

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 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"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FACIOSCAPULOHUMERAL SOCIETY Doing Business As FSH SOCIETY Number and street (or P.O. box if mail is not delivered to street address) Room/suite 450 BEDFORD STREET City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, MA 02420 F Name and address of principal officer: DANIEL P. PEREZ SAME AS C ABOVE	D Employer identification number 52-1762747 E Telephone number (781) 301-6060 G Gross receipts \$ 1,874,335. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FSHSOCIETY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1991 M State of legal domicile: DC

Part I Summary

1	Briefly describe the organization's mission or most significant activities: INCREASE AWARENESS, UNDERSTANDING OF AND CONDUCT RESEARCH ON FACIOSCAPULOHUMERAL	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 17
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 3
6	Total number of volunteers (estimate if necessary)	6 95
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
8	Contributions and grants (Part VIII, line 1h)	1,445,783. 1,686,658.
9	Program service revenue (Part VIII, line 2g)	0. 0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,461. 27,518.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-44,649. -41,429.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,416,595. 1,672,747.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	539,364. 661,585.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	375,845. 380,802.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 63,903.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	354,404. 267,358.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,269,613. 1,309,745.
19	Revenue less expenses. Subtract line 18 from line 12	146,982. 363,002.
20	Total assets (Part X, line 16)	1,947,245. 2,508,982.
21	Total liabilities (Part X, line 26)	17,208. 141,407.
22	Net assets or fund balances. Subtract line 21 from line 20	1,930,037. 2,367,575.

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 	Date JULY 8, 2014
	DANIEL P. PEREZ, PRESIDENT & CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name LINDA M. SMITH, CPA	Preparer's signature 	Date 06/16/14	Check <input type="checkbox"/> if self-employed	PTIN P00316105
	Firm's name ▶ SMITH, SULLIVAN & BROWN, P.C.		Firm's EIN ▶ 43-1985162		
	Firm's address ▶ 80 FLANDERS ROAD - SUITE #200 WESTBOROUGH, MA 01581		Phone no. (508) 871-7178		

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 or note to any line in this Part III [X]

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 790,941. including grants of \$ 661,585.) (Revenue \$ 0.) RESEARCH

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 ONE OF THE MOST COMMON ADULT MUSCULAR DYSTROPHIES WITH A PREVALENCE OF 1:15,000-1:20,000. FOR A HALF-MILLION MEN, WOMEN, AND CHILDREN WORLDWIDE THE MAJOR CONSEQUENCE OF INHERITING THIS GENETIC FORM OF MUSCULAR DYSTROPHY IS A LIFELONG PROGRESSIVE LOSS OF ALL SKELETAL MUSCLES. FSHD IS A CRIPPLING AND LIFE SHORTENING DISEASE. NO ONE IS IMMUNE. FSHD IS AN AUTOSOMAL DOMINANT MUSCULAR DYSTROPHY. IT

4b (Code:) (Expenses \$ 211,885. including grants of \$ 0.) (Revenue \$ 0.) DIRECT SERVICE

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 2013 FSH SOCIETY FSHD INTERNATIONAL RESEARCH CONSORTIUM WAS HELD IN CAMBRIDGE, MASSACHUSETTS AS AN ANCILLARY MEETING TO THE AMERICAN SOCIETY OF HUMAN GENETICS AND WAS ATTENDED BY A RECORD NUMBER OF NEARLY 100 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

4c (Code:) (Expenses \$ 142,143. including grants of \$ 0.) (Revenue \$ 0.) EDUCATION

THROUGH THE FSH SOCIETY STAFF AND ITS WEB SITE PORTAL AT WWW.FSHSOCIETY.ORG, FACEBOOK PAGE, TWITTER ACCOUNT, YAHOO! GROUPS BULLETIN BOARD, E-MAIL LISTSERV (VERTICAL RESPONSE), AND QUARTERLY NEWSLETTER THE "FSH WATCH," FSHD PATIENTS HAVE FOUND WAYS TO BE USEFUL TO ONE ANOTHER AND 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

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

4e Total program service expenses 1,144,969.

