

Form 990
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending.
C Name of organization: FACIOSCAPULOHUMERAL SOCIETY
D Employer identification number: 52-1762747
E Telephone number: (781) 301-6060
F Name and address of principal officer: DANIEL P PEREZ, 450 BEDFORD STREET, LEXINGTON, MA 02420
G Gross receipts \$ 1,517,615
H(a) Is this a group return for affiliates? No
H(b) Are all affiliates included? No
H(c) Group exemption number
I Tax-exempt status: 501(c)(3)
J Website: WWW.FSHSOCIETY.ORG
K Form of organization: Corporation
L Year of formation: 1991
M State of legal domicile: DC

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, and Expenses. Includes rows for mission statement, membership counts, revenue breakdown, and net assets.

Part II Signature Block

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.

Sign Here: Signature of officer DANIEL P PEREZ, Date 2013-11-14.
Paid Preparer Use Only: Prnt/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

TO INCREASE AWARENESS, UNDERSTANDING, AND CONDUCT RESEARCH AND EDUCATION ON THE MUSCULAR DISORDER, FACIOSCAPULOHUMERAL MUSCULAR DYSTROPHY(FSHD) FSHD IS THE MOST PREVALENT FORM OF MUSCULAR DYSTROPHY AFFECTING MEN, WOMEN, AND CHILDREN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 590,039 including grants of \$ 539,364) (Revenue \$)

