> <p>d Enter the total number of donor advised funds owned at the end of the tax year</p> <p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p> <p>f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p> <p>g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year</p>	4a 4b 4c	X X
	N/A	
	N/A	
		0.
		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

FSH SOCIETY, INC.

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	577,111.	392,978.	574,798.	437,926.	1,982,813.
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, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	20,129.	16,321.	11,935.	10,678.	59,063.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's 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	597,240.	409,299.	586,733.	448,604.	2,041,876.
24 Line 23 minus line 17	597,240.	409,299.	586,733.	448,604.	2,041,876.
25 Enter 1% of line 23	5,972.	4,093.	5,867.	4,486.	
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 2003 through 2006 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 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
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 (2006) 90,330. (2005) 91,405. (2004) 84,647. (2003) 89,570.					
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 11b, 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 (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add Amounts from column (e) for lines 15 1,982,813. 16 _____ 17 _____ 20 _____ 21 _____					27c 1,982,813.
d Add Line 27a total 355,952. and line 27b total 0.					27d 355,952.
e Public support (line 27c total minus line 27d total)					27e 1,626,861.
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27f 2,041,876.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 79.6748%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 2.8926%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 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/> <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/> <hr/> <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/> <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 11 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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 - 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	41	
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 13 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
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 14 of the instructions)

N/A

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		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

Schedule A

**Payments from Disqualified Persons
Included on Part IV-A, Line 27a**

2007

**** Do Not File **
*** Not Open to Public Inspection *****

Payer's Name	2006 Amount	2005 Amount	2004 Amount	2003 Amount
	0.	500.	1,000.	1,000.
	2,400.	3,500.	250.	1,000.
	3,500.	3,200.	3,600.	3,100.
	2,500.	2,000.	2,000.	1,600.
	0.	1,000.	0.	0.
	0.	6,370.	75.	0.
	20,000.	15,000.	15,000.	20,000.
	30,100.	35,000.	35,000.	35,000.
	250.	275.	320.	100.
	1,050.	500.	600.	450.
	50.	110.	50.	35.
	20,000.	21,000.	21,000.	20,100.
	3,000.	0.	2,100.	3,500.
	0.	70.	70.	140.
	0.	0.	0.	75.
	1,400.	1,000.	1,000.	1,000.
	450.	300.	0.	300.
	3,000.	500.	1,932.	1,200.
	1,500.	0.	100.	100.
	100.	0.	50.	35.
	0.	0.	0.	35.
	100.	100.	100.	150.
	0.	300.	0.	500.
	500.	0.	400.	150.

Total to Schedule A, Line 27a

723172/04-27-07

Schedule A **Payments from Disqualified Persons** **2007**
Included on Part IV-A, Line 27a

**** Do Not File ****
***** Not Open to Public Inspection *****

Payer's Name	2006 Amount	2005 Amount	2004 Amount	2003 Amount
	0.	200.	0.	0.
	0.	50.	0.	0.
	430.	430.	0.	0.
Total to Schedule A, Line 27a	90,330.	91,405.	84,647.	89,570.