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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>	X	
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>	X	
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>		X
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>		X
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>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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>	X	
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>	X	
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>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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</i>		X
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>	X	
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>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
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)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or 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>		X
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>	X	
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 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form body containing questions 1a through 14b with Yes/No columns and input fields.

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

Check if Schedule O contains a response or note to any line 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.		
	17		
b	Enter the number of voting members included in line 1a, above, who are independent		
	17		
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?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
b	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?	X	
b	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	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?		X
b	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, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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: **DANIEL P. PEREZ - (781) 301-6060**
450 BEDFORD STREET, LEXINGTON, MA 02420

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

Check if Schedule O contains a response or note to any line 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, and 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 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			155,121.	0.	3,599.	
(2) WILLIAM R. LEWIS, SENIOR, M.D. CHAIRMAN	10.00	X	X				0.	0.	0.	
(3) HOWARD L. CHABNER, J.D. VICE CHAIRMAN	8.00	X	X				0.	0.	0.	
(4) BETH E. JOHNSTON, M.B.A. SECRETARY	8.00	X	X				0.	0.	0.	
(5) WILLIAM G. MICHAEL, CPA TREASURER	6.00	X	X				0.	0.	0.	
(6) E. ANN BIGGS-WILLIAMS BOARD MEMBER	1.00	X					0.	0.	0.	
(7) CAROL S. BIRNBAUM, M.D. BOARD MEMBER	1.00	X					0.	0.	0.	
(8) JAMES A. CHIN, SR. BOARD MEMBER	6.00	X					0.	0.	0.	
(9) JOANN P. FORANCE BOARD MEMBER	1.00	X					0.	0.	0.	
(10) DAVID J. GLASS, M.D. BOARD MEMBER	2.00	X					0.	0.	0.	
(11) WILLIAM STEVEN HERZBERG BOARD MEMBER	1.00	X					0.	0.	0.	
(12) LOUIS M. KUNKEL, PH.D. BOARD MEMBER	2.00	X					0.	0.	0.	
(13) IDA LAURELLO BOARD MEMBER	1.00	X					0.	0.	0.	
(14) WILLIAM R. LEWIS, III, M.D. BOARD MEMBER	2.00	X					0.	0.	0.	
(15) MICHELLE HELEN MACKAY, M.A. BOARD MEMBER	6.00	X					0.	0.	0.	
(16) JUDITH SESLOWE, M.A. BOARD MEMBER	6.00	X					0.	0.	0.	
(17) ROBERT F. SMITH, ESQ. BOARD MEMBER	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) CHRISTOPHER STENMON, C.P.A. BOARD MEMBER	6.00	X						0.	0.	0.
(19) JUNE KINOSHITA EXECUTIVE DIRECTOR	40.00			X				115,000.	0.	3,450.
1b Sub-total								270,121.	0.	7,049.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								270,121.	0.	7,049.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 12,914.				
	b	Membership dues	1b				
	c	Fundraising events	1c 679,305.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 994,439.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		1,686,658.			
	Program Service Revenue	2 a	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)		29,090.		29,090.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
			b Less: rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	96,087.			
			(ii) Other				
			b Less: cost or other basis and sales expenses	97,659.			
			c Gain or (loss)	-1,572.			
	d	Net gain or (loss)		-1,572.		-1,572.	
	8 a	Gross income from fundraising events (not including \$ 679,305. of contributions reported on line 1c). See Part IV, line 18	a	62,500.			
			b Less: direct expenses	103,929.			
c Net income or (loss) from fundraising events				-41,429.		-41,429.	
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses					
		c Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
		b Less: cost of goods sold					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11 a		a					
		b					
		c					
		d All other revenue					
		e Total. Add lines 11a-11d					
12	Total revenue. See instructions.		1,672,747.	0.	0.	-13,911.	