THE FACIOSCAPULOHUMERAL SOCIETY (FSH SOCIETY) IS A WORLD LEADER IN COMBATING FACIOSCAPULOHUMERAL MUSCULAR DYSTROPHY ALSO KNOWN AS FSH MUSCULAR DYSTROPHY AND FSHD THE SOCIETY'S PURPOSE IS TO CONDUCT RESEARCH, INCREASE AWARENESS, UNDERSTANDING AND EDUCATION ON FSHD FSHD IS BECOMING MORE RECOGNIZED AS ONE OF THE MOST PREVALENT HEREDITARY PROGRESSIVE MUSCLE DISORDERS AND AFFECTS ONE-HALF MILLION PEOPLE, BOTH CHILDREN AND ADULTS, WORLDWIDE FSHD IS AN AUTOSOMAL DOMINANT MUSCULAR DYSTROPHY FSHD CAN BE FOUND THROUGHOUT THE WORLD AND MEN, WOMEN AND CHILDREN IN FAMILIES ACROSS MULTIPLE GENERATIONS CAN BE AFFECTED BY THE DISEASE FSHD IS ALSO BROADLY CHARACTERIZED AS A NEUROMUSCULAR DISEASE (NMD), IN THAT MUSCULAR DYSTROPHY IS A SUBSET OF NMD FSHD IS NOT A RARE MUSCULAR DYSTROPHY THE PREVALENCE OF FSHD IS STATED TO BE BETWEEN 1 15,000 TO 1 20,000 INDIVIDUALS THE INSTITUTE NATIONAL DE LA SANTE ET DE LA RECHERCHE MEDICALE (INSERM FRANCE) PUBLISHED DATA ON THE PREVALENCE OF RARE DISEASES IN EUROPE INSERM/ORPHANET STATES THE PREVALENCE OF FSHD AT 1 25,000 INDIVIDUALS AND DUCHENNE AT 1 20,000 AND MYOTONIC DYSTROPHY AT 1 22,222 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 IS RECOGNIZABLE INITIALLY BY MUSCLE WASTING AND WEAKNESS IN PARTICULAR MUSCLE GROUPS E G (FACE - FACIO, SHOULDERS - SCAPULA, AND UPPER ARMS - HUMERUS), AND SUBSEQUENTLY BY ATROPHY AND WASTING IN MULTIPLE MUSCLE GROUPS SUCH AS LOWER BODY, LEGS AND TORSO, AND ALL SKELETAL MUSCLES LATER IN THE DISEASE THE DISEASE HAS A HIGH BURDEN OF DISEASE AND BRINGS WITH IT SIGNIFICANT DISABILITY AND EVEN PREMATURE DEATH IN AFFECTED INDIVIDUALS 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 AND SEVERE LOSS, WASTING AND ATROPHY OF ALL SKELETAL MUSCLES FSHD CAN HAVE ASSOCIATED HEARING LOSS AND RETINAL ISSUES THE SEVERITY OF FSHD IS VARIABLE AND CAN RANGE FROM MILD IN PRESENTATION IN SOME INDIVIDUALS AND SEVERELY CRIPPLING AND LIFE SHORTENING IN OTHERS THE FSH SOCIETY HAS PROVIDED NEARLY FOUR MILLION DOLLARS, SINCE THE INCEPTION OF ITS RESEARCH FELLOWSHIPS AND GRANTS PROGRAM, IN SEED FUNDS AND GRANTS TO PIONEERING 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 THE FSH SOCIETY OFFERS BASIC RESEARCH GRANTS, CLINICAL RESEARCH, RESEARCH AND POSTDOCTORAL FELLOWSHIPS TO SUPPORT RESEARCH RELEVANT TO UNDERSTANDING THE MOLECULAR GENETICS AND CAUSES 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, THERAPEUTICS AND CLINICAL TRIALS READINESS, RECRUITING AND ATTRACTING QUALIFIED RESEARCHERS AND CLINICIAN-RESEARCHERS, SELECTING RESEARCH PROPOSALS, EVALUATING RESEARCH PROPOSALS, GRANTING FELLOWSHIPS AND MONITORING ONGOING PROJECTS AND RESEARCH OPPORTUNITIES SINCE 1997, THE FSH SOCIETY HAS FUNDED \$3 8 MILLION DOLLARS IN \$30,000 TO \$70,000 A YEAR GRANT FELLOWSHIPS TO DOZENS OF JUNIOR AND SENIOR LEVEL RESEARCHERS, LEADING TO NEARLY THREE HUNDRED PUBLICATIONS ACKNOWLEDGING SOCIETY SUPPORT IN TOP-TIER SCIENTIFIC JOURNALS RECENT ADVANCES IN UNDERSTANDING THE MOLECULAR GENETICS AND CELLULAR BIOLOGY OF FSHD HAVE LED TO THE IDENTIFICATION OF POTENTIAL THERAPEUTIC TARGETS IMPRESSIVE SCIENTIFIC PROGRESS HAS BEEN MADE OVER THE PAST THREE YEARS AND EVEN IN THE PAST FEW MONTHS IN OUR UNDERSTANDING OF THE DISEASE LARGELY DUE TO SOCIETY FUNDING OF RESEARCH GRANT MAKING TO FSHD RESEARCHERS AND CLINICIANS IS ONE OF THE LARGEST PROGRAMMATIC COMPONENTS OF THE FSH SOCIETY

4b (Code) (Expenses \$ 235,910 including grants of \$) (Revenue \$)

