

# Return of Organization Exempt From Income Tax

## 2024

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the **2024** calendar year, or tax year beginning **06-01**, 2024, and ending **05-31**, 2025

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **FRIENDS OF FSH RESEARCH**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**217 19TH PLACE**  
 City or town, state or province, country, and ZIP or foreign postal code  
**KIRKLAND, WA 98033**

**D** Employer identification number  
**86-1108537**

**E** Telephone number  
**(425) 827-8954**

**F** Name and address of principal officer: **TERESA COLELLA**  
**SAME AS C ABOVE**

**G** Gross receipts  
 \$ **1,012,106**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions  
**H(c)** Group exemption number \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.FSHFRIENDS.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2004** **M** State of legal domicile: **WA**

### Part I Summary

|   |   |   |                                |
|---|---|---|--------------------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>FRIENDS OF FSH RESEARCH A 501C3 ORGANIZATION IS WORKING TO IMPACT THE LIVES OF THOSE AFFECTED BY FSH MUSCULAR DYSTROPHY BY FINANCIALLY SUPPORTING FSHD RESEARCH</b> |   |                                |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |   |                                |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                                    | <b>11</b>                      |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                                    | <b>8</b>                       |
|   | <b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)   | <b>5</b>                                    | <b>0</b>                       |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                                    | <b>50</b>                      |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                                   | <b>0</b>                       |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 | <b>7b</b>   | <b>0</b>                                    |                                |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b><br>923,248                | <b>Current Year</b><br>888,568 |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   |   | 0                              |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 25,769                                      | 30,580                         |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | (79,674)                                    | (55,198)                       |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>869,343</b>                              | <b>863,950</b>                 |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 594,177                                     | 1,296,506                      |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |   | 0                              |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |   | 0                              |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  |   | 0                              |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)  |   | <b>14,664</b>                  |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 16,825                                      | 20,773                         |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>611,002</b>                              | <b>1,317,279</b>               |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                  | <b>258,341</b>  | <b>(453,329)</b>                            |                                |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br>903,709 | <b>End of Year</b><br>450,477  |
|   | <b>21</b> Total liabilities (Part X, line 26)   |   | 97                             |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <b>903,709</b>                              | <b>450,380</b>                 |

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

**TERESA COLELLA**  
Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

**TERESA COLELLA, PRESIDENT**  
Type or print name and title

**Paid Preparer Use Only**

Preparer's name: **Justin Dagna CPA** Preparer's signature: **Justin Dagna CPA** Date: \_\_\_\_\_ Check  if self-employed PTIN: **P00612140**

Firm's name: **Full Potential Accounting** Firm's EIN: \_\_\_\_\_  
 Firm's address: **PO Box 12241** Phone no.: **206-774-9192**  
**MILL CREEK WA 98082**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
FRIENDS OF FSH RESEARCH A 501C3 ORGANIZATION IS WORKING TO IMPACT THE LIVES OF THOSE AFFECTED BY FSH MUSCULAR DYSTROPHY BY FINANCIALLY SUPPORTING FSHD RESEARCH

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

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

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

**4a** (Code: \_\_\_\_\_) (Expenses \$ 1,292,506 including grants of \$ 1,292,506) (Revenue \$ \_\_\_\_\_)  
FOR COMPLETE AND UP-TO-DATE INFORMATION, ON MULTIPLE ONGOING LINES OF RESEARCH, PLEASE REFER TO WWW.FSHFRIENDS.ORG AND THE ATTACHED PDF DOCUMENT.

**4b** (Code: \_\_\_\_\_) (Expenses \$ 5,036 including grants of \$ 4,000) (Revenue \$ \_\_\_\_\_)  
PUBLIC EDUCATION AND AWARENESS

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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

**4e** Total program service expenses 1,297,542

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

| 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  | 0  |  |   |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .   | 2b  |    |  |   |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | 3a  |    |  | X |
| b  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. . . . .   | 3b  |    |  |   |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .     | 4a  |    |  | X |
| b  | If "Yes," enter the name of the foreign country _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (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 transaction? . . . . .   | 5b  |    |  | X |
| c  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .  | 5c  |    |  |   |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .  | 6a  |    |  | X |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | 6b  |    |  |   |
| 7  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |  |   |
| a  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .  | 7a  | X  |  |   |
| b  | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  | 7b  | X  |  |   |
| c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   | 7c  |    |  | X |
| d  | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .  | 7d  |    |  |   |
| e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  | 7e  |    |  | X |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   | 7f  |    |  | X |
| g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   | 7g  | X  |  |   |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   | 7h  | X  |  |   |
| 8  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   | 8   |    |  | X |
| 9  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |  |   |
| a  | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   | 9a  |    |  | X |
| b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  | 9b  |    |  | X |
| 10   | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |  |   |
| a  | 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   | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |  |   |
| a  | 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  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |  |   |
| a  | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | 13a |    |  |   |
| b  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .  | 13b |    |  |   |
| c  | Enter the amount of reserves on hand . . . . .   | 13c |    |  |   |
| 14a  | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   | 14a |    |  | X |
| b  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .  | 14b |    |  |   |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .<br>If "Yes," see the instructions and file Form 4720, Schedule N.                   | 15  |    |  | X |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .<br>If "Yes," complete Form 4720, Schedule O.   | 16  |    |  | X |
| 17   | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .<br>If "Yes," complete Form 6069. | 17  |    |  |   |

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]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include 1a (11), 1b (8), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Washington
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) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] 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, and financial 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. RICHARD COLELLA (425) 827-8954, 217 19TH PLACE, KIRKLAND, WA 98033