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 or note to any line 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	413,596.	413,596.		
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	247,989.	247,989.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	280,398.	235,891.	20,019.	24,488.
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	57,531.	46,600.	8,630.	2,301.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	20,522.	17,155.	1,851.	1,516.
10 Payroll taxes	22,351.	18,684.	1,902.	1,765.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	45,089.		45,089.	
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 Sch O.)	14,081.		14,081.	
12 Advertising and promotion				
13 Office expenses	72,956.	64,292.	4,889.	3,775.
14 Information technology	5,993.	5,010.	510.	473.
15 Royalties				
16 Occupancy	20,073.	16,780.	1,708.	1,585.
17 Travel	7,557.	1,535.		6,022.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,678.	30,678.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,569.	4,655.	474.	440.
23 Insurance	2,217.	454.	1,720.	43.
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 SCIENTIFIC ADVISORY BOA	37,849.	37,849.		
b FUNDRAISING EXPENSES	21,495.			21,495.
c DIRECTORS EXPENSES	3,801.	3,801.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,309,745.	1,144,969.	100,873.	63,903.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	315,708.	1	527,899.	
	2 Savings and temporary cash investments	1,036,739.	2	1,345,642.	
	3 Pledges and grants receivable, net	56,000.	3	25,000.	
	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 instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	4,230.	9	3,592.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 55,167.			
	b Less: accumulated depreciation	10b 46,194.	11,842.	10c 8,973.	
	11 Investments - publicly traded securities	522,726.	11	597,876.	
	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)	1,947,245.	16	2,508,982.		
Liabilities	17 Accounts payable and accrued expenses	17,208.	17	35,541.	
	18 Grants payable		18	105,866.	
	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	17,208.	26	141,407.	
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	604,714.	27	1,355,585.	
	28 Temporarily restricted net assets	1,242,282.	28	938,090.	
	29 Permanently restricted net assets	83,041.	29	73,900.	
	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	1,930,037.	33	2,367,575.	
34 Total liabilities and net assets/fund balances	1,947,245.	34	2,508,982.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,672,747.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,309,745.
3	Revenue less expenses. Subtract line 2 from line 1	3	363,002.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,930,037.
5	Net unrealized gains (losses) on investments	5	74,536.
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	2,367,575.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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		X
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	X	
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.	X	
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?		X
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		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization FACIOSCAPULOHUMERAL SOCIETY	Employer identification number 52-1762747
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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 <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III - Functionally integrated	d <input type="checkbox"/> Type III - Non-functionally integrated
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- 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? | Yes | No |
| (ii) A family member of a person described in (i) above? | 11g(ii) | 11g(ii) |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | 11g(iii) |
- h Provide the following information about the supported organization(s).

(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	770,609.	1,093,556.	1,096,414.	1,401,134.	1,686,658.	6,048,371.
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	770,609.	1,093,556.	1,096,414.	1,401,134.	1,686,658.	6,048,371.
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)						646,725.
6 Public support. Subtract line 5 from line 4.						5,401,646.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	770,609.	1,093,556.	1,096,414.	1,401,134.	1,686,658.	6,048,371.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,696.	10,554.	10,643.	14,457.	29,090.	76,440.
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						6,124,811.
12 Gross receipts from related activities, etc. (see instructions)					12	94,875.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	88.19 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2012. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (lines 2a-2d), and questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

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

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	83,041.	63,188.			
b Contributions	150.	11,900.	62,000.		
c Net investment earnings, gains, and losses	8,324.	7,953.	1,188.		
d Grants or scholarships					
e Other expenditures for facilities and programs	3,600.				
f Administrative expenses					
g End of year balance	87,915.	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 84.00 %
- c Temporarily restricted endowment 16.00 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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		55,167.	46,194.	8,973.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 8,973.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. 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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,942,757.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	74,536.	
b	Donated services and use of facilities	2b	195,474.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	270,010.	
3	Subtract line 2e from line 1	3	1,672,747.	
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	1,672,747.	

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,505,219.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	195,474.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	195,474.	
3	Subtract line 2e from line 1	3	1,309,745.	
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	1,309,745.	

Part XIII Supplemental Information.

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.