THE FSH SOCIETY ORGANIZES MEETINGS, SYMPOSIUMS AND WORKSHOPS THE SOCIETY'S ANNUAL FSHD INTERNATIONAL RESEARCH CONSORTIUM SYMPOSIUM FOR RESEARCHERS WORLDWIDE YIELDS IMMEASURABLE GAINS IN OUR UNDERSTANDING OF FSHD THE 2012 FSH SOCIETY FSHD INTERNATIONAL RESEARCH CONSORTIUM WAS HELD IN SAN FRANCISCO, CALIFORNIA AS AN ANCILLARY MEETING TO THE AMERICAN SOCIETY OF HUMAN GENETICS AND WAS ATTENDED BY 70 SCIENTISTS, CLINICIANS, RESEARCHERS AND FSHD PATIENTS THIS MEETING IS A KEY MEETING FOR THE INTERNATIONAL AND WORLDWIDE RESEARCH COMMUNITY FOR FOCUSING ON ISSUES, COLLABORATING, NETWORKING, AND FOR FILLING IN MISSING GAPS IN THE RESEARCH SIGNIFICANT PROGRESS WAS MADE AT THE 2012 RESEARCH CONSORTIUM AND RESEARCH PLANNING MEETING PRIORITIES WERE SET AND PLANNING DOCUMENTS DISSEMINATED 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 6,000 FSHD-AFFECTED FAMILIES COMMITTED TO WORKING COOPERATIVELY IN JUNE 2012, THE BIENNIAL FSH SOCIETY INTERNATIONAL PATIENT RESEARCHER NETWORK DAY WAS HELD IN ATLANTA, GEORGIA MORE THAN 200 FSHD PATIENTS, FAMILIES, FRIENDS, SCIENTISTS AND RESEARCHERS GATHERED TO LISTEN TO THE LATEST FINDINGS IN MOLECULAR GENETICS RESEARCH AND TESTING AND THE LATEST DEVELOPMENTS IN CLINICAL MANAGEMENT AND THERAPEUTICS OF FSHD THE MAIN FOCUS IS FOR MEDICAL PROFESSIONALS AND PATIENTS TO BE ABLE TO SHARE IDEAS ON THE DISEASE IN A COLLEGIAL SETTING THE FSH SOCIETY ALSO WORKS WITH THE COMMUNITY TO FOSTER RESEARCH PLANNING MEETINGS, RESEARCH EDUCATION MEETINGS AND PATIENT SUPPORT GROUPS IN 2012, THE FSH SOCIETY BEGAN EFFORTS TO ORGANIZE FUNDING AGENCIES WORLDWIDE TO BETTER WORK TOGETHER TO SOLVE FSHD AND TO INCREASE RIGOR, OBJECTIVITY AND TRANSPARENCY IN PRECLINICAL RESEARCH TO INCREASE THE LIKELIHOOD OF SUCCESS WITH CLINICAL TRIALS ON FSHD IN 2012, FSH SOCIETY ORGANIZED A MEETING FOR A GLOBAL GROUP WORKING ON FSHD CALLED THE FSHD CHAMPIONS FSHD CHAMPIONS IS AN INFORMAL, INTERNATIONAL GROUP CONSISTING OF FOURTEEN FSHD ADVOCACY AND FUNDING ORGANIZATIONS, TO PROMOTE TRANSPARENCY AND COLLABORATION IN FSHD RESEARCH MEETINGS, SYMPOSIA, WORKSHOPS AND NETWORKING ACTIVITIES ARE ONE OF THE MOST SUCCESSFUL PROGRAMMATIC COMPONENTS OF THE FSH SOCIETY

4c (Code) (Expenses \$ 108,125 including grants of \$) (Revenue \$)