723172/04-27-07

2007 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
9	WEBSITE	010108		.000	16	16,000.			16,000.			0.
	* 990 PAGE 2 TOTAL											
	OTHER					16,000.		0.	16,000.	0.	0.	0.
	MANAGEMENT AND GENERAL											
1	COMPUTER	063097SL		5.00	17	9,187.			9,187.	9,187.		0.
2	PRINTER	063098SL		5.00	17	1,374.			1,374.	1,374.		0.
3	IBM COMPUTER AND	020802SL		5.00	17	3,929.			3,929.	3,905.		24.
	IBM COMPUTER AND											
4	SOFTWARE	030702SL		5.00	17	1,966.			1,966.	1,920.		46.
5	EQUIPMENT	070102SL		5.00	17	390.			390.	390.		0.
6	EQUIPMENT	091505SL		5.00	17	5,332.			5,332.	1,460.		1,066.
7	PLEDGE SOFTWARE	020107SL		5.00	19B	5,645.			5,645.			531.
8	COMPUTERS	020107SL		5.00	19B	4,178.			4,178.			836.
	* 990 PAGE 2 TOTAL											
	MANAGEMENT AND GENERAL											
	* GRAND TOTAL 990 PAGE											
	2 DEPR					48,001.		0.	48,001.	18,236.	0.	2,503.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
PUBLICLY TRADED SECURITIES	7,500.	7,684.	0.	-184.
TO FORM 990, PART I, LINE 8	7,500.	7,684.	0.	-184.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAIN (LOSS) ON INVESTMENTS	-23,185.
RETURN OF PARTIAL GRANT	2,834.
TOTAL TO FORM 990, PART I, LINE 20	-20,351.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
EXECUTIVE DIRECTOR & SUPPORT	51,512.	38,763.	12,749.	
SCIENTIFIC ADVISORY BOARD	17,122.	17,122.		
OFFICE EXPENSE	20,147.		20,147.	
INTERNET EXPENSES	463.	463.		
DIRECTOR'S EXPENSE	3,904.	3,904.		
EXECUTIVE AND DEVELOPMENT	2,129.	604.		1,525.
INSURANCE	1,242.	1,242.		
TOTAL TO FM 990, LN 43	96,519.	62,098.	32,896.	1,525.

FORM 990

CASH GRANTS AND ALLOCATIONS
TO INDIVIDUALS

STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANT PATRICIA ARASHIRO, UNIVERSIDADE DE SAO PAULO R. MATAO, 277- SALA 211 SAO PAULO, BRAZIL, 05508-900	NONE	15,000.
GRANT JANE HEWITT, UNIVERSITY OF NOTTINGHAM NG7 2UH NG7 2UH, NOTTINGHAM, UNITED KINGDOM	NONE	29,829.
GRANT KYOKO YOKOMORI, UNIVERSITY OF CALIFORNIA, IRVINE 240 D MED SCI I IRVINE, CA 92697-1700	NONE	15,000.
GRANT SARA T. WINOKUR, UNIVERSITY OF CALIFORNIA, IRVINE 202/250 SPRAGUE HALL IRVINE, CA 92697-1700	NONE	38,000.
GRANT PROF. DR. AREND HEERSCHAP, RADBOUD UNIVERSITY NIJMEGAN MEDICAL CENTER PO BOX 9101, 6500 HB 6500 HB, NIJMEGEN, NETHERLANDS	NONE	30,000.
GRANT ALEXANDRA BELAYEW, UNIVERSITY ACEDEMY WALLONIA-BRUSSELS PENTAGONE 3A, AVENUE DU CHAMP DE MARS, 6 B-7000, MONS, BELGIUM	NONE	30,000.
GRANT SILVERE VAN DER MAAREL, LEIDEN UNIVERSITY MEDICAL CENTER POSTAL ZONE S-4-P PO BOX 9600 2300 RC, LEIDEN, NETHERLANDS	NONE	3,540.
GRANT ALBERTO LUIS ROSA, INSTITUTE FOR MEDICAL RESEARCH FRIULI 2434 B COL. VELEZ SANSFIELD 5016, CORDOBA, ARGENTINA	NONE	2,750.

