		PUB	LIC DISCLOSURE COPY - STATE REGISTRAT Return of Organization Exempt Fro			924 OMB No. 1545-0047
Forr	<b>_ Q</b>	90				<b>2023</b>
1 011			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod Do not enter social security numbers on this form as it m			
Depa Interr	rtment o al Reve	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the la	-		Open to Public Inspection
-			ar year, or tax year beginning JUL 1, 2023 and endi	ing Jl	JN 30, 2024	
Bc	heck if	C Name o	forganization		D Employer identifie	cation number
а	pplicabl	le: Amer	ican Fibromyalgia Syndrome			
	Addre] chang	e ASSC	ciation, Inc.			
	Name Chang	je Doing b	usiness as		77-03552	24
	Initial return Final return		and street (or P.O. box if mail is not delivered to street address) Roon ox 32698	m/suite	E Telephone number 520-733-3	
	termir		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	139,716.
	Amen return		on, AZ 85751-2698	Ē	H(a) Is this a group re	
	Applic		nd address of principal officer: Kristin Thorson		for subordinates	
	pendi		as C above		H(b) Are all subordinates in	
ΙT	ax-ex		X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527		list. See instructions
	Vebsi		fibromyalgiafund.org		H(c) Group exemptio	n number
ΚF	orm of					A State of legal domicile: CA
Pa	rt I	Summary				
	1	Briefly describ	be the organization's mission or most significant activities: <code>Fund bi</code>	omed	lical reseau	rch on
Governance			algia and empower patients through ed			
nai	2	Check this bo	x if the organization discontinued its operations or disposed of	of more t	han 25% of its net ass	sets.
Nel	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3	4
	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)			4
80			of individuals employed in calendar year 2023 (Part V, line 2a)			0
Activities &			of volunteers (estimate if necessary)			4
cti			d business revenue from Part VIII, column (C), line 12			0.
_ ◄			business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		32,312.	114,222.
Revenue	9	Program serv	ce revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		2,487.	25,494.
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		34,799.	139,716.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		0.	137,080.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
Ś	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
ed (	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 0 .			
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		5,488.	23,881.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,488.	160,961.
	19	Revenue less	expenses. Subtract line 18 from line 12		29,311.	-21,245.
es Ses				Beg	inning of Current Year	End of Year
Net Assets or - und Balances	20	Total assets (	Part X, line 16)		1,011,543.	991,823.
t As d B	21	Total liabilities	; (Part X, line 26)		0.	0.
			fund balances. Subtract line 21 from line 20		1,011,543.	991,823.
	rt II	Signatur				
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and s	statemer	its, and to the best of my	knowledge and belief, it is
true,	correc	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which pr	reparer h	as any knowledge.	
0.		Signature of o	fficer		Date	

Sign	Signature of officer				Date	
Here	Kristin Thorson, President	5				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signati		Date	Check	PTIN
Paid	Kelly L. Meltzer, CPA	Kelly L.	Meltzer,			P00633511
Preparer	Firm's name BeachFleischman P	LLC			Firm's EIN 86-	-0683059
Use Only	Firm's address 1985 E. River Road	d, Suite	201			
	Tucson, AZ 85718				Phone no. 520 -	-321-4600
May the IF	RS discuss this return with the preparer shown abo	ve? See instructi	ons			X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions	332001 12-21-2	23		Form <b>990</b> (2023)