THROUGH THE FSH SOCIETY STAFF AND ITS WEB SITE PORTAL AT WWW.FSHSOCIETY.ORG, ELECTRONIC YAHOO! BULLETIN BOARD, FACEBOOK PAGES, TWITTER, E-MAIL LISTSERV (VERTICAL RESPONSE), AND QUARTERLY NEWSLETTER THE FSH WATCH, FSHD PATIENTS HAVE FOUND WAYS TO BE USEFUL TO BASIC 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 THE FSH SOCIETY ALSO PROVIDES DEDICATED SUPPORT, EDUCATION AND OUTREACH SERVICES TO PATIENTS, PROFESSIONALS, RESEARCHERS AND FAMILIES IN NEED OF ASSISTANCE IN 2011 AND CONTINUING IN 2012, THE FSH SOCIETY HELPS EDUCATE AND RECRUIT PATIENTS INTO RESEARCH STUDIES HEADQUARTERED AT THE U S NATIONAL INSTITUTES OF HEALTH BOSTON BIOMEDICAL RESEARCH INSTITUTE SENATOR PAUL D WELLSTONE MUSCULAR DYSTROPHY COOPERATIVE RESEARCH CENTER FOR FSHD, IN WATERTOWN, MASSACHUSETTS AS A RESULT OF THE FSH SOCIETY SERVING AS THE OFFICE OF PATIENT LIAISON AND COMMUNICATION TO THE WELLSTONE CENTER IT HAS HELPED FACILITATE THE PRODUCTION OF THE WORLD'S LARGEST RESOURCE FOR FSHD BIOMATERIALS THAT ARE BEING MADE AVAILABLE TO ALL RESEARCHERS WORLDWIDE THE SOCIETY HOPES THAT THIS STRATEGY WILL HELP WITH BETTER REPRODUCTION, VALIDATION AND CORROBORATION OF RESEARCH RESULTS BY PROVIDING THE COMMUNITY WITH A HIGH QUALITY AND HIGH NUMBER OF WELL CONTROLLED FSHD CELL LINES THAT MULTIPLE RESEARCH GROUPS CAN INDEPENDENTLY ACCESS THE FSH WATCH IS PUBLISHED QUARTERLY, INCLUDING A MORE TECHNICAL AND SCIENTIFIC ANNUAL RESEARCH EDITION, AND IS DISTRIBUTED IN HARDCOPY BY U S POSTAL MAIL, ELECTRONICALLY BY E-MAIL AND ON-LINE AT THE SOCIETY WEB SITE AS ADOBE PDF FILES THE FSH SOCIETY ALSO DESIGNS, DEVELOPS, PUBLISHES AND DISTRIBUTES BROCHURES ON FSHD AND PHYSICAL THERAPY FOR PATIENTS, FAMILIES, FRIENDS AND PROFESSIONALS INVOLVED WITH FSHD IN 2012, THE FSH SOCIETY BEGAN TO DISTRIBUTE ITS PUBLICATION TITLED FSHD A GUIDE FOR SCHOOLS TO HELP TEACHERS AND STUDENTS AFFECTED WITH FSHD BETTER NAVIGATE THE ISSUES OF FSHD IN THE CLASSROOM PUBLICATIONS, LITERATURE, EDUCATION, PATIENT SUPPORT, SOCIAL NETWORKING AND RESEARCH NETWORKING COMBINED ARE THE MOST SIGNIFICANT AND CORE PROGRAMMATIC COMPONENTS OF THE FSH SOCIETY

(Code) (Expenses \$ 48,884 including grants of \$ 0) (Revenue \$)










4d Other program services (Describe in Schedule O)
(Expenses \$ 48,884 including grants of \$) (Revenue \$)

4e Total program service expenses 982,958

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> <input checked="" type="checkbox"/>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>	Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> <input checked="" type="checkbox"/>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> 	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> 	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> 	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> 	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> 	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> 	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> 	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed **MA**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
WILLIAM G MICHAEL CPA C/O RBCOTEN POST OFFICE SQUARE 6TH BOSTON, MA (617) 523-7094

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANIEL P PEREZ PRESIDENT & CEO	40 00	X		X		X	123,609	0	0	
(2) WILLIAM R LEWIS SR MD CHAIRMAN	12 00	X		X			0	0	0	
(3) WILLIAM G MICHAEL CPA TREASURER	11 00	X		X			0	0	0	
(4) HOWARD L CHABNER JD VICE CHAIRMAN	8 00	X		X			0	0	0	
(5) BETH E JOHNSTON MBA SECRETARY	1 00	X		X			0	0	0	
(6) LOUIS M KUNKEL PHD DIRECTOR	2 00	X					0	0	0	
(7) E ANN BIGGS-WILLIAMS DIRECTOR	2 00	X					0	0	0	
(8) WILLIAM R LEWIS III MD DIRECTOR	2 00	X					0	0	0	
(9) ROBERT F SMITH ESQ DIRECTOR	4 00	X					0	0	0	
(10) JAMES A CHIN SR DIRECTOR	5 00	X					0	0	0	
(11) JOANN P FORANCE DIRECTOR	2 00	X					0	0	0	
(12) WILLIAM S HERZBERG MD DIRECTOR	2 00	X					0	0	0	
(13) CHRISTOPHER STENMON CPA DIRECTOR	6 00	X					0	0	0	
(14) DAVID J GLASS MD DIRECTOR	4 00	X					0	0	0	
(15) JUDITH SESLOWE MA DIRECTOR	6 00	X					0	0	0	
(16) CAROL S BIRNBAUM MD DIRECTOR	4 00	X					0	0	0	
(17) MICHELLE H MACKAY MA DIRECTOR	4 00	X					0	0	0	