PART X, LINE 2:

EXPLANATION: TAX POSITION:

THE ORGANIZATION CURRENTLY EVALUATES ALL TAX POSITIONS, AND MAKES A DETERMINATION REGARDING THE LIKELIHOOD OF THOSE POSITIONS BEING UPHELD UNDER REVIEW. THE PRIMARY TAX POSITIONS MADE BY THE ORGANIZATION ARE THE NONEXISTENCE OF UNRELATED BUSINESS INCOME TAX AND THE ORGANIZATION'S STATUS AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. FOR THE YEARS PRESENTED, THE ORGANIZATION HAS NOT RECOGNIZED ANY TAX BENEFITS OR LOSS CONTINGENCIES FOR UNCERTAIN TAX POSITIONS BASED ON THIS EVALUATION. ALL TAX PERIODS PRIOR TO 2010 ARE NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES.

Part XIII Supplemental Information (continued)

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

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" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other 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 its grants and other assistance outside the United States.

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

(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.g., fundraising, program services, investments, grants to recipients located in the region)	(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
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS	N/A	245,088.
SOUTH AMERICA	0	0	GRANTS	N/A	2,901.
3 a Sub-total	0	0			247,989.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			247,989.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		FRANCE	FOR PROJECT: "FAT1 ROLES IN MUSCULAR PHYSIOLOGY AND FSHD ONSET"	34,000	CHECK	0	N/A	
		FRANCE	FOR PROJECT: "TISSUE-SPECIFIC SILENCING OF FAT1: ROLE IN PATHOGENESIS"	140,000	CHECK	0	N/A	
		ITALY	FOR PROJECT: "ROLE OF POLYCOMB GROUP PROTEINS IN FACIOSCAPULOHUMERAL"	45,000	CHECK	0	N/A	
		NETHERLANDS	FOR PROJECT: "IDENTIFICATION OF EPIGENETIC MECHANISMS THAT REGULATE DUX4"	20,000	CHECK	0	N/A	

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **4**

3 Enter total number of other organizations or entities **0**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

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, Information 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 F (Form 990) 2013

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

EXPLANATION: RESEARCH

PART II, COLUMN (D):

REGION: FRANCE

(D) PURPOSE OF GRANT: FOR PROJECT: "TISSUE-SPECIFIC SILENCING OF FAT1: ROLE IN PATHOGENESIS OF FACIOSCAPULOHUMERAL MUSCULAR DYSTROPHY"

REGION: ITALY

(D) PURPOSE OF GRANT: FOR PROJECT: "ROLE OF POLYCOMB GROUP PROTEINS IN FACIOSCAPULOHUMERAL DYSTROPHY"

REGION: NETHERLANDS

(D) PURPOSE OF GRANT: FOR PROJECT: "IDENTIFICATION OF EPIGENETIC MECHANISMS THAT REGULATE DUX4 ACTIVITY IN SKELETAL MUSCLE"

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2013

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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. Form 990-EZ filers are not required to complete this part.

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (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 contributions 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
		FESTIVAL OF SONG (event type)	FSH AT THE LAKE (event type)	4 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	318,850.	189,860.	233,095.	741,805.
	2 Less: Contributions	285,100.	183,110.	211,095.	679,305.
	3 Gross income (line 1 minus line 2)	33,750.	6,750.	22,000.	62,500.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	500.		10,474.	10,974.
	7 Food and beverages	18,665.		11,781.	30,446.
	8 Entertainment	3,000.		950.	3,950.
	9 Other direct expenses	22,187.	0.	36,372.	58,559.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				103,929.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-41,429.

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 Noncash 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. Subtract line 7 from line 1, 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: _____

- 11** 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:

13a		%
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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** 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).

Part IV Supplemental Information (continued)

Lined area for supplemental information.

