**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Α	For the	2022 calendar year, or tax year beginning and	ending	-	
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	FSHD SOCIETY			
	Name change			52-17627	47
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
L	Final return/ termin		1073	(781) 30	
	ated Ameno return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,774,376.
F	return Applic tion			H(a) Is this a group re	
	Ition pendir	SAME AS C ABOVE		for subordinates <b>H(b)</b> Are all subordinates in	
$\overline{}$	Tayloya	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	1 ` ´	list. See instructions
	Websit	THE PARTE AND A CATEGORY OF A	01 021	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: DC
	art I	Summary	L Tour	01101111aa011, == = =   14	- Ciato or logal dollilollo, = 0
	T	Briefly describe the organization's mission or most significant activities: INCR	EASE A	WARENESS,	
Governance		UNDERSTANDING OF AND CONDUCT RESEARCH ON	FACIO	SCAPULOHUME	RAL
rna	2	Check this box if the organization discontinued its operations or disposit	sed of more	than 25% of its net as	ssets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	16
প্ৰ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	16
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a) $$			17
Ĭξ		Total number of volunteers (estimate if necessary)			863
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0.
		0		Prior Year 4,546,323.	Current Year 2,930,776.
ne		Contributions and grants (Part VIII, line 1h)		172,014.	304,466.
Revenue		Program service revenue (Part VIII, line 2g)		421,183.	133,904.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		348,700.	139,774.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,488,220.	3,508,920.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,315,936.	1,062,750.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,637,073.	2,016,652.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
cbe	b	Total fundraising expenses (Part IX, column (D), line 25) 429, 0	78.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		662,314.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,615,323.	4,712,959.
		Revenue less expenses. Subtract line 18 from line 12		872,897.	-1,204,039.
SOF	3		Ве	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		7,638,819.	6,079,315.
et	21	Total liabilities (Part X, line 26)		1,286,409.	1,400,698.
		Net assets or fund balances. Subtract line 21 from line 20		6,352,410.	4,678,617.
_	art II	Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedule	o and atatam	anta and to the heat of m	/ knowledge and balisf it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			y Kilowieuge allu bellet, it is
uu	, 001100	t, and complete. Declaration of preparer (other than officer) is based on an information of w	πιστι μισμαισι	nas any knowicage.	
Sig	ın	Signature of officer		Date	
He		MARK A. STONE, CEO & PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	SANDRA M. BROWN, CPA SANDRA M. BROWN	, CPA	3/30/23 if self-employe	P00296843
Pre	parer	Firm's name SMITH, SULLIVAN & BROWN, P.C.		Firm's EIN 4	3-1985162
Use	Only	Firm's address 80 FLANDERS ROAD - SUITE #200			
		WESTBOROUGH, MA 01581		Phone no. (5	
Ма	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No
232	001 12-1	3-22 I HA For Paperwork Reduction Act Notice see the separate instructi	ions		Form <b>990</b> (2022)

Pai	Check if School us O contains a reasonable or part to any line in this Dout III
1	Check if Schedule O contains a response or note to any line in this Part III
'	Briefly describe the organization's mission:  INCREASE AWARENESS, UNDERSTANDING OF AND CONDUCT RESEARCH ON
	FACIOSCAPULOHUMERAL MUSCULAR DYSTROPHY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 2,577,765. including grants of \$ 1,062,750. ) (Revenue \$ 150,508.)
	RESEARCH
	THE SOCIETY SEEKS TO ACCELERATE RESEARCH TO EXPEDITE TREATMENTS AND A
	CURE FOR FSHD MUSCULAR DYSTROPHY. ORGANIZING AND FUNDING RESEARCH INTO
	THE CAUSES OF FSHD, AND, ULTIMATELY DEVELOPING TREATMENTS AND A CURE,
	IS THE SOCIETY'S CORE MISSION.
	4.550.004
4b	(Code:) (Expenses \$ 1,350,881. including grants of \$) (Revenue \$)
	PATIENT ADVOCACY AND EDUCATION
	THE SOCIETY SEEKS TO ENLARGE, ENGAGE, & EMPOWER AN ACTIVE GLOBAL
	COMMUNITY. THE FSHD SOCIETY'S PATIENT ADVOCACY AND EDUCATION PROGRAMS
	DIRECTLY BENEFIT PATIENTS AND THEIR FAMILIES BY CONNECTING FSHD
	MUSCULAR DYSTROPHY PATIENTS AND FAMILIES TO HEALTHCARE PROVIDERS,
	RESEARCH INSTITUTIONS, AND SUPPORT GROUPS, PROVIDING HIGH-QUALITY
	EDUCATIONAL MATERIALS, ORGANIZING EDUCATIONAL MEETINGS AND CONFERENCES,
	AND CREATING OPPORTUNITIES AND SUPPORT FOR ADVOCACY AND RAISING PUBLIC
	AWARENESS.
4c	(Code:) (Expenses \$
	<del></del>
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 3,928,646. Form <b>990</b> (2022)
	Form <b>990</b> (2022)

## 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)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		X
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		╁┈
	Schedule D, Part III	8		Х
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?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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? If "Yes," complete Schedule D, Part VII	11b		x
С	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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? If "Yes," complete Schedule F, Parts II and IV	15	Х	
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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ء ا		v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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Form 990 (2022)

FSHD SOCIETY

D 11/	Checklist of Required Schedules (continued)
Dart IV	I I TOOCKIICT OF WOOHINGO SCHOOLIIGE (continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Da:	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms were included of line 1a. Enter 10-11 not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	10		
	(gambling) winnings to prize winners?	1c		

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Form **990** (2022)

Form 990 (2022) FSHD SOCIETY

| Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			37	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	_		v
	to file Form 8282?	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file.				- 22
g	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/11		
0	sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Didd		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4-		Х
	excess parachute payment(s) during the year?		15		Λ
16	If "Yes," see the instructions and file Form 4720, Schedule N.	t in come?	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	LINCOME?	16		Λ
17	If "Yes," complete Form 4720, Schedule O.	tivitios			
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		.,		
	n 100, Obimpioto i Onni Oddo.				