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a 8,206					
	b	Membership dues 1b					
	c	Fundraising events 1c 418,700					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,018,877					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	1,445,783				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	14,457	14,457		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	25,000			
			(ii) Other				
			b Less cost or other basis and sales expenses	23,996			
			c Gain or (loss)	1,004			
d		Net gain or (loss)	1,004	1,004			
8a		Gross income from fundraising events (not including \$ 418,700 of contributions reported on line 1c) See Part IV, line 18	a	32,375			
			b Less direct expenses b	77,024			
			c Net income or (loss) from fundraising events	-44,649		-44,649	
9a		Gross income from gaming activities See Part IV, line 19	a				
			b Less direct expenses b				
	c Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	_____	_____					

		d All other revenue					
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions	1,416,595	15,461	-44,649	0		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	539,364	539,364		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	133,911	123,198	8,035	2,678
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	188,811	149,161	28,321	11,329
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,186	5,135	680	371
9	Other employee benefits	24,539	20,858	2,454	1,227
10	Payroll taxes	22,398	18,590	2,464	1,344
11	Fees for services (non-employees)				
a	Management				
b	Legal	5,370		5,370	
c	Accounting	26,384		26,384	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	90,839	919	89,920	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	2,661	113		2,548
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,010		9,010	
23	Insurance	2,423		2,423	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	EXECUTIVE AND DEVELOPME	94,109	3,315		90,794
b	PATIENT NETWORK MEETING	58,724	58,724		
c	SCIENTIFIC ADVISORY BOA	46,361	46,361		
d	PUBLICATIONS AND MEMBER	15,919	14,616		1,303
e	All other expenses	2,604	2,604		
25	Total functional expenses. Add lines 1 through 24e	1,269,613	982,958	175,061	111,594
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	341,601	1	315,708
	2 Savings and temporary cash investments	894,447	2	1,036,739
	3 Pledges and grants receivable, net	55,264	3	56,000
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,669	9	4,230
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 58,742		
	b Less accumulated depreciation	10b 46,900	18,911	10c 11,842
	11 Investments—publicly traded securities	426,006	11	522,726
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,738,898	16	1,947,245	
Liabilities	17 Accounts payable and accrued expenses	1,304	17	17,208
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,304	26	17,208
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	521,876	27	604,714
	28 Temporarily restricted net assets	1,152,530	28	1,242,282
	29 Permanently restricted net assets	63,188	29	83,041
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,737,594	33	1,930,037	
34 Total liabilities and net assets/fund balances	1,738,898	34	1,947,245	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,416,595
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,269,613
3	Revenue less expenses Subtract line 2 from line 1	3	146,982
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,737,594
5	Net unrealized gains (losses) on investments	5	45,461
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,930,037

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization
FACIOSCAPULOHUMERAL SOCIETY

Employer identification number

52-1762747

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 exempt 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)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	782,885	770,609	1,093,556	1,096,414	1,401,134	5,144,598
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	782,885	770,609	1,093,556	1,096,414	1,401,134	5,144,598
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	272,213	288,899	457,384	569,466	595,238	2,183,200
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	272,213	288,899	457,384	569,466	595,238	2,183,200
8 Public support (Subtract line 7c from line 6)						2,961,398

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	782,885	770,609	1,093,556	1,096,414	1,401,134	5,144,598
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,795	11,696	10,554	10,643	14,457	73,145
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	25,795	11,696	10,554	10,643	14,457	73,145
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	808,680	782,305	1,104,110	1,107,057	1,415,591	5,217,743
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	56.760 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	72.360 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	1.400 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1.860 %

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization FACIOSCAPULOHUMERAL SOCIETY

Employer identification number

52-1762747

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor informed.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and other details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	63,188				
b Contributions	11,900	62,000			
c Net investment earnings, gains, and losses	7,953	1,188			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	83,041	63,188			

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		58,742	46,900	11,842
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				11,842

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,616,531
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	45,461
b	Donated services and use of facilities	2b	154,475
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	199,936
3	Subtract line 2e from line 1	3	1,416,595
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,416,595