**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

2013

**Open to Public
Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010		501(C)(3)	99,599.	0.		N/A	FOR PROJECT: "AUTOPHAGY DEFECTS IN FSHD"
HUGO W. MOSER RESEARCH INSTITUTE AT KENNEDY KRIEGER - 707 NORTH BROADWAY, SUITE 400 - BALTIMORE, MD 21205		501(C)(3)	73,250.	0.		N/A	FOR PROJECT: "MAGNETIC RESONANCE IMAGING AND SPECTROSCOPY BIOMARKERS IN FSHD" AND PROJECT:
JOHN HOPKINS UNIVERSITY MILLER RESEARCH BUILDING, 733 NORTH BROADWAY, #753 - BALTIMORE, MD 21205		501(C)(3)	49,705.	0.		N/A	FOR PROJECT: "DERIVATION OF HUMAN INDUCED PLURIPOTENT STEM CELLS FROM FSH PATIENT"
UNIVERSITY OF CALIFORNIA DEPARTMENT OF BIOLOGICAL CHEMISTRY, SCHOOL OF MEDICINE, 240D, MED SCI I - IR		501(C)(3)	20,000.	0.		N/A	FOR PROJECT: "DEVELOPMENT OF A NOVEL CHIP-BASED DIAGNOSTIC ASSAY FOR FSHD"
THE UNIVERSITY OF CHICAGO DEPARTMENT OF BIOCHEMISTRY AND MOLECULAR BIOLOGY, 929 EAST 57TH STREET - CHI		501(C)(3)	20,000.	0.		N/A	FOR PROJECT: "A TRANSGENIC MODEL OF DUX4-MEDIATED FSHD"
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - ATTN: SCHOOL BURSAR, 55 LAKE AVENUE NORTH - WORCESTER, MA 01655		501(C)(3)	43,895.	0.		N/A	FOR PROJECT: "A TRANSGENIC MODEL OF DUX4-MEDIATED FSHD"

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **7.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVENUE, BOX 673 ROCHESTER, NY 14642-8673		501(C)(3)	104,507.	0.		N/A	FOR PROJECT: "EVALUATION OF AN FSHD-SPECIFIC PATIENT REPORTED OUTCOME MEASURE AND A DISEASE

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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: THE SOCIETY MAKES GRANTS TO ELIGIBLE APPLICANTS AFTER REQUESTS FOR RESEARCH FUNDING HAVE BEEN REVIEWED AND APPROVED BY THE SOCIETY'S SCIENTIFIC ADVISORY BOARD ("SAB").

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

HUGO W. MOSER RESEARCH INSTITUTE AT KENNEDY KRIEGER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROJECT: "MAGNETIC RESONANCE

Part IV Supplemental Information

IMAGING AND SPECTROSCOPY BIOMARKERS IN FSHD" AND PROJECT: "MID-ATLANTIC FSHD SUPPORT GROUP"

NAME OF ORGANIZATION OR GOVERNMENT: JOHN HOPKINS UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROJECT: "DERIVATION OF HUMAN INDUCED PLURIPOTENT STEM CELLS FROM FSH PATIENT FIBROBLASTS"

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF ROCHESTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROJECT: "EVALUATION OF AN FSHD-SPECIFIC PATIENT REPORTED OUTCOME MEASURE AND A DISEASE SPECIFIC FUNCTIONAL RATING SCALE" AND PROJECT: "PILOT STUDY OF ELECTRICAL IMPEDANCE MYOGRAPHY IN FACIOSCAPULOHUMERAL MUSCULAR DYSTROPHY"

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

FACIOSCAPULOHUMERAL SOCIETY

Employer identification number

52-1762747

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIEL P. PEREZ PRESIDENT & CEO	(i)	155,121.	0.	0.	0.	3,599.	158,720.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

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
RUSSELL, BRIER & CO., LLP	THE TREASURER OF FS	23,000.	THE TREASUR		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: RUSSELL, BRIER & CO., LLP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

THE TREASURER OF FSH SOCIETY IS A RETIRED PARTNER OF FIRM

(C) AMOUNT OF TRANSACTION \$ 23,000.