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Form **990** (2022)

52-1762747 FSHD SOCIETY Form 990 (2022)

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion 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 on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16								
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?	2	Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		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?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7.7					
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37						
	The governing body?	8a	X						
	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v					
<del></del>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
40			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a	Λ						
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406	Х						
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.	па	21						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120							
·	on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	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?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process on 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?	16a		Х					
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?	16b							
Sec	tion 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website X Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	ıd finaı	ncial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	LISA SCHIMMEL - (781) 301-6060								
	75 NORTH MAIN STREET, 1073, RANDOLPH, MA 02368	_	000	(2022)					
00000	SEE SUBBLIEF OF BUILD LIEST OF STATES	Lorm	uuil	こういりりへ					

Form 990 (2022) FSHD SOCIETY 52-1762747 Page 7

# 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	•			tion	cor	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	(do		Posi heck		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week	_	JCI all	u a u	ii ccic	)/ ii us	100)	from	from related	other
	(list any hours for	or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	3e or 0	stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	ımpeı		1099-NEC)	,	and related
	below	Individual trustee	Institutional trustee	er	Key employee	est co loyee	ıer	,		organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Forn			
(1) MARK STONE	40.00									
CEO & PRESIDENT				Х				223,921.	0.	49,003.
(2) JAMSHID ARJOMAND	40.00								_	
CHIEF SCIENCE OFFICER					Х			197,520.	0.	19,717.
(3) LEIGH REYNOLDS	40.00								_	
DIR OF RESEARCH & PATIENT						Х		114,232.	0.	30,953.
(4) LISA SCHIMMEL	40.00							116 100		00 050
CFO	4.0.00			Х				116,490.	0.	23,958.
(5) KENNETH ALEXANDER KAHTAVA	40.00					l		100 000	•	00 500
CHIEF BUSINESS OFFICER	40.00					Х		108,907.	0.	20,523.
(6) BETH JOHNSTON	40.00					l		100 500	•	
CHIEF COMMUNITY ENGAGEMENT	40.00					Х		122,500.	0.	5,655.
(7) JUNE KINOSHITA	40.00					l		100 000	•	4 504
SENIOR DIRECTOR OF RESEARCH AND EDUC	10 00					Х		103,000.	0.	4,794.
(8) JAMES A. CHIN, SR.	10.00	,,		77				0	0	0
CHAIRMAN	10 00	Х		Х				0.	0.	0.
(9) HOWARD L. CHABNER, J.D.	10.00	٠,,		37				0	0	0
VICE CHAIRMAN	10 00	Х		Х				0.	0.	0.
(10) CHRISTINE FORD	10.00			х				0.	0.	0
SECRETARY	10.00	Х		Λ				0.	0.	0.
(11) ELLEN K. HANNAN	10.00	х		х				0.	0.	0.
TREASURER	10.00	Δ		Δ				0.	0.	0.
(12) AMY Z. BEKIER BOARD MEMBER	10.00	Х						0.	0.	0.
(13) STUART LAI	1.00	^						0.	· ·	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) DAVID RUBIN	1.00							0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) WILLIAM R. LEWIS, III, M.D.	1.00									
BOARD MEMBER		х						0.	0.	0.
(16) MICHELLE HELEN MACKAY	1.00									
BOARD MEMBER		х						0.	0.	0.
(17) LEE FRANK KOLAKOWSKI, PH.D.	10.00									
BOARD MEMBER		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	stees Key Fm	nlov	666	an	d Hi	ahe	st C	Compensated Employe	es (continued)	95 -
(A)	(B)	 			C)	9110	<u> </u>	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer an	Pos heck ss pe	ition more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) LINDA LAURELLO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(19) GEORGE POLLOCK, JR. BOARD MEMBER	10.00	X						0.	0.	0.
(20) NEIL ANDREW SOLOMON, MD, FACP BOARD MEMBER	1.00	Х						0.	0.	0.
(21) CARDEN WYCKOFF FORMER BOARD MEMBER	1.00	х						0.	0.	0.
(22) MARIE MORRELL BOARD MEMBER	1.00	x						0.	0.	0.
(23) JACK GERBLICK BOARD MEMBER	1.00	х						0.	0.	0.
(24) BRUCE RYSKAMP BOARD MEMBER	1.00	x						0.	0.	0.
		-								
1b Subtotal								986,570.	0.	154,603.
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)								986,570.	0.	0. 154,603.
Total number of individuals (including but compensation from the organization.)										7

Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 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? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

### **Section B. Independent Contractors**

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.

the organization. Report compensation for the calendar year ending with or with	I conganization s tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
IQVIA, INC.	DATA MANAGEMENT AND	
100 IMS DRIVE, PARSIPPANY, NJ 07054	REGISTRY	320,000.
BIOGNOSYS AG	CONTRACT RESEARCH	
WAGISTRASSE 21, SCHLIEREN, SWITZERLAND 8952	ORGANIZATION	123,211.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

Form 990 (2022)

\$100,000 of compensation from the organization

Page 9

FSHD SOCIETY 52-1762747 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 12,828 1 a Federated campaigns 1a **b** Membership dues 1b 739,414. c Fundraising events ..... 1c d Related organizations ..... 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,178,534 similar amounts not included above 1f 32,687 g Noncash contributions included in lines 1a-1f 2,930,776. h Total. Add lines 1a-1f **Business Code** 900099 207,607. 2 a CORPORATE SPONSORSHIPS 207,607. Program Service Revenue b PATIENT MEETING REGIST 900099 37,708. 37,708. c RESEARCH MEETING REGIS 900099 37,151. 37,151. CORPORATE PARTNERSHIPS 900099 22,000. 22,000. All other program service revenue 304,466. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 98,205 98,205. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of  $_{7a}$  202,574. assets other than inventory b Less: cost or other basis 7b 166,875 Other Revenue and sales expenses 35,699. c Gain or (loss) 35,699. 35,699. d Net gain or (loss) 8 a Gross income from fundraising events (not 739,414. of including \$ contributions reported on line 1c). See 98,581 Part IV, line 18 98,581. **b** Less: direct expenses 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 139,274. 11 a RETURN OF GRANT FUNDS 900099 139,274. b OTHER INCOME 900099 500. 500.