GRANT YVONNE MEIJER-KROM, LEIDEN UNIVERSITY MEDICAL CENTER PO BOX 9600 2300 RC LEIDEN, S-4-P, NETHERLANDS	NONE	35,000.
GRANT MELANIE EHRLICH, TULANE MEDICAL SCHOOL 1430 TULANE AVENUE NEW ORLEANS, LA 70112	NONE	35,000.
GRANT PATRICK REED, UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE 660 W. REDWOOD ST. BALTIMORE, MD 21201	NONE	30,000.
GRANT RICHARD LEMMERS, LEIDEN UNIVERSITY MEDICAL CENTER POSTAL ZONE S-4-P PO BOX 9600 2300 RC LEIDEN, S-4-P, NETHERLANDS	NONE	17,500.
GRANT DARKO BOSNAKOVSKI, UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD. DALLAS, TX 75390-9133	NONE	10,744.
		292,363.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B		292,363.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

TO INCREASE AWARENESS, UNDERSTANDING, AND CONDUCT RESEARCH AND EDUCATION ON THE MUSCULAR DISORDER, FACIOSCAPULOHUMERAL MUSCULAR DYSTROPHY.

SEE STATEMENT 5(a) FOR FURTHER DISCUSSION OF ACHIEVEMENTS, PUBLICATIONS AND CLIENTS SERVED.

The Facioscapulohumeral muscular dystrophy Society (the FSH) Society is a world leader in combating muscular dystrophy. It has provided millions of dollars in seed grants to pioneering facioscapulohumeral muscular dystrophy, fsh muscular dystrophy, or FSHD research areas and education worldwide and created an international collaborative network of patients and researchers. The Society relies entirely on private grants, donations and grassroots philanthropy. Its purpose is to increase the awareness, understanding and conduct research and education on the second most prevalent muscular dystrophy in adults, and the third most prevalent muscular dystrophy worldwide called FSHD.

FSHD is an autosomal dominant muscular dystrophy. FSHD is also broadly characterized as a neuromuscular disease (NMD), as muscular dystrophy is a subset of NMD. FSHD is not a rare muscular dystrophy. FSHD is one of the most common diseases of muscle (also known as a myopathy). FSHD is the second most prevalent hereditary muscular dystrophy affecting adults and the third most prevalent muscular dystrophy of men, women and children. FSHD is more prevalent than any of the other types of muscular dystrophy except for Myotonic Muscular Dystrophy (DM). A conservative estimate of incidence for the most common type of FSHD is 1 in 20,000 births throughout the world; however, due to increased experience with FSHD, population-based research and improved genetic testing, this estimate may be low; actual incidence may be 1 in 7,500. FSHD generally presents outward signs in 95% of affected individuals by the second decade of life for men and the third decade of life for women. The disease is said to have a penetrance of 95% in men by the second decade and in women by the third decade. FSHD causes progressive loss, wasting and atrophy of all skeletal muscles. In FSHD muscle atrophy and functional loss occur asymmetrically, with one side being more affected than the other. Generally, FSHD displays a characteristic gradual spread of muscle involvement, starting in the face and slowly progressing to the shoulder and upper-arm musculature and to the abdominal and foot-extensor muscles. Foot dorsiflexion weakness leading to footdrop is an early manifestation of FSHD and one amenable to the use of molded ankle-foot orthoses (AFO). The most common initial symptom is difficulty reaching above shoulder level. Less common presentations include foot drop (such patients, however, almost invariably have compensated), asymptomatic scapular fixator, and facial weakness on examination. Truncal weakness is an early and frequent manifestation that is easily overlooked during examination of these patients. Weak abdominal muscles result in a protuberant abdomen and contribute to the lumbar lordosis. Lower abdominal muscles are weaker than the upper abdominal muscles, causing a strikingly positive Beever's sign, a physical finding fairly specific for FSHD.

The FSH Society offers basic research grants, research and postdoctoral fellowships to support research relevant to understanding the molecular genetics and cause of FSHD on an ongoing and ad-hoc basis. The FSH Society Scientific Advisory Board (SAB) diligently carries out its mission of providing strategy for FSHD research, recruiting and attracting qualified researchers, selecting research proposals, evaluating research proposals, granting fellowships and monitoring ongoing projects and research opportunities. The Society also organizes an annual symposium for researchers worldwide that yields immeasurable gains in our understanding of FSHD. Since 1997, the FSH Society has funded nearly two million dollars in \$30,000 to \$45,000 a year grant fellowships to dozens of junior and senior level researchers,

STATEMENT 5(a)

leading to well over two hundred publications acknowledging Society support in top-tier scientific journals.