(D) DESCRIPTION OF TRANSACTION: THE TREASURER OF FSH SOCIETY IS A RETIRED PARTNER OF THE FIRM WHICH PROVIDED \$23,000 IN TAX AND ACCOUNTING SERVICES DURING THE YEAR PRESENTED.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

FACIOSCAPULOHUMERAL SOCIETY

Employer identification number

52-1762747

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MUSCULAR DYSTROPHY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IS BOTH GENETICALLY AND SPONTANEOUSLY TRANSMITTED TO CHILDREN. IT CAN AFFECT MULTIPLE GENERATIONS AND ENTIRE FAMILIES. WITH FSHD THERE IS A LOSS OF MUSCLE STRENGTH THAT RANGES BETWEEN ONE AND FOUR PERCENT A YEAR DURING A LIFETIME. IN TERMS OF FUNCTIONAL IMPAIRMENT, 20 PERCENT OF FSHD-AFFECTED INDIVIDUALS OVER AGE FIFTY WILL REQUIRE THE USE OF A WHEELCHAIR. FSHD ALSO HAS VERY SPECIFIC NON-MUSCULAR MANIFESTATIONS; HEARING-LOSS, RESTRICTIVE LUNG DISEASE, SUPRAVENTRICULAR ARRHYTHMIAS (RARE), AND RETINAL VASCULOPATHY. 95% OF INDIVIDUALS WITH FSHD HAVE THE FSHD1 (FSHD1A) GENETIC VARIATION -- CAUSED BY THE CONTRACTION OF DNA MACROSATELLITE REPEAT UNITS, TERMED D4Z4 REPEATS, ON CHROMOSOME 4, LEADING TO THE RELEASE OF TRANSCRIPTIONAL REPRESSION OF A RETROGENE (DUX4) BELIEVED TO BE ASSOCIATED WITH THE CAUSE OF DISEASE. OF THE 5% OF FSHD INDIVIDUALS REMAINING, 80% OF THOSE ARE THE FSHD2 (FSHD1B) GENETIC VARIATION -- CAUSED BY MUTATIONS IN THE SMCHD1 GENE ON CHROMOSOME 18 THAT HELPS TO MAINTAIN THE STRUCTURE OF THE D4Z4 REPEATS ON THE LONG ARM OF CHROMOSOME 4. 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

Name of the organization FACIOSCAPULOHUMERAL SOCIETY	Employer identification number 52-1762747
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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 E.G. FSHD HAS A PHENOTYPIC PENETRANCE OF 95% IN MEN BY 20 YEARS OF AGE, AND IN WOMEN BY 30 YEARS OF AGE. FSHD CAUSES PROGRESSIVE LOSS, WASTING AND ATROPHY OF ALL SKELETAL MUSCLES. FSHD CAN HAVE ASSOCIATED RESPIRATORY, HEARING LOSS AND VISION 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.

AS OF MARCH 2014, THE FSH SOCIETY HAS PROVIDED MORE THAN 4.6 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. QUANTUM LEAPS IN OUR UNDERSTANDING OF FSHD HAVE OCCURRED IN PAST THREE AND A HALF YEARS. IN THE LAST DECADE ALONE, WE HAVE SEEN REMARKABLE CONTRIBUTIONS MADE BY RESEARCHERS INITIALLY FUNDED BY THE SOCIETY. 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 APPROXIMATELY 4.6 MILLION DOLLARS IN \$30,000 TO

Name of the organization FACIOSCAPULOHUMERAL SOCIETY	Employer identification number 52-1762747
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\$70,000 A YEAR GRANT FELLOWSHIPS TO DOZENS OF JUNIOR AND SENIOR LEVEL RESEARCHERS, LEADING TO MORE THAN 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 FOUR 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 LOCATED BOTH DOMESTICALLY IN THE UNITED STATES AND OUTSIDE THE UNITED STATES IS ONE OF THE LARGEST PROGRAMMATIC COMPONENTS OF THE FSH SOCIETY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
WAS MADE AT THE 2013 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 6,250 FSHD-AFFECTED FAMILIES COMMITTED TO WORKING COOPERATIVELY. IN AUGUST 2014, THE BIENNIAL FSH SOCIETY INTERNATIONAL PATIENT RESEARCHER NETWORK DAY WILL BE HELD IN BOSTON, MASSACHUSETTS. WE PLAN ON 200 TO 250 FSHD PATIENTS, FAMILIES, FRIENDS, SCIENTISTS AND RESEARCHERS GATHERING 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