**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 nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                    | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) LYNN FISCHER<br>BOARD MEMBER         | 6.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (2) RICHARD COLELLA<br>TREASURER         | 12.00   | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (3) AMANDA RICKARD<br>BOARD MEMBER       | 3.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (4) CHRIS HAVEN<br>BOARD MEMBER          | 3.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (5) KARL VOSS<br>BOARD MEMBER            | 1.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (6) PREMI HAYNES<br>BOARD MEMBER         | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (7) ELIZABETH JAS<br>BOARD MEMBER        | 1.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (8) ERIK SVENSON<br>BOARD MEMBER         | 1.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (9) TERESA COLELLA<br>PRESIDENT          | 12.00   | X   |                       | X       |              |                              | 0      | 0   | 0  |   |
| (10) BRADLEY H BAGSHAW<br>VICE PRESIDENT | 2.00  | X   |                       | X       |              |                              | 0      | 0   | 0  |   |
| (11) GEORGE SHAW<br>SECRETARY            | 10.00   | X   |                       | X       |              |                              | 0      | 0   | 0  |   |
| (12)                                     |   |   |                       |         |              |                              |        |   |  |   |
| (13)                                     |   |   |                       |         |              |                              |        |   |  |   |
| (14)                                     |   |   |                       |         |              |                              |        |   |  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (15) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (16) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (17) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (18) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (19) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (20) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (21) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (22) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (23) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (24) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (25) -----   |   |   |                       |         |              |                              |        |   |  |   |
| <b>1b Subtotal</b> . . . . .   |   |   |                       |         |              |                              |        |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |   |   |                       |         |              |                              |        |   |  |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |   |   |                       |         |              |                              | 0      | 0   | 0  |   |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|  |  |   | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|--|--|---|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts  | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>   |                      |  |                                      |   |  |
|  | <b>b</b> Membership dues . . . . .   | <b>1b</b>   |                      |  |                                      |   |  |
|  | <b>c</b> Fundraising events . . . . .  | <b>1c</b>   | 781,764              |  |                                      |   |  |
|  | <b>d</b> Related organizations . . . . .   | <b>1d</b>   |                      |  |                                      |   |  |
|  | <b>e</b> Government grants (contributions) . .   | <b>1e</b>   |                      |  |                                      |   |  |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above         | <b>1f</b>   | 106,804              |  |                                      |   |  |
|  | <b>g</b> Noncash contributions included in<br>lines 1a-1f . . . . .                                | <b>1g</b>   | \$ 61,648            |  |                                      |   |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .  |   | 888,568              |  |                                      |   |  |
| Program Service<br>Revenue   |  |   | Business Code        |  |                                      |   |  |
|  | <b>2a</b> _____  |   |                      |  |                                      |   |  |
|  | <b>b</b> _____   |   |                      |  |                                      |   |  |
|  | <b>c</b> _____   |   |                      |  |                                      |   |  |
|  | <b>d</b> _____   |   |                      |  |                                      |   |  |
|  | <b>e</b> _____   |   |                      |  |                                      |   |  |
|  | <b>f</b> All other program service revenue . . . . .   |   |                      |  |                                      |   |  |
| <b>g Total.</b> Add lines 2a-2f . . . . .  |  |   |                      |  |                                      |   |  |
| Other Revenue  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . . |   | 30,580               |  |                                      | 30,580  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .                              |   |                      |  |                                      |   |  |
|  | <b>5</b> Royalties . . . . .   |   |                      |  |                                      |   |  |
|  | <b>6a</b> Gross rents . . . . .  | <b>6a</b>   | (i) Real             |  |                                      |   |  |
|  |  |   | (ii) Personal        |  |                                      |   |  |
|  |  |   |                      |  |                                      |   |  |
|  |  |   |                      |  |                                      |   |  |
|  | <b>b</b> Less: rental expenses . . . . .   | <b>6b</b>   |                      |  |                                      |   |  |
|  | <b>c</b> Rental income or (loss)   | <b>6c</b>   |                      |  |                                      |   |  |
|  | <b>d</b> Net rental income or (loss) . . . . .   |   |                      |  |                                      |   |  |
|  | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory . . . . .                   | <b>7a</b>   | (i) Securities       |  |                                      |   |  |
|  |  |   | (ii) Other           |  |                                      |   |  |
|  |  |   |                      |  |                                      |   |  |
|  |  |   |                      |  |                                      |   |  |
|  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . .                                 | <b>7b</b>   |                      |  |                                      |   |  |
| <b>c</b> Gain or (loss) . . . . .  | <b>7c</b>  |   |                      |  |                                      |   |  |
| <b>d</b> Net gain or (loss) . . . . .  |  |   |                      |  |                                      |   |  |
| <b>8a</b> Gross income from fundraising<br>events (not including \$ <u>781,764</u><br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | <b>8a</b>  |   | 86,047               |  |                                      |   |  |
|  |  | <b>b</b> Less: direct expenses . . . . .                        | <b>8b</b>            | 145,817                                      |                                      |   |  |
|  |  | <b>c</b> Net income or (loss) from fundraising events . . . . . |                      | (59,770)                                     |                                      | (59,770)  |  |
| <b>9a</b> Gross income from gaming<br>activities. See Part IV, line 19 . . . . .   | <b>9a</b>  |   |                      |  |                                      |   |  |
|  |  | <b>b</b> Less: direct expenses . . . . .                        | <b>9b</b>            |  |                                      |   |  |
|  |  | <b>c</b> Net income or (loss) from gaming activities . . . . .  |                      |  |                                      |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .  | <b>10a</b>   |   | 6,911                |  |                                      |   |  |
|  |  | <b>b</b> Less: cost of goods sold . . . . .                     | <b>10b</b>           | 2,339  |                                      |   |  |
|  |  | <b>c</b> Net income or (loss) from sales of inventory . . . . . |                      | 4,572  |                                      | 4,572   |  |
| Miscellaneous<br>Revenue   |  |   | Business Code        |  |                                      |   |  |
|  | <b>11a</b> _____   |   |                      |  |                                      |   |  |
|  | <b>b</b> _____   |   |                      |  |                                      |   |  |
|  | <b>c</b> _____   |   |                      |  |                                      |   |  |
|  | <b>d</b> All other revenue . . . . .   |   |                      |  |                                      |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .  |  |   |                      |  |                                      |   |  |
| <b>12 Total revenue.</b> See instructions . . . . .  |  |   | 863,950              | 0  | 0                                    | (24,618)  |  |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .   | 899,201               | 899,201                         |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 4,000                 | 4,000                           |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   | 393,305               | 393,305                         |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   |                       |                                 |  |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .   |                       |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits . . . . .  |                       |                                 |  |                             |
| <b>10</b> Payroll taxes . . . . .   |                       |                                 |  |                             |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   |                       |                                 |  |                             |
| <b>b</b> Legal . . . . .  |                       |                                 |  |                             |
| <b>c</b> Accounting . . . . .   | 1,530                 |                                 | 1,530                                  |                             |
| <b>d</b> Lobbying . . . . .   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17. . . . .   |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .  |                       |                                 |  |                             |
| <b>12</b> Advertising and promotion . . . . .   | 1,036                 | 1,036                           |  |                             |
| <b>13</b> Office expenses . . . . .   | 469                   |                                 | 469                                    |                             |
| <b>14</b> Information technology . . . . .  | 2,037                 |                                 | 2,037                                  |                             |
| <b>15</b> Royalties . . . . .   |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .   |                       |                                 |  |                             |
| <b>17</b> Travel . . . . .  |                       |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 38                    |                                 | 38                                     |                             |
| <b>20</b> Interest . . . . .  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   |                       |                                 |  |                             |
| <b>23</b> Insurance . . . . .   |                       |                                 |  |                             |
| <b>24</b> 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 O.)   |                       |                                 |  |                             |
| <b>a</b> <b>MERCHANT SERVICE AND BANK</b>   | 14,664                |                                 |  | 14,664                      |
| <b>b</b> <b>LICENSES AND PERMITS</b>  | 999                   |                                 | 999                                    |                             |
| <b>c</b> _____  |                       |                                 |  |                             |
| <b>d</b> _____  |                       |                                 |  |                             |
| <b>e</b> All other expenses _____   |                       |                                 |  |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e. . . . .  | 1,317,279             | 1,297,542                       | 5,073                                  | 14,664                      |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing   | 43,124                   | 1          | 879                |
|   | <b>2</b> Savings and temporary cash investments  | 847,076                  | 2          | 433,174            |
|   | <b>3</b> Pledges and grants receivable, net  |                          | 3          |                    |
|   | <b>4</b> Accounts receivable, net  |                          | 4          |                    |
|   | <b>5</b> Loans and other receivables from 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 |                          | 5          |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                          | 6          |                    |
|   | <b>7</b> Notes and loans receivable, net   |                          | 7          |                    |
|   | <b>8</b> Inventories for sale or use   | 3,138                    | 8          | 2,824              |
|   | <b>9</b> Prepaid expenses and deferred charges   | 10,371                   | 9          | 13,600             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b>               |            |                    |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b>               | <b>10c</b> |                    |
|   | <b>11</b> Investments - publicly traded securities   |                          | 11         |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11   |                          | 12         |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11  |                          | 13         |                    |
|   | <b>14</b> Intangible assets  |                          | 14         |                    |
|   | <b>15</b> Other assets. See Part IV, line 11   |                          | 15         |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)   | 903,709  | 16                       | 450,477    |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  |                          | 17         |                    |
|   | <b>18</b> Grants payable   |                          | 18         |                    |
|   | <b>19</b> Deferred revenue   |                          | 19         |                    |
|   | <b>20</b> Tax-exempt bond liabilities  |                          | 20         |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | 21         |                    |
|   | <b>22</b> Loans and other 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     |                          | 22         |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   |                          | 23         |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   |                          | 24         | 97                 |
| <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D |  | 25                       |            |                    |
| <b>26 Total liabilities.</b> Add lines 17 through 25  |  | 0                        | 26         | 97                 |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>   |                          |            |                    |
|   | <b>27</b> Net assets without donor restrictions  |                          | 27         |                    |
|   | <b>28</b> Net assets with donor restrictions   |                          | 28         |                    |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>  |                          |            |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds   |                          | 29         |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | 30         |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   | 903,709                  | 31         | 450,380            |
|   | <b>32</b> Total net assets or fund balances  | 903,709                  | 32         | 450,380            |
| <b>33</b> Total liabilities and net assets/fund balances  | 903,709  | 33                       | 450,477    |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |           |
|-----------|--|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 863,950   |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 1,317,279 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | (453,329) |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 903,709   |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |           |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |           |
| <b>7</b>  | Investment expenses  | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 450,380   |