In accordance with its primary purpose of serving the FSHD community in the United States and abroad, the FSH Society has brought together through education, patient network meetings, support group meetings, peer-support, and advocacy to more than 4,000 FSHD-affected families committed to working cooperatively. Through the FSH Society, its web site portal, electronic bulletin board, chat room and quarterly newsletter, the "FSH Watch," FSHD patients have found ways to be useful to medical and clinical researchers working on their disease. The support patients receive from one another through sharing their common experience is invaluable and immeasurable. The FSH Society acts as a clearinghouse for information on the FSHD disorder and on potential drugs and devices designed to alleviate the effects of the disease. It fosters communication among FSHD patients, their families and caregivers, charitable organizations, government agencies, industry, scientific researchers, and academic institutions.

STATEMENT 5(b)

The Scientific Advisory Board (SAB) of the FSH Society, Inc. has diligently carried out its mission of providing strategy for facioscapulohumeral muscular dystrophy (FSHD) research, recruiting and attracting qualified researchers, selecting research proposals, evaluating research proposals, granting fellowships and monitoring ongoing projects and research opportunities. This is largely due to the strong and competent leadership provided by SAB Chair Dr. David Housman, MIT, and the expert counsel and advice received from the many outstanding members of the SAB working under Dr. Housman's direction. It should be noted that several of the members of the SAB are the top advisors to the Muscular Dystrophy Association (MDA) in the area of FSHD research and several are on the U.S. National Institutes of Health (NIH) panels for evaluating NIH proposals in FSHD and proposals relating to the muscular dystrophies.

Of the greatest concern for the FSH Society, Inc. is the most efficient use of funds and avoiding any overlap or waste when granting out scarce and valuable funds for molecular genetic research to find the cause of FSHD. Our mission at the FSH Society, Inc. is to attract promising researchers to the field of facioscapulohumeral muscular dystrophy (FSHD) research. The FSH Society fellowship grant program is part of our overall effort to accelerate funding on FSHD by fostering promising research.

Considerable time and effort have gone into developing materials for the grant program to cover all of our own concerns regarding such program. We have a grant overview document for prospective applicants titled "FACIOSCAPULOHUMERAL (FSH) SOCIETY, INC. RESEARCH GRANT AND POSTDOCTORAL FELLOWSHIP APPLICATIONS." The process restated is that a letter of intent is submitted for consideration for a full grant application, which is reviewed by the head of the SAB (Dr. Housman). Once a letter of intent is accepted, an acceptance letter with a full application is sent; if denied, a rejection letter is sent; if deferred, a re-application request is sent. The full application grant deadlines are 2 times a year at February 1 and six months later at August 1. The full application which was developed by the Board of Directors and SAB of the FSH Society, Inc. and reviewed by legal counsel is a significant document.

Upon receipt of all grants for a particular cycle, Dr. Housman assigns sets of two members of the SAB to critique the proposals and any conflict of priorities are noted. Initial critiques are due back within two weeks of the assignment and a full meeting of the SAB is held two weeks thereafter. Upon acceptance, the fellow receives a letter of acceptance and a "Policies and Procedures Document."