12 232009 12-13-22

С

139,774

508,920.

443,740.

d All other revenue

e Total. Add lines 11a-11d ...

Total revenue. See instructions

# Form 990 (2022) FSHD SOCIETY 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).

Dο	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	412 000	412 000		
	and domestic governments. See Part IV, line 21	413,900.	413,900.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	648,850.	648,850.		
	individuals. See Part IV, lines 15 and 16	040,030.	040,030.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	630,609.	408,284.	167,740.	54,585
	trustees, and key employees	030,009.	400,204.	107,740.	34,303
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	1,061,369.	838,590.	68,961.	153,818
7	Other salaries and wages Pension plan accruals and contributions (include	±,00±,309•	0.50,590.	00,901.	133,010
8	section 401(k) and 403(b) employer contributions)				
Ω	Other employee benefits	194,987.	158,616.	8,263.	28,108
9 10		129,687.	95,697.	17,443.	16,547
11	Payroll taxes Fees for services (nonemployees):	125,007.	23,057.	11,1110	10,541
a		6,880.		6,880.	
b	Legal	16,000.		16,000.	
q	5 · · · · · · · · · · · · · · · · · · ·	10,000.		10,000.	
u e	Lobbying				
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch 0.)	209,545.	207,732.	1,063.	750
12	Advertising and promotion	15,302.	15,302.		
13	Office expenses	34,855.	26,804.	4,010.	4,041
14	Information technology	193,675.	162,798.	17,962.	12,915
15	Royalties				
16	Occupancy	10,831.	7,582.	1,733.	1,516
17	Travel	210,293.	193,236.	10,350.	6,707
18	Payments of travel or entertainment expenses	,	,	, , , , ,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	303,776.	303,776.		
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	8,912.		8,912.	
24	Other expenses. Itemize expenses not covered				
-	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	RESEARCH PROJECTS	345,292.	345,292.		
b	BANK SERVICE CHARGES AN	90,741.	30,828.	9,439.	50,474
С	PRINTING	88,095.	46,422.		41,673
d	FUNDRAISING EXPENSES	57,303.			57,303
е	*** **	42,057.	24,937.	16,479.	641
25	Total functional expenses. Add lines 1 through 24e	4,712,959.	3,928,646.	355,235.	429,078
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)				

52-1762747 Page **11** Form 990 (2022)
Part X Balance Sheet FSHD SOCIETY

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part	x		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	4,820,728.	2	3,650,917
	3	Pledges and grants receivable, net	293,686.	3	162,636
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director	,		
		trustee, key employee, creator or founder, substantial contributor, or 35	5%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	i		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(E	3)	6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
<	9	Prepaid expenses and deferred charges	123,679.	9	58,985
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities	2,246,249.	11	1,806,777
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	150,000.	13	150,000
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,477.	15	250,000
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,638,819.	16	6,079,315
	17	Accounts payable and accrued expenses	51,730.	17	72,281
	18	Grants payable	1,166,878.	18	1,256,408
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
n N	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35	5%		
Liabilities		controlled entity or family member of any of these persons		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			
		of Schedule D	67,801.		72,009
	26	Total liabilities. Add lines 17 through 25	1,286,409.	26	1,400,698
'n		Organizations that follow FASB ASC 958, check here			
<u> </u>		and complete lines 27, 28, 32, and 33.			
<u> </u>	27	Net assets without donor restrictions	3,975,882.	27	2,724,386
ŏ	28	Net assets with donor restrictions	2,376,528.	28	1,954,231
Ĭ		Organizations that do not follow FASB ASC 958, check here			
Ĺ		and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
S	32	Total net assets or fund balances	6,352,410.	32	4,678,617
	33	Total liabilities and net assets/fund balances		33	6,079,315

Form **990** (2022)

Form 990 (2022) FSHD SOCIETY 52-1762747 Page **12** 

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		3,50		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,71	<u>2,9</u>	<u>59.</u>
3	Revenue less expenses. Subtract line 2 from line 1		1,20		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,35	2,4	10.
5	Net unrealized gains (losses) on investments	5	-46	9,3	69.
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 on Schedule O)	9		-3	85.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,67	8,6	17.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	1
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	<u> </u>		Form	990	(2022)

### **SCHEDULE A**

(Form 990)

Total

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

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 52-1762747

				POCIFII				_	<u> </u>	1 1 1 0 2 1 4 1
Pa	rt I		Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	orga	niza	ation is not a private found	lation because it is: (	For lines 1 through 12, o	heck 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 <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		1	medical research organiz						th	ne hospital's name,
			ity, and state:	•	, ,			(		,
5		1	n organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	he	ed in
٠			section 170(b)(1)(A)(iv). (C		liege of difficulty evilled	и ог орога	tou by a g	overnmental and accord	50	, d III
6		1			aantal unit daaarihad in e	andian 17	70/6\/4\/A\	6.4		
6	v	1	federal, state, or local go	-						and the rate of all the
′	X		n organization that norma	-	ntial part of its support f	rom a gov	ernmentai	unit or from the general	ıρ	oublic described in
_		1	ection 170(b)(1)(A)(vi). (C	•						
8		1	community trust describe							
9		A	n agricultural research orç	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	C	ollege
		0	r university or a non-land-ç	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	је	or
		u	niversity:							
10		Α	n organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membership fees, a	เทต	d gross receipts from
		а	ctivities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of its support	t fr	rom gross investment
		in	ncome and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	ı a	fter June 30, 1975.
		S	ee <b>section 509(a)(2).</b> (Co	mplete Part III.)						
11		Α	n organization organized	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).		
12		A	n organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e r	purposes of one or
		m	nore publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section !	509(a)(2).	See <b>section 509(a)(3).</b> (	Ch	neck the box on
			nes 12a through 12d that	-						
а		Π	Type I. A supporting orga						vc	nivina
Ī			the supported organization	· · · · · · · · · · · · · · · · · · ·					-	
			organization. <b>You must o</b>			i majority v	or tric dire	ctors or trustees or the s	Ju	pporting
<b>L</b>			•			tion with it		ad arganization(a) by ba	<b>~</b> f	ina
b			Type II. A supporting org							-
			control or management o			ame perso	ons that co	ontroi or manage the sup	рþ	oortea
		_	organization(s). You mus						_	
С			Type III functionally inte	-				• •	ec	d with,
		_	its supported organizatio		•					
d			Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	iza	ation(s)
			that is not functionally int	egrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement and an attent	tiv	reness
		_	requirement (see instruct	•	-					
е	L		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	1	
			functionally integrated, or	r Type III non-functio	nally integrated support	ng organiz	zation.			
f	Ent	ter t	the number of supported o	organizations						
g	Pro	ovid	e the following information	about the supporte	ed organization(s).					
		(i) N	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary		(vi) Amount of other
			organization		above (see instructions))	Yes	No	support (see instructions)	s	support (see instructions)
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							1			