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

|  |   |
|--|---|
| <b>Name of the organization</b><br>FRIENDS OF FSH RESEARCH | <b>Employer identification number</b><br>86-1108537 |
|--|---|

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions)) | (iv) Is the organization<br>listed in your governing<br>document? |    | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 528,005  | 502,254  | 771,031  | 923,908  | 888,569  | 3,613,767 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  | 528,005  | 502,254  | 771,031  | 923,908  | 888,569  | 3,613,767 |
| <b>5</b> 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) . . . . . |          |          |          |          |          | 862,095   |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 2,751,672 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 . . . . .   | 528,005  | 502,254  | 771,031  | 923,908  | 888,569  | 3,613,767 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   | 3,342    | 1,976    | 14,822   | 25,769   | 30,580   | 76,489    |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 3,690,256 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | 12       |           |
| <b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .  | <b>14</b> | 74.57 % |
| <b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | 64.69 % |
| <b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>  |           |         |
| <b>b 33 1/3% support test - 2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>  |           |         |
| <b>17a 10%-facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>    |           |         |
| <b>b 10%-facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |           |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>  |           |         |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year                     |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   |          |          |          |          |          |           |
| <b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . .   | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .   | <b>18</b> | % |
| <b>19a 33 1/3% support tests - 2024.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>                   |           |   |
| <b>b 33 1/3% support tests - 2023.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . <input type="checkbox"/>   |           |   |

**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**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>   |     |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
| c   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>   |     |    |
| 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)? <i>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.</i>  |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| b   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| c   | <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 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)? <i>If "Yes," answer line 10b below.</i>   |     |    |
| b   | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  |     |    |

**Part IV Supporting Organizations (continued)**

|  | Yes        | No |
|--|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |            |    |
| <b>a</b> 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? | <b>11a</b> |    |
| <b>b</b> A family member of a person described on line 11a above?  | <b>11b</b> |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | <b>1</b> |    |
| <b>2</b> 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? <i>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.</i>   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> 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? | <b>1</b> |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   | <b>2</b> |    |
| <b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |           |  |
|---|-----------|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |           |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |           |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |           |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |           |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i> | <b>2a</b> |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>  | <b>2b</b> |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |           |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>  | <b>3a</b> |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b> |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 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.