	American Fib:	romyalgia	Syndrome			
	990 (2023) Association,				77-0355224	Page <b>2</b>
Par	t III Statement of Program Service Ac	complishmen	ts			
	Check if Schedule O contains a response or	note to any line ir	this Part III			X
1	Briefly describe the organization's mission:	~ 1			· · · ·	
	The American Fibromyalgia					
	are: (1) fund superior qua					
	patients about this diseas and achieve a better quali			i seek improv	red nealthca	re
2	Did the organization undertake any significant prog			ware not listed on the		
2	prior Form 990 or 990-EZ?	ram services duri	ng the year which t		Xv	es 🗌 No
	If "Yes," describe these new services on Schedule	······				
3	Did the organization cease conducting, or make sig		in how it conducts	any program services?		es X No
Ū	If "Yes," describe these changes on Schedule O.	innount onlangeo		, any program contect.		
4	Describe the organization's program service accorr	plishments for ea	ch of its three large	est program services. as	measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are re					
	revenue, if any, for each program service reported.		0		, , ,	
4a	(Code:) (Expenses \$ 137,0	80. including gra	ints of \$	137,080.) (Reve	nue\$	)
	With research grants from					
	fibromyalgia. In the curre					of
	Emory and Atlanta VA, to s					
	improves brain function ar					
	addition, we funded Amir M					
	the impact of gut bacteria		erricacy c	or a medicati	on for trea	ting
	150 fibromyalgia patients.	•				
4b	(Code: ) (Expenses \$ 11,6	30. including gra	nts of \$	) (Reve	nue \$	)
	As part of our patient-edu		ission, we			,
	website to serve as a go-t					
	providers. The site includ	les secti	ons on bot	h drug and n	londrug	
	treatments, suggested life					
	treatments and research, d					
	grant guidelines. This lat					
	applying for a grant and i	Includes	our latest	request for	applicatio	ns
	(due March 1, 2025).					
4c	(Code: ) (Expenses \$	including gra	nts of \$	) (Reve	nue \$	)
						/
4d	Other program services (Describe on Schedule O.)					
τu	(Expenses \$ including gra	ants of \$		) (Revenue \$	١	
4e	Total program service expenses	148,710.				
		•			Form	990 (2023)
332002	12-21-23					. ,
			2			

American Fibromyalgia Syndrome Form 990 (2023) Association, Inc.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- 1		<u> </u>
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	- 9		
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	(0000)
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3

American Fibromyalgia Syndrome

Form	990 (2023) Association, Inc. 77-035	5224	P	age <b>4</b>
Par	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
		24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		<u> </u>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			<u> </u>
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV	28c		X X
29 00	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	<u>30</u> 31		X
32		31		
52	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O <b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance Chack if Schedule O contains a reasoned or acts to any line in this Best V	38	Х	<u> </u>
rai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
1~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0	Yes	No
ia b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
Ŭ	(gambling) winnings to prize winners?	1c		
332004	↓ 12-21-23		990	(2023)
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American Fibromyalgia SyndromeForm 990 (2023)Association, Inc.Part VStatements Regarding Other IRS Filings and Tax Compliance (c)

Par	t 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		<u> </u>
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			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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	•		v
Ŀ	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	6h		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
' 2	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		х
a h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ŭ	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
α	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	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		<u> </u>
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?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. 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?	17		
32005	If "Yes," complete Form 6069.	Form	990	(2023)
				(

5

332005 12-21-23

### American Fibromyalgia Syndrome

Association, Inc.

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

Form 990 (2023)

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. X

		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
·	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section & requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
			21	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	on Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	A X	
14	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>			
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))	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	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			
	Steve Thorson - (520)749-5204			
	3519 N Sierra Madre Dr, Tucson, AZ 85749			
				(2023

	American Fibromyaigia Syndi	ome	
Form 990 (2023)	Association, Inc.	77-0355224	Page 7
Part VII Compensa	ation of Officers, Directors, Trustees, Key Em	ployees, Highest Compensated	
Employees	s, and Independent Contractors		
Check if Sche	edule O contains a response or note to any line in this Part V	11	
Section A. Officers, Dire	rectors, Trustees, Key Employees, and Highest Compens	ated Employees	
<ul> <li>List all of the organiz</li> </ul>	r all persons required to be listed. Report compensation for zation's <b>current</b> officers, directors, trustees (whether individ E), and (F) if no compensation was paid.	, , ,	,
<ul> <li>List all of the organiz</li> </ul>	zation's current key employees, if any. See the instructions	for definition of "key employee."	
who received reportable c	n's five <b>current</b> highest compensated employees (other than compensation (box 5 of Form W-2, box 6 of Form 1099-MISC zation and any related organizations.		
	zation's <b>former</b> officers, key employees, and highest compe from the organization and any related organizations.	insated employees who received more than \$100,000 of	1

• 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.