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,424,088
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	154,475
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	154,475
3	Subtract line 2e from line 1	3	1,269,613
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,269,613

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE SOCIETY IS, EXCEPT FOR AMOUNTS REPRESENTING UNRELATED BUSINESS INCOME, EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. THE SOCIETY'S INFORMATIONAL TAX RETURNS FOR THE YEARS PRIOR TO 2009 ARE BY STATUTE, NO LONGER SUBJECT TO INCOME TAX EXAMINATION, BUT THE TAX YEARS 2010 THROUGH 2012 CAN BE EXAMINED BY THE TAX AUTHORITIES. HOWEVER, THE SOCIETY HAS EVALUATED ITS POSITION AS EXEMPT AND WITHOUT UNRELATED BUSINESS INCOME DURING THOSE YEARS. THE SOCIETY BELIEVES ITS POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED IF EXAMINED BY THE TAX AUTHORITIES. IF UPON EXAMINATION A TAX WAS ASSESSED, THEN SUCH TAX, TOGETHER WITH INTEREST AND PENALTIES, WOULD BE CLASSIFIED AS AN EXPENDITURE IN THE STATEMENT OF ACTIVITIES. IF AN UNRECOGNIZED TAX POSITION WAS IDENTIFIED, INTEREST AND PENALTIES ASSOCIATED WITH THIS POSITION WILL BE CLASSIFIED AS ADDITIONAL INCOME TAXES IN THE STATEMENT OF ACTIVITIES.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization FACIOSCAPULOHUMERAL SOCIETY

Employer identification number 52-1762747

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for and investments in region. Includes sub-totals and totals rows.

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization FACIOSCAPULOHUMERAL SOCIETY

Employer identification number 52-1762747

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>SONG FESTIVAL</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	<u>5</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	244,915	81,692	124,468	451,075
	2 Less Contributions	216,790	77,442	124,468	418,700
	3 Gross income (line 1 minus line 2)	28,125	4,250		32,375
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	500	0	600	1,100
	7 Food and beverages	19,582	8,840	3,022	31,444
	8 Entertainment	1,562	0		1,562
	9 Other direct expenses	20,337	12,045	10,536	42,918
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Combine line 3, column (d), and line 10 ▶					-44,649

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047
2012
**Open to Public
Inspection**

Name of the organization
FACIOSCAPULOHUMERAL SOCIETY

Employer identification number
52-1762747

Part I General Information on Grants and Assistance
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BOSTON BIOMEDICAL RESEARCH INSTITUTE 64 GROVE ST WATERTOWN, MA 02472	04-2451939	501(C)(3)	120,000		FMV		FOR PROJECT HUMANIZED MOUSE MODEL FOR THE STUDY OF FACIOSCAPULOHUMERAL DYSTROPHY (\$20,000), FOR PROJECT THE BOSTON BIOMEDICAL RESEARCH INSTITUTE SENATOR PAUL D WELLSTONE MUSCULAR DYSTROPHY COOPERATIVE RESEARCH CENTER FOR FSHD, PROJECT 4 - MOUSE MODEL BIOMARKERS (\$40,000), FOR PROJECT A TRANSGENIC MODEL OF DUX4-MEDIATED FSHD (\$30,000), FOR PROJECT A HUMANIZED MOUSE MODEL FOR INVESTIGATIONS OF FSHD PATHOLOGY AND THERAPEUTIC DEVELOPMENT (30,000)
(2) HUGO W MOSER RESEARCH INSTITUTE AT EKNNEDY KRIEGER SUITE 400 - 707 NORTH BROADWAY BALTIMORE, MD 21205	52-1524967	501(C)(3)	23,650		FMV		MAGNETIC RESONANCE IMAGING AND SPECTROSCOPY BIOMARKETS IN FSHD
(3) CHILDREN'S HOSPITAL BOSTON 3 BLACKFAN CIRCLE CLS 150304 BOSTON, MA 02115	04-2774441	501(C)(3)	60,000		FMV		EXPRESSION OF HUMAN DUX4 IN ZEBRAFISH DEVELOPMENT
(4) THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRIVE - ROOM WA3015 COLUMBUS, OH 43205	31-1145986	501(C)(3)	5,200		FMV		FSH SOCIETY TRAVEL FELLOWSHIP GRANTS FSHS-32012-01 LINDSAY WALLACE AND FSHS-32012-02 JACKIE DOMIRE
(5) UNIVERSITY OF MARYLAND BALTIMORE 655 W BALTIMORE STREET BALTIMORE, MD 21201	52-6002033	501(C)(3)	40,000		FMV		INVESTIGATING MOUSE MODELS FOR FSHD
(6) UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	501(C)(3)	61,409		FMV		FOR PROJECT FSH SOCIETY KIICHI ARAHATA, M D MEMORIAL TRAVEL FELLOWSHIP (\$767 50), FOR PROJECT A TRANSGENIC MODEL OF DUX4-MEDIATED FSHD (\$30,000), FOR PROJECT FSH SOCIETY KIICHI ARAHATA, M D MEMORIAL TRAVEL FELLOWSHIP (\$641 70), FOR PROJECT A HUMANIZED MOUSE MODEL FOR INVESTIGATIONS OF FSHD PATHOLOGY AND THERAPEUTIC DEVELOPMENT (\$30,000)
(7) UNIVERSITY OF MINNESOTA 312 CHURCH ST SE MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	12,500		FMV		TOWARDS DEVELOPING AN ANTI-DUX4 THERAPEUTIC BASED ON CHEMICAL INHIBITORS OF DUX4