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year<br>(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                                       | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                                |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year<br>(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                                       | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                                |
| e                                       | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |                |                                |
| 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                                |
| <b>Section C - Distributable Amount</b> |  |                | 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6              |                                |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                                |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2024 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2024</b> | <b>(iii)<br/>Distributable<br/>Amount for 2024</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2024 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2024   |                                     |   |  |
| <b>a</b> From 2019 . . . . .   |                                     |   |  |
| <b>b</b> From 2020 . . . . .   |                                     |   |  |
| <b>c</b> From 2021 . . . . .   |                                     |   |  |
| <b>d</b> From 2022 . . . . .   |                                     |   |  |
| <b>e</b> From 2023 . . . . .   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2024 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2019 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2024 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2024 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2020 . . . .  |                                     |   |  |
| <b>b</b> Excess from 2021 . . . .  |                                     |   |  |
| <b>c</b> Excess from 2022 . . . .  |                                     |   |  |
| <b>d</b> Excess from 2023 . . . .  |                                     |   |  |
| <b>e</b> Excess from 2024 . . . .  |                                     |   |  |



**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

|  |   |
|--|---|
| Name of the organization<br><b>FRIENDS OF FSH RESEARCH</b> | Employer identification number<br><b>86-1108537</b> |
|--|---|

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ
  - 501(c)( 3 ) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
  - 527 political organization
- Form 990-PF
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

|  |   |
|--|---|
| Name of organization<br><b>FRIENDS OF FSH RESEARCH</b> | Employer identification number<br><b>86-1108537</b> |
|--|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | COSTCO WHOLESALE<br><br>999 LAKE DR STE 200<br><br>ISSAQUAH, WA 98027-5367               | \$ 78,858                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small> |
| 2          | GEORGE SHAW AND LYNN FISCHER<br><br>16206 NE 143RD ST<br><br>WOODINVILLE, WA 98077       | \$ 59,885                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small> |
| 3          | RICK AND TERRY COLELLA<br><br>217 19TH PLACE<br><br>FEDERAL WAY, WA 98003-4903           | \$ 78,732                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small> |
| 4          | KENNY NOAH SOUTHEAST INDUSTRIAL LLC<br><br>800 W MORRIS BLVD<br><br>MORRISTOWN, TN 37813 | \$ 30,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small>            |
| 5          | BRAD AND SALLY BAGSHAW<br><br>1107 1ST AVE 2003<br><br>SEATTLE, WA 98101                 | \$ 40,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small>            |
| 6          | MICHAEL WHITMAN CHARITABLE TRUST<br><br>PO BOX 66916<br><br>SAINT LOUIS, MO 63166        | \$ 44,647                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small>            |

|  |   |
|--|---|
| Name of organization<br><b>FRIENDS OF FSH RESEARCH</b> | Employer identification number<br><b>86-1108537</b> |
|--|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 7          | ROBINSON CONSTRUCTION<br><br>8060 NE WALKER RD<br><br>SEATTLE, WA 98101          | \$ 47,610                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.) |
| 8          | NOVAK CONSTRUCTION / GARY NOVAK<br><br>3432 N DRAKE AVE<br><br>CHICAGO, IL 60618 | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.) |
| 9          | WENONAH SHAW<br><br>6404 WARREN ST<br><br>ANACORTES, WA 98221                    | \$ 40,553                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.) |
| _____      | _____<br><br>_____<br><br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><b>FRIENDS OF FSH RESEARCH</b> | Employer identification number<br><b>86-1108537</b> |
|--|---|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given                       | (c) FMV (or estimate)<br><small>(See instructions.)</small> | (d) Date received |
|---------------------|---|---|-------------------|
| 1                   | COSMETICS, WINE,<br>KITCHENWARE                                 | \$ 3,858  | 05-31-2025        |
| 2                   | WINE  | \$ 3,239  | 05-31-2025        |
| 3                   | HOTEL STAY, ART,<br>RESTAURANT GC,<br>HOUSEWARES, WINE, ALCOHOL | \$ 8,445  | 05-31-2025        |
|                     |   | \$  |                   |
|                     |   | \$  |                   |
|                     |   | \$  |                   |
|                     |   | \$  |                   |

|  |   |
|--|---|
| Name of organization<br><b>FRIENDS OF FSH RESEARCH</b> | Employer identification number<br><b>86-1108537</b> |
|--|---|

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

**SCHEDULE F  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

86-1108537

**FRIENDS OF FSH RESEARCH**

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

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1)   |                                     |  |  |  |  |
| (2)   |                                     |  |  |  |  |
| (3)   |                                     |  |  |  |  |
| (4)   |                                     |  |  |  |  |
| (5)   |                                     |  |  |  |  |
| (6)   |                                     |  |  |  |  |
| (7)   |                                     |  |  |  |  |
| (8)   |                                     |  |  |  |  |
| (9)   |                                     |  |  |  |  |
| (10)  |                                     |  |  |  |  |
| (11)  |                                     |  |  |  |  |
| (12)  |                                     |  |  |  |  |
| (13)  |                                     |  |  |  |  |
| (14)  |                                     |  |  |  |  |
| (15)  |                                     |  |  |  |  |
| (16)  |                                     |  |  |  |  |
| (17)  |                                     |  |  |  |  |
| <b>3a</b> Subtotal . . . . .                                |                                     |  |  |  |  |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |  |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       |                                     |  |  |  |  |