The fellow is then asked for written confirmation indicating their intention of accepting or declining the fellowship knowing that the grant is administered in accordance with the FSH Society's "POLICIES ON FELLOWSHIPS AND GRANTS FOR RESEARCH ON FSHD." It is stated and understood that the funds awarded for this research fellowship have not been provided for any other purpose than research on FSHD. The fellow is asked to reply within two weeks. The Board where upon a check is issued in advance for the first 6 months with equal installments to follow at subsequent 6 month intervals based on review. Progress reports are requested to be submitted to the SAB for review of research efforts at 6 or 9 month intervals and on an ad-hoc basis from time to time.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER	9,187.	9,187.	0.
PRINTER	1,374.	1,374.	0.
IBM COMPUTER	3,929.	3,929.	0.
IBM COMPUTER AND SOFTWARE	1,966.	1,966.	0.
EQUIPMENT	390.	390.	0.
EQUIPMENT	5,332.	2,526.	2,806.
PLEDGE SOFTWARE	5,645.	531.	5,114.
COMPUTERS	4,178.	836.	3,342.
WEBSITE	16,000.	0.	16,000.
TOTAL TO FORM 990, PART IV, LN 57	48,001.	20,739.	27,262.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
PUBLICLY TRADED SECURITIES	FMV	17,489.			17,489.
PUBLICLY TRADED SECURITIES	FMV			25,404.	25,404.
PUBLICLY TRADED SECURITIES	FMV		48,139.		48,139.
PUBLICLY TRADED SECURITIES	FMV			214,927.	214,927.
TO FORM 990, LINE 54A, COL B		17,489.	48,139.	240,331.	305,959.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DANIEL P. PEREZ 11 ELMBROOK CIR BEDFORD, MA 01730	PRESIDENT & CEO 60.00	98,963.	7,398.	0.
WILLIAM R. LEWIS M.D. 757 PACIFIC ST. MONTEREY, CA 93940	CHAIRMAN 8.00	0.	0.	0.
RICHARD A. LEFEBVRE, M.B.A. 109 HOSMER ST. HUDSON, MA 01749	DIRECTOR 2.00	0.	0.	0.
WILLIAM G. MICHAEL, C.P.A. TEN POST OFFICE SQ., 6TH FL. BOSTON, MA 02109	TREASURER 8.00	0.	0.	0.
HOWARD L. CHABNER, J.D. 1930 FELL ST. SAN FRANCISCO, CA 94117	VICE CHAIRMAN 16.00	0.	0.	0.
E. ANN BIGGS-WILLIAMS 307 ALCO DR. BREWTON, AL 36426	DIRECTOR 4.00	0.	0.	0.
LOUIS M. KUNKEL, PH.D ENDERS 5 CHILDREN'S HOSPITAL 320 LONGWOOD AVE. BOSTON, MA 02115	DIRECTOR 2.00	0.	0.	0.
C.LARRY LAURELLO, P.E. 6147 MCNUTT AVE. SAYBROOK, OH 44004	DIRECTOR 4.00	0.	0.	0.
WILLIAM R. LEWIS III, M.D. CARDIOVASC. MED. UC DAVIS 4860 Y ST. STE 2820 SACRAMENTO, CA 95817	DIRECTOR 5.00	0.	0.	0.
ROBERT F. SMITH, ESQ. P.O. BOX 1101 DENNISPORT, MA 02639	DIRECTOR 4.00	0.	0.	0.

Z. JOHN STEKLY, D.SC. 30 HAMPSHIRE RD. WAYLAND, MA 01778	DIRECTOR 4.00	0.	0.	0.
CAROL A. PEREZ, M.ED 3 WESTWOOD ROAD LEXINGTON, MA 02420	SECRETARY 24.00	0.	0.	0.
JAMES A. CHIN, SR. 4 JORDAN LANE ARDSLEY, NY 10502	DIRECTOR 5.00	0.	0.	0.
JOANN P. FORANCE 7445 JOHNNYCAKE RIDGE ROAD MENTOR, OH 44060	DIRECTOR 2.00	0.	0.	0.
WILLIAM E. HALL JR., J.D. P.O. BOX 880-205 W. SECOND STREET DERIDDER, LA 70634	DIRECTOR 2.00	0.	0.	0.
WILLIAM S. HERZBERG, M.D. 3527 SE ANKENY STREET PORTLAND, OR 97214	DIRECTOR 3.00	0.	0.	0.
PAUL SCHULTZ, M.D. CHILDREN'S MEDICAL OFFICE, 3030 CHILDRENS WAY, SUITE 202 SAN DIEGO, CA 92123	DIRECTOR 2.00	0.	0.	0.
CHRISTOPHER STENMON, C.P.A. 85 WEBSTER STREET QUINCY, MA 02171	DIRECTOR 2.00	0.	0.	0.
NANCY VAN ZANT C/O BBRI-R353, 64 GROVE STREET WATERTOWN, MA 02472	EXECUTIVE DIRECTOR 40.00	52,566.	4,475.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>151,529.</u>	<u>11,873.</u>	<u>0.</u>