## 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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. 40 lines 7 through 10 28 Gross receipts from related activities, etc. (see instructions). 12 [1 1] Total support. Add lines 7 through 10 28 Gross receipts from related activities, etc. (see instructions). 15 [1 2 1, 33] 16 First 5 years. If the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)).								
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. 40 lines 7 through 10 28 Gross receipts from related activities, etc. (see instructions). 12 [1 1] Total support. Add lines 7 through 10 28 Gross receipts from related activities, etc. (see instructions). 15 [1 2 1, 33] 16 First 5 years. If the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)).	<b>)</b> Total							
include any "unusual grants.")  2 Tax revenues levide for the organization benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  8 Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royatlies, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. 4d lines 7 through 10  28 Gross receipts from related activities, etc. (see instructions)  12 Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 First 5 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  8 Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  10 Gross receipts from related activities, etc. (see instructions)  11 Total support. Add lines 7 through 10  28 Gross receipts from related activities, etc. (see instructions)  12 Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 First 5 years. If the Form 990 is for the organization of first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here								
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtact line 5 from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  28 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization, check this box and stop here  8 Cection C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  14 8 Bo								
ization'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	37068.							
ization'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								
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Into the remaining first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 8 80								
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Into the remaining first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 8 80								
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3								
the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support, Subtract line 5 from line 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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 VI.)  11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions)  12 I Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions)  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Total. Add lines 1 through 3 17 Total support Percentage 16 Public support Percentage 17 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  18 Gross receipts from related activities, etc. (see instructions)  10 Cherincome. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  18 Gross receipts from related activities, etc. (see instructions)  19 I Total support. Add lines 7 through 10  20 Gross receipts from related activities, etc. (see instructions)  10 Cherincome. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  19 I Total support. Add lines 7 through 10  20 Gross receipts from related activities, etc. (see instructions)  21 J 7, 33  22 J 7 J 7 J 4 5 4 6 3 2 3 2 9 3 0 7 7 6 1 7 0 1								
4 Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from similar sources  137,366.  93,131.  72,211.  122,027.  98,205.  52  Net income from the sale of capital assets (Explain in Part VI.)  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 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  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  17 Amounts from line 4  18 4546323.  2930776.170  25 (e) 2020  (d) 2021  (e) 2022  (g) 2021  (e) 2022  (g) 2021  (e) 2022  (g) 2021  (e) 2027  14 546323.  2930776.170  14 546323.  2930776.170  14 546323.  2930776.170  14 546323.  2930776.170  14 546323.  2930776.170  14 546323.  2930776.170  14 546323.  2930776.170  14 546323.  2930776.170  14 546323.  2930776.170  17 17 14 546323.  2930776.170  18 14 546323.  2930776.170  18 14 546323.  2930776.170  19 2022  (a) 2021  (b) 2020  (c) 2020  (d) 2021  (e) 2022  (e) 2022  (d) 2021  (e) 2022  (e) 2022  (d) 2021  (e) 2022  (d) 2021								
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) 25  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4 2344902 4942896 2272171 4546323 2930776 170  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 137,366 93,131 72,211 122,027 98,205 52  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 VI.) 28,396 8,454 527 348,700 139,774 52  11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 1,33  13 First 5 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  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 80	37068.							
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Callendar year (or fiscal year beginning in)  7 Amounts from line 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Net income from similar sources.  137,366.  93,131.  72,211.  122,027.  98,205.  52  137,366.  93,131.  72,211.  122,027.  98,205.  52  14 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 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								
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 25  6 Public support. Subtract line 5 from line 4. 145  Section B. Total Support  Calendar year (or fiscal year beginning in) 2344902. 4942896. 2272171. 4546323. 2930776. 170  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 137, 366. 93, 131. 72, 211. 122, 027. 98, 205. 52  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 VI.) 28, 396. 8, 454. 527. 348, 700. 139, 774. 52  11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 1, 33  15 First 5 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  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14								
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 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  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  14 Settion B. Total Support string in 145  14 Support Subtract line 5 from line 4.  15 Public support organization of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))								
on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 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  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  14 Section C. Computation of Public Support Percentage								
Column (f)   25   25   25   25   25   25   25   2								
Column (f)   25   25   25   25   25   25   25   2								
Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 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  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  14 5  14 5  14 5  14 5  15 2020  (d) 2021  (e) 2022  (d) 2021  (e) 2020  (d) 2021  (e) 2022  (d) 2021  (e) 2020  (d) 2021  (e) 2022  (d) 2020  (d) 2021  (e) 2020  (d) 2021  (e) 2022  (d) 2020  (d) 2021  (e) 2022  (d) 2020  (d) 2021  (e) 2022  (d) 2020  (d) 2021  (e) 2020  (d) 2021  (e) 2022  (in 2) 2020  (d) 2021  (e) 2022  (in 2) 2020  (d) 2021  (e) 2020  (d) 2021  (e) 2022  (in 2) 2021  (in 3) 203  (in 4) 345  (in 4) 345	13597.							
Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization is 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  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (line 6, column (f), divided by line 11, column (f))  (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (line 6, column (f), divided by line 11, column (f))	23471.							
7 Amounts from line 4 2344902 4942896 2272171 4546323 2930776 170 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 137,366 93,131 72,211 122,027 98,205 52  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 VI.) 28,396 8,454 527 348,700 139,774 52  11 Total support. Add lines 7 through 10 28,396 8,454 527 348,700 139,774 52  12 1,33  13 First 5 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  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 80								
7 Amounts from line 4 2344902 4942896 2272171 4546323 2930776 170 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 137,366 93,131 72,211 122,027 98,205 52  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 VI.) 28,396 8,454 527 348,700 139,774 52  11 Total support. Add lines 7 through 10 28,396 8,454 527 348,700 139,774 52  12 1,33  13 First 5 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  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 80	) Total							
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 137,366. 93,131. 72,211. 122,027. 98,205. 52  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 VI.)	37068.							
dividends, payments received on securities loans, rents, royalties, and income from similar sources 137,366. 93,131. 72,211. 122,027. 98,205. 52  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 VI.) 28,396. 8,454. 527. 348,700. 139,774. 52  11 Total support. Add lines 7 through 10 180  12 Gross receipts from related activities, etc. (see instructions) 12 1,33  13 First 5 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  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 80								
securities loans, rents, royalties, and income from similar sources								
and income from similar sources 137,366 · 93,131 · 72,211 · 122,027 · 98,205 · 52  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 VI.) 28,396 · 8,454 · 527 · 348,700 · 139,774 · 52  11 Total support. Add lines 7 through 10								
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 VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 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  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  10 Other income from unrelated on  28 , 396 . 8 , 454 . 527 . 348 , 700 . 139 , 774 . 52  28 , 396 . 8 , 454 . 527 . 348 , 700 . 139 , 774 . 52  18	2,940.							
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 VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 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  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  28 , 396 . 8 , 454 . 527 . 348 , 700 . 139 , 774 . 52  18 0 1 2 1 , 33								
business is regularly carried on								
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 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  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  18								
or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 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  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  18 O								
assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 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  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  13								
11 Total support. Add lines 7 through 10	5,851.							
12 Gross receipts from related activities, etc. (see instructions)  13 First 5 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  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	85859.							
13 First 5 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  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  18 80	1,883.							
organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  14 80								
Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 80								
45 D.II	.30 %							
15 Public support percentage from 2021 Schedule A, Part II, line 14	.12 %							
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
stop here. The organization qualifies as a publicly supported organization								
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
and stop here. The organization qualifies as a publicly supported organization								
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or mo	e,							
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% of	r							
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the								
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<u></u>							