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

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                               | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|--|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)  |                          |  | EUROPE (INCLUDING ICELAND AND GREENLAND) | RESEARCH STUDIES     | 36,463                   | WIRE TRANSFER                   |                                  |                                       |   |
| (2)  |                          |  | EUROPE (INCLUDING ICELAND AND GREENLAND) | RESEARCH STUDIES     | 124,000                  | WIRE TRANSFER                   |                                  |                                       |   |
| (3)  |                          |  | EUROPE (INCLUDING ICELAND AND GREENLAND) | RESEARCH STUDIES     | 4,840                    | WIRE TRANSFER                   |                                  |                                       |   |
| (4)  |                          |  | EUROPE (INCLUDING ICELAND AND GREENLAND) | RESEARCH STUDIES     | 98,402                   | WIRE TRANSFER                   |                                  |                                       |   |
| (5)  |                          |  | EUROPE (INCLUDING ICELAND AND GREENLAND) | RESEARCH STUDIES     | 129,600                  | WIRE TRANSFER                   |                                  |                                       |   |
| (6)  |                          |  |  |                      |                          |                                 |                                  |                                       |   |
| (7)  |                          |  |  |                      |                          |                                 |                                  |                                       |   |
| (8)  |                          |  |  |                      |                          |                                 |                                  |                                       |   |
| (9)  |                          |  |  |                      |                          |                                 |                                  |                                       |   |
| (10) |                          |  |  |                      |                          |                                 |                                  |                                       |   |
| (11) |                          |  |  |                      |                          |                                 |                                  |                                       |   |
| (12) |                          |  |  |                      |                          |                                 |                                  |                                       |   |
| (13) |                          |  |  |                      |                          |                                 |                                  |                                       |   |
| (14) |                          |  |  |                      |                          |                                 |                                  |                                       |   |
| (15) |                          |  |  |                      |                          |                                 |                                  |                                       |   |
| (16) |                          |  |  |                      |                          |                                 |                                  |                                       |   |

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 . . . . .

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)                             |            |                          |                          |                                 |                                  |                                       |   |
| (2)                             |            |                          |                          |                                 |                                  |                                       |   |
| (3)                             |            |                          |                          |                                 |                                  |                                       |   |
| (4)                             |            |                          |                          |                                 |                                  |                                       |   |
| (5)                             |            |                          |                          |                                 |                                  |                                       |   |
| (6)                             |            |                          |                          |                                 |                                  |                                       |   |
| (7)                             |            |                          |                          |                                 |                                  |                                       |   |
| (8)                             |            |                          |                          |                                 |                                  |                                       |   |
| (9)                             |            |                          |                          |                                 |                                  |                                       |   |
| (10)                            |            |                          |                          |                                 |                                  |                                       |   |
| (11)                            |            |                          |                          |                                 |                                  |                                       |   |
| (12)                            |            |                          |                          |                                 |                                  |                                       |   |
| (13)                            |            |                          |                          |                                 |                                  |                                       |   |
| (14)                            |            |                          |                          |                                 |                                  |                                       |   |
| (15)                            |            |                          |                          |                                 |                                  |                                       |   |
| (16)                            |            |                          |                          |                                 |                                  |                                       |   |
| (17)                            |            |                          |                          |                                 |                                  |                                       |   |
| (18)                            |            |                          |                          |                                 |                                  |                                       |   |

**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 the Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No





**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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |   | (a) Event #1                        | (b) Event #2 | (c) Other events              | (d) Total events                |
|--|---|-------------------------------------|--------------|-------------------------------|---------------------------------|
|  |   | <b>AUCTION DINN</b><br>(event type) | (event type) | <b>NONE</b><br>(total number) | (add col. (a) through col. (c)) |
| Revenue  | <b>1</b> Gross receipts . . . . .   | 86,047                              |              |                               | 86,047                          |
|  | <b>2</b> Less: Contributions . . . . .  | 720,116                             |              |                               | 720,116                         |
|  | <b>3</b> Gross income (line 1 minus line 2) . . . . .                           | (634,069)                           |              |                               | (634,069)                       |
| Direct Expenses  | <b>4</b> Cash prizes . . . . .  |                                     |              |                               |                                 |
|  | <b>5</b> Noncash prizes . . . . .   | 62,902                              |              |                               | 62,902                          |
|  | <b>6</b> Rent/facility costs . . . . .  | 53,209                              |              |                               | 53,209                          |
|  | <b>7</b> Food and beverages . . . . .   |                                     |              |                               |                                 |
|  | <b>8</b> Entertainment . . . . .  | 22,766                              |              |                               | 22,766                          |
|  | <b>9</b> Other direct expenses . . . . .  | 6,940                               |              |                               | 6,940                           |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . |                                     |              |                               | 145,817                         |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . |   |                                     |              | (779,886)                     |                                 |

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

|   |  | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c)) |
|---|--|---|---|---|--|
|   |  |   |   |   |  |
| Revenue   | <b>1</b> Gross revenue . . . . .         |   |   |   |  |
| Direct Expenses   | <b>2</b> Cash prizes . . . . .           |   |   |   |  |
|   | <b>3</b> Noncash prizes . . . . .        |   |   |   |  |
|   | <b>4</b> Rent/facility costs . . . . .   |   |   |   |  |
|   | <b>5</b> Other direct expenses . . . . . |   |   |   |  |
|   | <b>6</b> Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |  |   |   |   |  |
| <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |  |   |   |   |  |

- 9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_
- a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No
- b** If "No," explain: \_\_\_\_\_
- \_\_\_\_\_
- 10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No
- b** If "Yes," explain: \_\_\_\_\_
- \_\_\_\_\_

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public  
Inspection**

Name of the organization: **FRIENDS OF FSH RESEARCH** Employer identification number: **86-1108537**