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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 LIKELY OF SUCCESS WITH CLINICAL TRIALS ON FSHD. IN 2013, FSH SOCIETY CONTINUED A LEADERSHIP ROLE IN CONVENING A MONTHLY 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. THE 2014 FSH SOCIETY FSHD INTERNATIONAL RESEARCH CONSORTIUM WILL BE HELD IN SAN DIEGO, CALIFORNIA AS AN ANCILLARY MEETING TO THE 2014 AMERICAN SOCIETY OF HUMAN GENETICS MEETING AND THE 2014 FSHD CHAMPIONS WILL MEET SUBSEQUENTLY AS AN INTERNATIONAL ALLIANCE PROMOTING AND FUNDING FSHD RESEARCH. MEETINGS, SYMPOSIA, WORKSHOPS AND NETWORKING ACTIVITIES ARE ONE OF THE MOST SUCCESSFUL PROGRAMMATIC COMPONENTS OF THE FSH SOCIETY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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. THE SOCIETY RESPONDS TO NUMEROUS INQUIRIES BY PHONE, WEB AND E-MAIL FROM NEWLY DIAGNOSED PATIENTS, OTHER PATIENTS, FAMILY MEMBERS AND SPOUSES OF FSHD PATIENTS AND PROFESSIONALS EACH WEEK. IN 2013, THE SOCIETY ADDED ADDITIONAL RESOURCES TO HELP GROW IN-PERSON SUPPORT GROUP AND EDUCATIONAL DAYS ASSOCIATED WITH MAJOR CLINICAL AND RESEARCH CENTERS AROUND THE UNITED STATES AND MANY OF THESE MEETINGS

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WERE BROADCAST VIA INTERNET VIDEO-STREAMING FOR THOSE HAVING DIFFICULTY GETTING TO MEETINGS IN PERSON. THE SOCIETY ALSO EMBARKED ON PROJECTS TO BUILD ASSETS DEPICTING WHAT FSHD IS AND WHAT IT IS TO LIVE WITH THE DISEASE IN WRITING, PHOTOGRAPHS AND VIDEOS. IN 2013, THE SOCIETY BEGAN AN INITIATIVE TO RAISE VISIBILITY FOR FSHD THROUGH PUBLIC SERVICE ANNOUNCEMENTS ON THE DISEASE IN NINE GEOGRAPHIC MARKETS. IN 2013 AND CONTINUING IN 2014, THE FSH SOCIETY HELPS EDUCATE AND RECRUIT PATIENTS INTO RESEARCH STUDIES HEADQUARTERED AT THE U.S. NATIONAL INSTITUTES OF HEALTH UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL SENATOR PAUL D. WELLSTONE MUSCULAR DYSTROPHY COOPERATIVE RESEARCH CENTER FOR FSHD, IN WORCESTER, MASSACHUSETTS. AS A RESULT, 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 2013, THE FSH SOCIETY CONTINUED TO PROMOTE 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. THE PROGRAMS AND MATERIALS ARE POSTED ON OUR