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , ,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u> </u>					
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	<u> </u>					
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to			1			
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	,			
	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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 VI.)	<del> </del>			1		
	Total support. (Add lines 9, 10c, 11, and 12.)			<u>l</u>		<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
<u></u>	check this box and stop here						<u></u>
	ction C. Computation of Publ					Liel	
	Public support percentage for 2022 (I					15	%
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	Investment income percentage for 20					17	04
						18	%
	Investment income percentage from 2 a 33 1/3% support tests - 2022. If the						17 is not
196	more than 33 1/3%, check this box a						
L	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's o	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup	ported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee inst	ructions)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	detions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	itv (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	., (	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			-110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022

FSHD SOCIETY

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
c	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in <b>Part VI</b> ):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
_3_	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
_6_	Multiply line 5 by 0.035.	6						
_7_	Recoveries of prior-year distributions	7						
_8_	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
_4	Enter greater of line 2 or line 3.	4						
_5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting org	anization (see				
	instructions).							

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	, a d)	
	on D - Distributions	(a)(o) capporting orga	COMINE	jea)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mnt nurnoses		1	Quitent Teal
	Amounts paid to supported organizations to accomplish exemples and to perform activity that directly furthers exemple to the supported organizations to accomplish exemples and the supported organizations are supported organizations and the supported organizations are supported organizations and the supported organizations are supported organizations.	• • •			
_	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose				
4	Amounts paid to acquire exempt-use assets	cs of supported organization	3	3	
5	Qualified set-aside amounts (prior IRS approval required - pro	vide details in Part VI)		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	ovide details in I dit Vij		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	<u> </u>		
Ü	(provide details in Part VI). See instructions.	ne organization is responsive	•	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	•	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				

Schedule A (Form 990) 2022

d Excess from 2021e Excess from 2022

52-1762747 Page 8 FSHD SOCIETY Schedule A (Form 990) 2022 Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
STIMULUS/COVID CREDITS
2021 AMOUNT: \$ 313,636.
RETURN OF GRANT FUNDS
2018 AMOUNT: \$ 27,805.
2019 AMOUNT: \$ 7,779.
2021 AMOUNT: \$ 34,640.
2022 AMOUNT: \$ 139,274.
OTHER INCOME
2018 AMOUNT: \$ 591.
2019 AMOUNT: \$ 675.
2020 AMOUNT: \$ 527.
2021 AMOUNT: \$ 424.
2022 AMOUNT: \$ 500.