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to 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 |
|------|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1)  | TALUS BIOSCIENCE                                   |         |                                 | 15,400                   |                                  |   |                                       | RESEARCH STUDIES                   |
| (2)  | RESEARCH INST AT NATIONWIDE                        | CHILDR  |                                 | 108,013                  |                                  |   |                                       | RESEARCH STUDIES                   |
| (3)  | UNIVERSITY OF WASHINGTON                           |         |                                 | 44,973                   |                                  |   |                                       | RESEARCH STUDIES                   |
| (4)  | UW WELLSTONE FUND                                  |         |                                 | 28,174                   |                                  |   |                                       | RESEARCH STUDIES                   |
| (5)  | SPRINGBOK ANALYTICS                                |         |                                 | 20,000                   |                                  |   |                                       | RESEARCH STUDIES                   |
| (6)  | UNIVERSITY OF COLORADO                             |         |                                 | 45,267                   |                                  |   |                                       | RESEARCH STUDIES                   |
| (7)  | HISTONE THERAPEUTICS                               |         |                                 | 76,224                   |                                  |   |                                       | RESEARCH STUDIES                   |
| (8)  | HISTONE THERAPEUTICS                               |         |                                 | 5,841                    |                                  |   |                                       | RESEARCH STUDIES                   |
| (9)  | UNIVERSITY OF WASHINGTON                           |         |                                 | 44,973                   |                                  |   |                                       | RESEARCH STUDIES                   |
| (10) | UNIVERSITY OF NEVADA                               |         |                                 | 99,670                   |                                  |   |                                       | RESEARCH STUDIES                   |

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

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public  
Inspection**

Name of the organization

FRIENDS OF FSH RESEARCH

Employer identification number

86-1108537

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to 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 |
|------|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1)  | TALUS BIOSCIENCE                                   |         |                                 | 75,000                   |                                  |   |                                       | RESEARCH STUDIES                   |
| (2)  | FRED HUTCHINSON CANCER RESEARCH                    |         |                                 | 164,000                  |                                  |   |                                       | RESEARCH STUDIES                   |
| (3)  | HISTONE THERAPEUTICS                               |         |                                 | 129,600                  |                                  |   |                                       | RESEARCH STUDIES                   |
| (4)  | FSHD SOCIETY                                       |         |                                 | 4,000                    |                                  |   |                                       | RESEARCH STUDIES                   |
| (5)  | FRED HUTCHINSON CANCER RESEARCH                    |         |                                 | 87,935                   |                                  |   |                                       | RESEARCH STUDIES                   |
| (6)  |  |         |                                 |                          |                                  |   |                                       |                                    |
| (7)  |  |         |                                 |                          |                                  |   |                                       |                                    |
| (8)  |  |         |                                 |                          |                                  |   |                                       |                                    |
| (9)  |  |         |                                 |                          |                                  |   |                                       |                                    |
| (10) |  |         |                                 |                          |                                  |   |                                       |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . \_\_\_\_\_
- 3 Enter total number of other organizations listed in the line 1 table . . . . . \_\_\_\_\_



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

|  |   |
|--|---|
| Name of the organization<br><b>FRIENDS OF FSH RESEARCH</b> | Employer identification number<br><b>86-1108537</b> |
|--|---|

**Part I Types of Property**

|  | (a)<br>Check if applicable          | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|-------------------------------------|---|--|---|
| 1 Art - Works of art . . . . .   | <input checked="" type="checkbox"/> | 38  | 7,805  | STATED VALUE  |
| 2 Art - Historical treasures . . . . .                                 |                                     |   |  |   |
| 3 Art - Fractional interests . . . . .                                 |                                     |   |  |   |
| 4 Books and publications . . . . .                                     |                                     |   |  |   |
| 5 Clothing and household goods . . . . .                               | <input checked="" type="checkbox"/> |   | 13,665   | STATED VALUE  |
| 6 Cars and other vehicles . . . . .                                    |                                     |   |  |   |
| 7 Boats and planes . . . . .   |                                     |   |  |   |
| 8 Intellectual property . . . . .                                      |                                     |   |  |   |
| 9 Securities - Publicly traded . . . . .                               |                                     |   |  |   |
| 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 . . . . .  | <input checked="" type="checkbox"/> | 67  | 14,765   | STATED VALUE  |
| 20 Drugs and medical supplies . . . . .                                |                                     |   |  |   |
| 21 Taxidermy . . . . .   |                                     |   |  |   |
| 22 Historical artifacts . . . . .                                      |                                     |   |  |   |
| 23 Scientific specimens . . . . .                                      |                                     |   |  |   |
| 24 Archeological artifacts . . . . .                                   |                                     |   |  |   |
| 25 Other ( <b>ENTERTAINMENT</b> ) . . . . .                            | <input checked="" type="checkbox"/> | 13  | 5,203  | STATED VALUE  |
| 26 Other ( <b>TRAVEL</b> ) . . . . .                                   | <input checked="" type="checkbox"/> | 11  | 15,200   | STATED VALUE  |
| 27 Other ( <b>GIFT CARDS</b> ) . . . . .                               | <input checked="" type="checkbox"/> | 5   | 2,625  | FACE VALUE  |
| 28 Other ( ) . . . . .   |                                     |   |  |   |

|  |    |
|--|----|
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . | 29 |
|--|----|

|   | Yes | No                                  |
|---|-----|-------------------------------------|
| 30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 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? . . . . . |     | <input checked="" type="checkbox"/> |
| 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? . . . . .   |     | <input checked="" type="checkbox"/> |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  |     | <input checked="" type="checkbox"/> |
| b If "Yes," describe in Part II.  |     |                                     |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |                                     |

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**FRIENDS OF FSH RESEARCH**

Employer identification number

**86-1108537**

**01. Officer, directors, etc. family relationship (Part VI, line 2)**

TERRY COLELLA AND RICHARD COLELLA ARE RELATED BY MARRIAGE.

BILL AND JUDY HERZBERG ARE RELATED BY MARRIAGE.

GEORGE SHAW AND LYNN FISCHER ARE RELATED BY MARRIAGE.

LYNN COLELLA, PETE COLELLA AND RICK COLELLA ARE SIBLINGS.

BRIAN COLELLA IS A CHILD OF TERRY AND RICK COLELLA

DIANA SHAW AND GEROGE SHAW ARE SIBLINGS.

**02. Form 990 governing body review (Part VI, line 11)**

FORM 990 IS SUBMITTED TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE FINAL SUBMISSION.