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 9

INDIVIDUAL'S NAME

TITLE OR ROLE

DANIEL P. PEREZ

PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

CAROL A. PEREZ

DIRECTOR

EXPLANATION OF RELATIONSHIP

SON/MOTHER CAROL A. PEREZ WAS FORMERLY EXECUTIVE DIRECTOR AND IN THAT CAPACITY WAS COMPENSATED A TOTAL OF \$12,880.

INDIVIDUAL'S NAME

TITLE OR ROLE

WILLIAM R. LEWIS III

DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

WILLIAM R. LEWIS, MD

VICE CHAIRMAN

EXPLANATION OF RELATIONSHIP

SON/FATHER

INDIVIDUAL'S NAME

TITLE OR ROLE

WILLIAM G. MICHAEL

TREASURER

INDIVIDUAL'S NAME

TITLE OR ROLE

RUSSELL, BRIER & CO. LLP

ACCOUNTANT

EXPLANATION OF RELATIONSHIP

PARTNER/PARTNERSHIP



SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2D	STATEMENT 10
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SEE PART V-A, FORM 990 - STATEMENT #9

WILLIAM G. MICHAEL, TREASURER OF FSH SOCIETY, IS ALSO A PARTNER IN RUSSELL, BRIER & CO, LLP WHICH PROVIDES ACCOUNTING AND TAX PREPARATION SERVICES TO THE FSH SOCIETY AND RUSSELL, BRIER & CO LLP RECEIVED \$15,500 AS COMPENSATION.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return FSH SOCIETY, INC. C/O RUSSELL, BRIER & CO. LLP	Business or activity to which this form relates FORM 990 PAGE 2	Identifying number 52-1762747
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Part I Election To Expense Certain Property Under Section 179 Note If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a)	(b)
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	1,136.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		9,823.	5 YRS.	HY	SL	1,367.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	2,503.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners			
39 Do you treat all use of vehicles by employees as personal use?			
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
41 Do you meet the requirements concerning qualified automobile demonstration use?			

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year:					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

▶ 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).
- 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization FSH SOCIETY, INC. C/O RUSSELL, BRIER & CO. LLP	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. TEN POST OFFICE SQUARE, 6TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02109-4689	

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 |

- The books are in the care of ▶ **WILLIAM G. MICHAEL, CPA**
 Telephone No. ▶ **617-523-7094** FAX No. ▶ _____
- 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-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2007** 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.	3a	\$	
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.	3b	\$	
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.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization FSH SOCIETY, INC. C/O RUSSELL, BRIER & CO. LLP	Employer identification number 52-1762747
	Number, street, and room or suite no. If a P.O. box, see instructions. TEN POST OFFICE SQUARE, 6TH FLOOR	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02109-4689	

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

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **▶ WILLIAM G. MICHAEL, CPA**
Telephone No. **▶ 617-523-7094** FAX No. **▶**
- 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 is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008**.

5 For calendar year **2007**, or other tax year beginning _____, and ending _____.

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

7 State in detail why you need the extension
**ADDITIONAL TIME IS REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN.
 INFORMATION FROM THIRD PARTY SOURCES IS UNAVAILABLE AT THIS TIME.**

8a 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.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. 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.	8c	\$ 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. LaRocca** Title **▶ CPA** Date **▶ 8-12-08**