2022.03020 FSHD SOCIETY

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

FSHD SOCIETY

Employer identification number 52-1762747

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds o	r Accounts. Complete if the
	organization answered Tes on Form 330, Factiv, iii	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year		1	• •
2	Aggregate value of contributions to (during year)		0.	
3	Aggregate value of grants from (during year)		0.	
4	Aggregate value at end of year	1,'	743,768.	
5	Did the organization inform all donors and donor advisors in v		ld in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?		X Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for ar	y other purpose cor	
_	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, Part	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	` ' <del>' '</del>	ı	
	Preservation of land for public use (for example, recrea	ition or education)	1	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	ution in the form of a	a conservation easement on the last  Held at the End of the Tax Year
	day of the tax year.			
a	Total number of conservation easements			
D	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic str Number of conservation easements included in (c) acquired a			20
u	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			
Ü	year	icasca, extinguismea, or	commutated by the or	gariization during the tax
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		ion, handling of	
	violations, and enforcement of the conservation easements if			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) above			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		· ·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	financial statements	s that describes the
Pai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections or	f Δrt Historical Tre	asures or Othe	er Similar Assets
. u	Complete if the organization answered "Yes" on Form		acarco, or our	or ommar 7,000to.
	If the organization elected, as permitted under FASB ASC 95		enue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for put	•		
	service, provide in Part XIII the text of the footnote to its finar	•		
b	If the organization elected, as permitted under FASB ASC 95			ance sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	,		•
	(i) Revenue included on Form 990, Part VIII, line 1			<b>\$</b>
2	If the organization received or held works of art, historical treatments			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			

232051 09-01-22

Schedule D (Form 990) 2022

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

Pai	t III Organizations Maintaining Co	ollections of A	rt, Hist	torical Tı	reasures, o	or Othe	r Simil	ar Asse	t <b>s</b> (contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	ls, checl	k any of the	e following tha	at make si	gnificant	use of its	;		
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	change progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's coll	lections and explain	n how th	ney further t	the organizati	on's exer	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit or	· ·		-	_						
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Pai	t IV Escrow and Custodial Arrang								line 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contributio	ns or other as	sets not	included				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
	, 1		3						Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on For								Yes	$\Box$	No
	If "Yes," explain the arrangement in Part XIII. 0						•			一	140
Pai											
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears b	ack
10	Beginning of year balance	(a) carrerry car	(~):	,	(2)	,	, <b>,</b>			106,2	
									<u> </u>	100,2	
	Contributions									-4,0	0.45
C	Net investment earnings, gains, and losses				+					-4,0	743.
	Grants or scholarships										
е	Other expenditures for facilities									100 1	1.0.6
	and programs								2,	102,1	1/6.
f	Administrative expenses				-						
g	End of year balance										
2	Provide the estimated percentage of the curre		e (line 1	g, column (	(a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment%	Ò									
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	ation tha	at are held a	and administe	ered for th	ne		_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organizati										
4	Describe in Part XIII the intended uses of the o										
Pai	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990	), Part I\	/, line 11a.	See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) Ac	cumulate	ed	(d) Book	value	
		basis (investr			(other)		reciation		(-,		
	Land	<del> </del> ` ` `	,		. ,	- T-					
	Buildings										
	Leasehold improvements							-+			
								-+			
	Equipment							$\overline{}$			
	Other		V colur	nn (P) line	100)			_			0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 FSHD SOCIET	Υ	52	-1762747 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on 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	d-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"	on 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	d-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"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	174. 000 1 0111 000, 1 are x, iii 0 10.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	0.15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 000 Port IV line :	110 or 11f Coo Form 000 Part V line 25	
(a) Description of lightlift.	On Form 990, Fart IV, line	THE OF THE SEE FORM 990, Part A, line 23	(b) Book value
			(b) book value
(1) Federal income taxes	C A M T O NI		
(2) LONG-TERM DEFERRED COMPEN	SATION		72 000
(3) LIABILITY			72,009.
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2022

72,009.

Par	<b>† XI</b> Reconciliation of Revenue per Audited Financial	Statements With	Revenue per R	eturr	l <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part I				
1	Total revenue, gains, and other support per audited financial statements	s		1	3,422,342
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	460 260		
а	Net unrealized gains (losses) on investments		-469,369.		
b	Donated services and use of facilities		382,791.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			06 570
е	Add lines 2a through 2d			2e	-86,578
3	Subtract line 2e from line 1			3	3,508,920
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	-			0
	Add lines 4a and 4b			4c	3,508,920
5 <b>D</b> 21	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financia	e 12.)	h Evnoncoc nor	5 Dotu	3,300,940.
Pai			n Expenses per	Retu	m.
	Complete if the organization answered "Yes" on Form 990, Part I				5,096,135
1	Total expenses and losses per audited financial statements			1	3,090,133
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما	382,791.		
a	Donated services and use of facilities		302,731.		
b	Prior year adjustments				
C	Other losses		385.		
d	Other (Describe in Part XIII.)				383,176
e	Add lines 2a through 2d			2e	4,712,959
3	Subtract line 2e from line 1			3	4,112,555
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	· · · · · · · · · · · · · · · · · · ·		4c	0.
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, li.			5	4,712,959
	rt XIII Supplemental Information.	<i>IIIC 10.)</i>			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi			4; Part	X, line 2; Part XI,
	RT XII, LINE 2D - OTHER ADJUSTMENTS:  D DEBT EXPENSE				385
	, , , , , , , , , , , , , , , , , , , ,				303.

### SCHEDULE F (Form 990)

## **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.

2022 Open to Bublio

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization					Employer identi	fication number
FSHD SOCIETY					52-17627	47
	rmation on A	ctivities Ou	tside the United States. Comple	ete if the orgar		
Form 990, Part I\	/, line 14b.		·			
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other		
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? X	Yes No
	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance ou	tside the
United States.						
(a) Region	(b) Number of		an be duplicated if additional space is (d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) negion	offices	emplovees.	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to		specific type	for and
		contractors in the region	recipients located in the region)	of service	(s) in the region	investments in the region
EUROPE (INCLUDING		an and region				
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,						
AUSTRIA, BELGIUM			GRANTS	N/A		443,150.
MIDDLE EAST AND						
NORTH AFRICA			GRANTS	N/A		118,700.
GOLIEU AMERICA				h. / 3		07.000
SOUTH AMERICA			GRANTS	N/A		87,000.
3 a Subtotal	0	(				648,850.
<b>b</b> Total from continuation						
sheets to Part I	0	(				0.
c Totals (add lines 3a						
and 3h)	I n	l (				648 850