**03. Conflict of interest policy compliance (Part VI, line 12c)**

THE CONFLICT OF INTEREST POLICY IS PROVIDED TO BOARD MEMBERS OR OTHER PERSONNEL WHO MUST  
REVIEW AND SIGN IT, AND THEY ARE EXPECTED TO REPORT WHEN A POTENTIAL CONFLICT ARISES.

**04. Governing documents, etc, available to public (Part VI, line 19)**

ANY GOVERNING DOCUMENT MAY BE MADE AVAILABLE UPON REQUEST. SOME ADDITIONAL DOCUMENTS ARE  
ALSO MADE AVAILABLE THROUGH THE ORGANIZATION'S WEB SITE.

**Form 990  
Worksheet**

**Schedule A, Line 5 - Excess 2% Limitation Contributors**

(This page is not filed with the return. It is for your records only.)

**2024**

Name(s) as shown on return

**FRIENDS OF FSH RESEARCH**

Tax ID Number

**86-1108537**

2% of the amount on Schedule A, Part II, line 11, column (f) . . . . . 73,805

| Name                                | (a)<br>2020 | (b)<br>2021 | (c)<br>2022 | (d)<br>2023 | (e)<br>2024 | (f)<br>Total | (g)<br>Excess contributions<br>(col. (f) minus<br>the 2% limitation) |
|-------------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|--|
| COSTCO WHOLESALE                    | 75,000      | 75,000      | 75,000      | 88,411      | 78,858      | 392,269      | 318,464  |
| GEORGE SHAW AND LYNN FISCHER        | 41,343      | 40,323      | 30,776      | 57,893      | 59,885      | 230,220      | 156,415  |
| RICK AND TERRY COLELLA              | 38,534      | 23,304      | 28,346      | 33,613      | 78,732      | 202,529      | 128,724  |
| FSHD CANADA                         | 24,980      | 40,772      |             |             |             | 65,752       |  |
| PATRICIA ATKINSON                   | 20,512      |             |             |             |             | 20,512       |  |
| ANDERSON FOUNDATION                 | 20,000      |             | 50,000      | 25,000      |             | 95,000       | 21,195   |
| KENNY NOAH SOUTHEAST INDUSTRIAL LLC | 20,000      | 15,000      | 30,000      | 21,565      | 30,000      | 116,565      | 42,760   |
| JULIE AND KARL VOSS                 | 19,501      | 11,020      | 6,342       | 7,075       | 9,299       | 53,237       |  |
| ART AND KRISTEN REECK               | 16,000      | 10,000      |             | 15,000      |             | 41,000       |  |
| BRAD AND SALLY BAGSHAW              | 15,056      | 15,000      | 20,000      | 20,000      | 40,000      | 110,056      | 36,251   |
| MARILYN BURKE                       | 15,000      |             |             | 20,000      |             | 35,000       |  |
| SHEILA MOORE                        | 11,500      | 9,276       | 11,671      | 14,009      | 13,834      | 60,290       |  |
| BILL AND JUDY HERZBERG              | 11,163      | 10,000      | 10,212      | 12,967      | 13,225      | 57,567       |  |
| CHRIS CARRINO FOUNDATION FOR FSHD   |             | 42,821      |             | 70,936      |             | 113,757      | 39,952   |
| MICHAEL WHITMAN CHARITABLE TRUST    |             | 40,772      | 36,760      | 42,007      | 44,647      | 164,186      | 90,381   |
| RON AND EVA-MARIA SHER              |             | 10,000      | 10,080      |             |             | 20,080       |  |
| FULCRUM THERAPEUTICS                |             | 10,000      | 10,000      |             |             | 20,000       |  |
| SEATTLE FOUNDATION                  |             | 8,290       |             |             |             | 8,290        |  |
| DIANA AND DANIEL ATTIAS             |             | 14,314      | 10,475      | 10,125      | 10,150      | 45,064       |  |
| MARY KOSTKA                         |             | 6,280       | 6,280       |             |             | 12,560       |  |
| BOEING MATCHING GIFTS PROGRAM       |             | 7,554       | 1,651       | 3,423       | 250         | 12,878       |  |
| DOCUSIGN MATCHING GIFTS             |             | 9,208       | 4,000       |             | 1,750       | 14,958       |  |
| ANDY & LORI GLASS                   |             | 6,070       | 10,549      | 5,399       | 17,741      | 39,759       |  |
| PAUL & STEPHANIE FOX                |             | 9,400       |             |             |             | 9,400        |  |
| ERIC & MARY HORVITZ                 |             | 6,950       |             |             |             | 6,950        |  |
| PEAK CONSTRUCTION GROUP             |             |             | 25,113      | 21,565      | 15,000      | 61,678       |  |
| ROBINSON CONSTRUCTION               |             |             | 23,795      | 30,353      | 47,610      | 101,758      | 27,953   |
| BRETT & LISA CRAIL                  |             |             | 15,050      |             |             | 15,050       |  |
| NICK & CYNDY PENNINGTON             |             |             | 14,747      |             |             | 14,747       |  |

**Form 990  
Worksheet**

**Schedule A, Line 5 - Excess 2% Limitation Contributors**

(This page is not filed with the return. It is for your records only.)

**2024**

Name(s) as shown on return

**FRIENDS OF FSH RESEARCH**

Tax ID Number

**86-1108537**

2% of the amount on Schedule A, Part II, line 11, column (f) . . . . . 73,805

| Name                            | (a)<br>2020 | (b)<br>2021 | (c)<br>2022 | (d)<br>2023 | (e)<br>2024 | (f)<br>Total | (g)<br>Excess contributions<br>(col. (f) minus<br>the 2% limitation) |
|---------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|--|
| NOVAK CONSTRUCTION / GARY NOVAK |             |             | 12,973      | 10,000      | 25,000      | 47,973       |  |
| TALLMAN, STEVE & JANICE         |             |             | 10,000      |             | 10,000      | 20,000       |  |
| DYNE THERAPEUTICS / MOLLY WHITE |             |             | 10,000      | 10,000      |             | 20,000       |  |
| ANAND NANDULA                   |             |             | 9,900       |             |             | 9,900        |  |
| MICROSOFT MATCHING GIFTS        | 500         | 3,977       | 8,682       | 9,380       | 12,695      | 35,234       |  |
| RANDI HEDIN & ANDY GARDNER      |             |             | 6,450       |             | 11,269      | 17,719       |  |
| WENONAH SHAW                    |             |             |             | 25,000      | 40,553      | 65,553       |  |
| GRAY CONSTRUCTION / ROB HENSEL  |             |             |             | 10,000      | 6,000       | 16,000       |  |
| ERIK SVENSON & ELISABETH VAS    |             |             |             | 6,255       |             | 6,255        |  |
| STEVE & TRACI FISCHER           |             |             |             | 5,089       |             | 5,089        |  |