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WEB SITE AT WWW.FSHSOCIETY.ORG IN PERPETUITY AND READ BY THOUSANDS OF PROFESSIONALS AND PATIENTS. AS OF MARCH 2014, OUR WEBSITE RECEIVES OVER 5,000 UNIQUE VISITS WITH 16,000 PAGE VIEWS PER MONTH. IN 2013, WE EMBARKED ON A MAJOR UPGRADE OF OUR WEB SITE AND WILL BE LAUNCHING A NEW SITE MID-2014 USING LATEST TECHNOLOGIES AND INTERNET PLATFORMS. PUBLICATIONS, LITERATURE, EDUCATION, PATIENT SUPPORT, SOCIAL NETWORKING AND RESEARCH NETWORKING COMBINED ARE THE MOST SIGNIFICANT AND CORE PROGRAMMATIC COMPONENTS OF THE FSH SOCIETY.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: WILLIAM R. LEWIS MD, CHAIRMAN, IS THE FATHER OF WILLIAM R. LEWIS III MD, BOARD MEMBER.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: PER THE ORGANIZATION'S BY-LAWS THERE SHALL BE ONE CLASS OF MEMBERS OF THE CORPORATION, WHICH CLASS SHALL CONSIST OF INDIVIDUALS AND ENTITIES WHO ACCEPT THE GOALS AND PURPOSE OF THE CORPORATION, HAVE PAID ANY DUES OR FEES AS ESTABLISHED BY THE BOARD OF DIRECTORS, AND HAVE MET ALL OTHER REQUIREMENTS OF MEMBERSHIP, IF ANY, ESTABLISHED BY THE BOARD OF DIRECTORS. MEMBERS, AS SUCH, SHALL HAVE NO RIGHT TO VOTE ON ANY MATTER REGARDING THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO ITS FILING. THE FORM 990 WAS THEN AUTHORIZED AND SIGNED BY THE ORGANIZATION'S PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 12C:

332212
09-04-13

Name of the organization FACIOSCAPULOHUMERAL SOCIETY	Employer identification number 52-1762747
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EXPLANATION: THE BOARD OF DIRECTORS REQUIRES AN ANNUAL DECLARATION FROM ALL BOARD MEMBERS AND SENIOR MANAGEMENT AS TO THE EXISTENCE AND DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST. THE BOARD MEMBERS SIGN A DISCLOSURE STATEMENT. ANY POTENTIAL CONFLICTS ARE DISCUSSED BY THE DIS-INTERESTED BOARD MEMBERS, WHILE THE PARTY IN POTENTIAL CONFLICT IS REQUIRED TO LEAVE THE ROOM. BOARD MEETING MINUTES WILL DOCUMENT THE DISCUSSION AND DECISION MAKING PROCESS. IN THE EVENT OF A POTENTIAL CONFLICT, PROCEDURES TO OBTAIN COMPETITIVE BIDS AND DILIGENCE ON FAIR MARKET VALUE WILL BE ESTABLISHED.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: FSH SOCIETY'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE BOARD OF DIRECTORS. THE BOARD IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE KEY EXECUTIVES OF THE ORGANIZATION. THE BOARD MEETS AS NEEDED TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES, AS APPROPRIATE. A PERFORMANCE EVALUATION IS CONDUCTED AND REVIEWED EACH YEAR AND IS INTENDED TO ENSURE THAT THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS. FOLLOWING THIS REVIEW, THE BOARD REVIEWS AND APPROVES, FOR SELECTED KEY EXECUTIVES, BASE SALARIES AND ANNUAL INCENTIVE OPPORTUNITY ADJUSTMENTS, AND OBJECTIVES AND GOALS FORTH-UPCOMING YEAR'S ANNUAL INCENTIVE PLAN. THE BOARD REVIEWS AND RECOMMENDS TO THE BOARD SALARY APPROVAL AND INCENTIVE AWARDS FOR THE EXECUTIVE DIRECTOR AND SELECTED KEY SENIOR STAFF.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

MA, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MD, ME, MI, MN, MO, MS, NH, NJ, NV, NC, ND, NM
NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV, AL

Name of the organization
FACIOSCAPULOHUMERAL SOCIETY

Employer identification number
52-1762747

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: UPON REQUEST, AVAILABLE ON ORGANIZATION'S WEBSITE AND THROUGH GUIDESTAR WEBSITE.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- 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.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. FACIOSCAPULOHUMERAL SOCIETY	Employer identification number (EIN) or 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. 450 BEDFORD STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEXINGTON, MA 02420	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DANIEL P. PEREZ

• The books are in the care of ▶ **450 BEDFORD STREET - LEXINGTON, MA 02420**
Telephone No. ▶ **(781) 301-6060** 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2013** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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