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 

Schedule F (Form 990) 2022

FSHD SOCIETY

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>(b)</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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING	INHIBITION OF THE					
		ICELAND &	DOWNSTREAM					
		GREENLAND) -	CONSEQUENCES OF DUX4					
		ALBANIA, ANDORRA,	EXPRESSION IN MUSCLES	68,000.	WIRE TRANSFER	0.	N/A	
		EUROPE (INCLUDING	DUX4-INDUCIBLE					
		ICELAND &	MYOFIBRES TO STUDYAND					
		GREENLAND) -	TREAT FSHD MUSCLE					
		ALBANIA, ANDORRA,	АТКОРНУ	94,377.	WIRE TRANSFER	0.	N/A	
			SURVEY OF					
			TRANSCRIPTION					
		MIDDLE EAST AND	REGULATORS THAT					
		NORTH AFRICA	DIRECTLY BIND TO DUX4	118,700.	WIRE TRANSFER	0.	N/A	
		EUROPE (INCLUDING		,				
		ICELAND &	MOLECULAR STUDIES OF					
		GREENLAND) -	DUX4/MATR3 COMPLEX: A					
		ALBANIA, ANDORRA,	THERAPY AGAINST FSHD	112,500.	WIRE TRANSFER	0.	N/A	
			COREGULATORY ROLE OF					
			DUX4 ON THE HUMAN					
			ESTROGEN NUCLEAR					
		SOUTH AMERICA	RECEPTORS,	87,000.	WIRE TRANSFER	0.	N/A	
		EUROPE (INCLUDING	IMMUNOPATHOGENESIS OF					
		ICELAND &	FACIOSCAPULOHUMERAL					
		GREENLAND) -	MUSCULAR DYSTROPHY					
		ALBANIA, ANDORRA,	(FSHD)	168,273.	WIRE TRANSFER	0.	N/A	

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

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

# Schedule F (Form 990) 2022 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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990)	Yes	X 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	X 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	X 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	X 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

# 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. See instructions.

PART I, LINE 2:
THE SOCIETY MAKES RESEARCH GRANTS TO ELIGIBLE APPLICANTS AFTER REQUESTS
FOR RESEARCH FUNDING HAVE BEEN REVIEWED AND APPROVED BY THE SOCIETY'S
SCIENTIFIC ADVISORY BOARD (SAB) AND, THEREAFTER, APPROVED BY THE
SOCIETY'S BOARD OF DIRECTORS. THE SOCIETY ALSO PROVIDES OTHER ASSISTANCE
TO RESEARCHERS AND TO PATIENTS PARTICIPATING IN RESEARCH, AND PROVIDES
FUNDS FOR RESEARCH BIOMATERIALS. GRANTEES ARE REQUIRED TO SUBMIT
PERIODIC PROGRESS REPORTS, WHICH ARE REVIEWED BY THE SAB AND THE
SOCIETY'S SENIOR EXECUTIVES. WITH REGARD TO ASSISTANCE OTHER THAN
RESEARCH GRANTS, THE RECIPIENT OF THE ASSISTANCE IS REQUIRED TO SUBMIT
PERIODIC PROGRESS REPORTS OR OTHER WRITTEN DETAIL ABOUT THE USE OF THE
FUNDS, AS DETERMINED BY THE SAB, BOARD OF DIRECTORS AND SENIOR
EXECUTIVES.

## **SCHEDULE G** (Form 990)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Name of the organization	G.T. T.						ntification number
FSHD SO						52-1762	
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> </ul>	ered "Y	'es" oı	n Form 990, Part IV,	line 1	7. Form 990-EZ	I filers are not
Indicate whether the organization rais	sed funds through any of the following solicitates of Solicitates of Solicitates of Special solicitates or oral agreement with any individual solicitates of Special Speci	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.			utions	s or has been notified	d it is	exempt from re	egistration

Schedule G (Form 990) 2022

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990,F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	FEZ, IIIIES I AND 6D. LIST	events with gross receip	ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			PEER TO PEER	OTHER	NONE	(add col. (a) through
			EVENTS	SPECIAL EVEN		1
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
eve	1	Gross receipts	768,895.	69,100.		837,995.
Œ						
	2	Less: Contributions	698,073.	41,341.		739,414.
	3	Gross income (line 1 minus line 2)	70,822.	27,759.		98,581.
	4	Cash prizes		1,250.		1,250.
	5	Noncash prizes	13,483.	605.		14,088.
Direct Expenses						
oeu	6	Rent/facility costs	8,295.	750.		9,045.
Ä						1
ect	7	Food and beverages	10,016.	7,872.		17,888.
ā				2 500		4 000
	8	Entertainment	730.	3,500.		4,230.
	9	Other direct expenses	38,298.	13,782.		52,080.
		Direct expense summary. Add lines 4 through				98,581.
Da		Net income summary. Subtract line 10 from li				0.
Pa	ırt I	<del></del>	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Ι	(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				3 1 3 3		
æ	١,	Gross revenue				
	Ė	GIOSS Teveride				
	9	Cash prizes				
ses	-	Cuon prizes				
Direct Expenses	3	Noncash prizes				
ñ						
<u>5</u>	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	☐ No	☐ No	☐ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
40.	141	and any of the agreement and a second at the second	nuclead asserted to the	orminatod desire - 4 4	vaar?	V <sub>22</sub>
		ere any of the organization's gaming licenses re			year?	Yes No
O	ı II "	Yes," explain:				

232082 10-27-22 Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 FSHD SOCIETY 52	-1/02	/4/	Page 3
11 Does the organization conduct 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 conducted in:			
a The organization's facility	13a		%
<b>b</b> An outside facility			%
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>b</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>b</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 \$	ıe		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	l Part III. lir	nes 9.	9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	,,

Schedule G (Form 990) FSHD SOCIETY	52-1762747 Page 4
Schedule G (Form 990) FSHD SOCIETY  Part IV Supplemental Information (continued)	

15460330 807818 FSH2747

### SCHEDULE I (Form 990)

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization
FSHD SOCIETY

Part I General Information on Grants and Assistance

Employer identification number 52-1762747

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?