**TOTAL**

**862,095**

**Grant Tax Reporting – Funded Research Studies**

1. June 9, 2024 - Talus BioScience, 550 17<sup>th</sup> Ave., Suite #550, Seattle, WA 98122 Exploratory Work to evaluate potential application. Researcher–Kyle Siebenthal, PhD., researcher – 1 month. \$15,400.
2. June 10, 2024 – The Research Institute at Nationwide Children’s, 700Children’s Drive, Columbus, OH., 43205. “Validation of extracellular vesicle-associated circulating biomarkers for FSHD in cross-sectional and longitudinal clinical studies,” Researcher – M. Bilal Bayazit, \$108,013. One-year project
3. June 26, 2024 - University of Washington, Grants and Contract Accounting, 12455 Collections Drive, Chicago, IL 60693. “FSHD Blood Biomarker Development” 1<sup>st</sup> payment of 1 year project, researcher Joel Chamberlain. \$44,972.55.
4. June 27, 2024 – University of Washington Wellstone Fund, Student Trainee Support – UW Gift Services, Advancement Operations, UW Tower, Box 359505, Seattle, WA 98195. \$28,174.00.
5. September 10, 2024 -Springbok Analytics; - 110 Old Preston Ave., Charlottesville, VA 22902. Development of FSHD Disease Progression Model, project support, \$20,000.
6. October 28, 2024 - University of Colorado, Grants and Contracts, P.O> Box 910238, Denver, Colorado, 80291., “Validating cfDNA biomarker” researcher – Sujatha Jagannathan. 6-month project, \$45,267.
7. January 6, 2025 - Histone Therapeutics, 3815 S. Othello St., Suite 100 #372, Seattle, WA 98118. Researcher: Greg Block, “Collaborative Effort to Evaluate a Novel Treatment Paradigm for FSHD Using EB-ON Technology” 2<sup>nd</sup> payment of grant, \$76,224.
8. February 4, 2025 - Histone Therapeutics, 3815 S. Othello St., Suite 100 #372, Seattle, WA 98118. Researcher: Greg Block. “T-Junction setup for scalable lipid nanoparticle encapsulation,” equipment purchase, FLEX fund, \$5840.55.
9. February 20, 2025 – University of Washington, Grants and Contract Accounting, 12455 Collections Drive, Chicago, IL 60693. “FSHD Blood Biomarker Development” 2<sup>nd</sup> payment of 1 year project, researcher Joel Chamberlain, \$44,972.55.
10. April 9, 2025 – Leiden University Medical Center, Einthovenweg 20, 2333 ZC Leiden, The Netherlands; “Spatial Transcriptomics in FSHD Skeletal Muscle.” Silvere M. van der Maarel, PhD. Researcher. \$124,000 Year #1.

11. April 9, 2025 – University College London Queen Square Institute of Neurology, London, UK., “Understanding Global Genetic Diversity in FSHD and Building International Trial Readiness” Researcher Dr. Enrico Bugiardini, PhD. Final Payment, project completed \$4840.
12. April 9, 2025 – King’s College London – Randall Centre for Cell and Molecular Biophysics, New Hunt’s House, Guy’s Campus, SE1 1UL London, United Kingdom. “Exploring the interaction between mitochondrial dynamics and autophagy: can we counteract accumulation of dysfunctional mitochondria in FSHD muscle?” Researchers – Phillip Heher and Peter Zammit, second year funding, \$98,402.29.
13. April 21, 2025 – Newcastle University, Revenue and Payments, Finance and Planning, Newcastle University, Level 4, King’s Gate Building, The Newcastle upon Tyne, NE1 7RU, United Kingdom. Researcher: Giorgio Tasca, “Mapping Facioscapulohumeral muscular dystrophy through single nuclei RNA sequencing.” \$36,463 wired to complete study.
14. April 26, 2025 – University of Nevada, Controller’s Office, Mail Stop 124, Reno, NV 89557-0025. Researcher: Andreia Marcelino Nune, “The role of Macrophages in Facioscapulohumeral Muscular Dystrophy.” \$99,669. Year #2.
15. April 30, 2025 – Talus BioScience, 550 17<sup>th</sup> Ave., Suite #550, Seattle, WA 98122. “Discovery of direct DUX4 Inhibitors using AI-guided covalent chemistry & high-scale proteomics.” Researcher–Kyle Siebenthal, PhD., researcher – one year grant. \$75,000.
16. May 3, 2025 - Fred Hutchinson Cancer Research Center, 110 Fairview Ave. N., M/S J6-330, Seattle, WA 98109. “Molecular Markers of FSHD.” Researcher Stephen Tapscott. 3<sup>rd</sup> year payment - \$164,000.
17. May 5, 2025 – Histone Therapeutics, 3815 S. Othello St., Suite 100 #372, Seattle, WA 98118. Researcher: Greg Block, “Assessing biological activity and in vivo efficiency of the epigenetic activator, ER-ON.” – 1<sup>st</sup> payment of \$129,600.
18. May 6, 2025 – Marseille Medical Genetics, Aix-Marseille University, Marseille, France. “Development of advanced human preclinical models for FSHD modeling.” \$83,733.65. Researcher Stefano Testa.
19. May 17, 2025 - Fred Hutchinson Cancer Research Center, 110 Fairview Ave. N., M/S J6-330, Seattle, WA 98109. “Regulation of HSATII and therapeutic potential in FSHD.” researcher Tessa Arends PhD, Year #1 \$87,934.50.