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	THE SCIENTIFIC ADVISORY BOARD OF FSH SOCIETY, CHAIRED BY DAVID HOUSMAN, PH D , MASSACHUSETTS INSTITUTE OF TECHNOLOGY, MEETS TO REVIEW GRANT APPLICATIONS FOR APPROVAL THE BOARD OF DIRECTORS THEN MEETS TO APPROVE THE SCIENTIFIC ADVISORY BOARD RECOMMENDATIONS AND PROVIDES PAYMENT IN TWO INSTALLMENTS PER YEAR THE FIRST INSTALLMENT IS DISBURSED UPON APPROVAL OF THE GRANT,AND THE SECOND IS DISBURSED ONLY AFTER A 6 MONTH REVIEW OF PROGRESS AIDED BY A REQUIRED PROGRESS REPORT FROM GRANTEE

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization FACIOSCAPULOHUMERAL SOCIETY

Employer identification number 52-1762747

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RUSSELL BRIER AND CO LLP	W MICHAEL TREAS & DIR IS RETIRED PARTNER OF RUSSELL BRIER & CO , LLP	20,100	RUSSELL BRIER AND CO PROVIDES TAX AND ACCOUNTING (BUT NOT AUDITING) SERVICES TO FSH SOCIETY FOR A FEE		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
FACIOSCAPULOHUMERAL SOCIETY

Employer identification number

52-1762747

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	WILLIAM R LEWIS M D , AN OFFICER AND DIRECTOR, IS THE FATHER OF WILLIAM LEWIS III M D , A DIRECTOR
	FORM 990, PART VI, SECTION A, LINE 6	ACCORDING TO THE ARTICLES OF INCORPORATION, THE FSH SOCIETY IS A MEMBERSHIP ORGANIZATION THE BYLAWS INDICATE THAT MEMBERS DO NOT HAVE VOTING RIGHTS
	FORM 990, PART VI, SECTION B, LINE 11	BOARD MEMBERS GET ELECTRONIC OR HARDCOPIES OF FORM 990 AND THOROUGHLY REVIEW IT PRIOR TO SUBMITTAL
	FORM 990, PART VI, SECTION B, LINE 12C	ALL DIRECTORS RESPOND TO AN ANNUAL QUESTIONAIRE AND BASED ON SUCH NO CONFLICTS EXIST
	FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT'S SALARY IS SET BY BOARD APPROVED CONTRACT WITH THE SOCIETY THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED EACH YEAR BY THE OFFICERS OF THE SOCIETY
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE SOCIETY'S OFFICE. FSH SOCIETY 450 BEDFORD STREET LEXINGTON, MA 02420