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							THE FIBRO-ADIPOGENIC
JOHNS HOPKINS UNIVERSITY							PROGENITORS, THE
3910 KESWICK ROAD N4327-B							EXOSOMES, AND THE FSHD
BALTIMORE, MD 21211	52-0595110	501(C)(3)	143,000.	0.	FMV	N/A	MYOPATHY
UNIVERSITY OF MINNESOTA 2221 UNIVERSITY AVE SE, SUITE 100						1	INTERROGATION OF MDUX EXPRESSION IN MUSCLE IN
MINNEAPOLIS, MN 55414	41-6007513	501(C)(3)	83,500.	0.	FMV	N/A	MICE
ST. LOUIS UNIVERSITY 3700 WEST PINE MALL, 3RD FLOOR FUST	4					1	MOLECULAR MECHANISMS OF P38-DEPENDENT AND -INDEPENDENT DUX4
ST. LOUIS, MO 63108	43-0654872	501(C)(3)	67,100.	0.	FMV	N/A	ACTIVATION DURING
UNIVERSITY OF KANSAS MEDICAL CENTER - 4330 SHAWNEE MISSION PARKWAY, SUITE 323 - FAIRWAY, KS							CLINICAL TRIALS RESEARCH NETWORK (CTRN) FOR FACIOSCAPULOHUMERAL
66205	48-1108830	501(C)(3)	120,000.	0.	FMV	N/A	MUSCULAR DYSTROPHY (FSHD)

2 Er	iter total numbe	r of sectior	า 501(c)(3)	and govern	ment organizati	ons listed ir	າ the line 1	I table
------	------------------	--------------	-------------	------------	-----------------	---------------	--------------	---------

<sup>4.</sup> 

<sup>3</sup> Enter total number of other organizations listed in the line 1 table

232102 10-31-22

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance					
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ne 2; Part III, column	(b); and any other a	dditional information.						
PART I, LINE 2:										
THE SOCIETY MAKES RESEARCH GRANTS TO ELIGIBLE APPLICANTS AFTER REQUESTS FOR										
RESEARCH FUNDING HAVE BEEN REVIEWE	D AND AP	PROVED BY	THE SOCIET	Y'S						
SCIENTIFIC ADVISORY BOARD (SAB) AND, THEREAFTER, APPROVED BY THE SOCIETY'S										
BOARD OF DIRECTORS. THE SOCIETY ALSO PROVIDES OTHER ASSISTANCE TO										
RESEARCHERS AND TO PATIENTS PARTIC	PATING	IN RESEARC	H, AND PRO	VIDES FUNDS						
FOR RESEARCH BIOMATERIALS. GRANTE	ES ARE R	EQUIRED TO	SUBMIT PE	RIODIC						
PROGRESS REPORTS, WHICH ARE REVIEWED BY THE SAB AND THE SOCIETY'S SENIOR										
EXECUTIVES. WITH REGARD TO ASSISTANCE OTHER THAN RESEARCH GRANTS, THE										

Part IV   Supplemental Information
RECIPIENT OF THE ASSISTANCE IS REQUIRED TO SUBMIT PERIODIC PROGRESS REPORTS
OR OTHER WRITTEN DETAIL ABOUT THE USE OF THE FUNDS, AS DETERMINED BY THE
SAB, BOARD OF DIRECTORS AND SENIOR EXECUTIVES.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: ST. LOUIS UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: MOLECULAR MECHANISMS OF
P38-DEPENDENT AND -INDEPENDENT DUX4 ACTIVATION DURING MYOGENESIS

## SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

FSHD SOCIETY

Employer identification number 52-1762747

Pa	art 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 on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account  Personal services (such as 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	<b>1</b> b						
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 on line 1a?	2						
3	Indicate which, if any, of the following the 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.							
	Compensation committee							
	Independent compensation consultant  Z Compensation survey or study							
	X Form 990 of other organizations X Approval by the board or compensation committee							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:			Х				
a	Receive a severance payment or change-of-control payment?	4a 4b		X				
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?							
С	c Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.							
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5								
•	contingent on the revenues of:							
а	The organization?	5a		Х				
b	Any related organization?							
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the net earnings of:							
а	The organization?	6a		Х				
b	Any related organization?	6b		Х				
	If "Yes" on line 6a or 6b, describe in Part III.							
7	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
	not described on lines 5 and 6? If "Yes," describe in Part III							
8	8 Were any amounts reported on 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		Х				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9		1				

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

Schedule J (Form 990) 2022

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 on 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 aren't 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.

	(B) Breakdown of W	J-2 and/or 1099-MISe compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			
(1) MARK STONE	(i)	223,921.	0.	0.	29,620.	19,383.		0.
CEO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMSHID ARJOMAND	(i)	197,520.	0.	0.	7,920.	11,797.		
CHIEF SCIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Schedule J (Form 990) 2022

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

FSHD SOCIETY

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

52-1762747

Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	s	
1	Art - Works of art			-					
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	4	32,687.	FMV				
10	Securities - Closely held stock			,					
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ( )								
28	Other ( )								
29	Number of Forms 8283 received by the organiz	ation durin	g the tax year for o	contributions					
	for which the organization completed Form 828	3, Part V, D	Oonee Acknowledg	jement 29					
							Yes	No	
30a	During the year, did the organization receive by	contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it				
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for								
	exempt purposes for the entire holding period?					30a		Х	
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?					32a		Х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2022

FSH27471

# SCHEDULE O (Form 990)

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 Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

FSHD SOCIETY

Employer identification number 52-1762747

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

MUSCULAR DYSTROPHY.

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

BOARD MEMBERS JAMES CHIN AND CHRISTINE FORD ARE BROTHER-IN-LAW AND SISTER-IN-LAW.

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

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

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

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 MEETING. 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:

FSHD 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

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** FSHD SOCIETY 52-1762747 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 FOR THE UPCOMING YEAR'S ANNUAL INCENTIVE PLAN. 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 FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST, AVAILABLE ON ORGANIZATION'S WEBSITE AND THROUGH GUIDESTAR WEBSITE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: BAD DEBT EXPENSE -385.