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

(A) Name and title	(B) Average	(do		Pos		I than o	one	(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	box	, unle	ss pei	rson i	s both r/trus	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Kristin Thorson	40.00									
President		Х		Х				0.	0.	0.
(2) Steve Thorson	10.00									
Vice President & Secretary		Х		X				0.	0.	0.
(3) Jennifer E Randle	0.20									
Chief Financial Officer		Х		X				0.	0.	0.
(4) Brent Songer Director	0.20	x						0.	0.	0.
		-								
		-								
		-								
		1								
332007 12-21-23										Form <b>990</b> (2023)

Form **990** (2023)

7

F 000 //	American 2023) Associat			gi	a	Sy	'nd	rc	ome	77-03	2551	001		8
Form 990 (2	Section A. Officers, Directors, Trus			000	200	1 11:4	abor	+ 0			5552	44	Pa	age <b>8</b>
	(A) Name and title	(B) Average hours per week	(do box	not c , unle	Pos heck	C) itior <sup>more</sup> rson i		one n an	(D) Reportable compensation from	(Continued) (E) Reportable compensation from related		an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	s	com fr org and	pensa om the anizat d relat	ie tion ted
			-											
			-											
			-											
			-											
			-								_			
	from continuation sheets to Part V								0.		0.0.0			0.0.
2 Total	number of individuals (including but r ensation from the organization						e) wh	o re		000 of reportable				0
	ne organization list any <b>former</b> officer a? If "Yes," complete Schedule J for s			•	-	-				•		3	Yes	No X
4 For a	ny individual listed on line 1a, is the selated organizations greater than \$15	um of reportabl	e co	mpe	ensa	tion	and	otł	ner compensation from t	ne organization		4		x
rende	ny person listed on line 1a receive or ared to the organization? <i>If "Yes." con</i>											5		x
1 Com	plete this table for your five highest co rganization. Report compensation for										ensati	ion fro	m	
	(A) Name and business			DNE					(B) Description of s		C	(C ompei	<b>;)</b> nsatio	n
	number of independent contractors ( 000 of compensation from the organ		ot lir	niteo	d to	thos (		ted	above) who received mo	bre than				
											I	Form	990 (ž	2023)

332008 12-21-23

American Fibromyalgia Syndrome

			Association,	Inc.	-		77-0355	224 Page 9
Pa	rt \	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin		(=)	(6)	
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ς, ω	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues 1b					
٦, E			Fundraising events 1c					
ifts r A			Related organizations 1d					
nia.			Government grants (contributions) <b>1e</b>					
Sir			All other contributions, gifts, grants, and					
her		-	similar amounts not included above <b>1f</b>	114,222.				
of ti		a	Noncash contributions included in lines 1a-1f					
Sor		-	Total. Add lines 1a-1f		114,222.			
<u> </u>				Business Code				
ø	2	а						
Program Service Revenue	_	b						
Ser		c						
		d						
Bes		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere-					
	Ŭ		other similar amounts)		25,494.			25,494.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	Ŭ		(i) Real	(ii) Personal				
	6	~	Gross rents	(				
	0		Less: rental expenses 6b					
			Rental income or (loss) 6c					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	'	а						
		L						
Ð		D	Less: cost or other basis					
evenue			and sales expenses 7b Gain or (loss) 7c					
eve								
Other R			Net gain or (loss)					
the	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
			Less: direct expenses 8b	<u>'</u>				
	~		Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
		p.,	Part IV, line 19 9a Less: direct expenses 9b					
			· · · · · · · · · · · · · · · ·					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold 10	•				
		С	Net income or (loss) from sales of inventory					
s				Business Code				
Miscellaneous Revenue	11	a						
llan 'enu		b						
Sel		c						
Mis			All other revenue					
	~~		Total. Add lines 11a-11d		139,716.	0.	0	25 404
0000-	12		Total revenue. See instructions		139,/10.	0.	0.	25,494. Form <b>990</b> (2023)
33200	9 12 J	-21-	23					1 UTITI 🗸 🗸 (2023)

9

#### American Fibromyalgia Syndrome Association, Inc.

Do not include amounts reporte		e or note to any line in t (A)	(B) Program service	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
<b>1</b> Grants and other assistance to	° I	20.020	20.020		
and domestic governments. S		39,230.	39,230.		
2 Grants and other assistant					
individuals. See Part IV, lir					
3 Grants and other assistant	Ũ				
organizations, foreign gov	-	05 050			
individuals. See Part IV, lir		97,850.	97,850.		
4 Benefits paid to or for mer					
5 Compensation of current of					
trustees, and key employe	es				
6 Compensation not included al	bove to disqualified				
persons (as defined under se	ction 4958(f)(1)) and				
persons described in section	4958(c)(3)(B)				
7 Other salaries and wages					
8 Pension plan accruals and co	ntributions (include				
section 401(k) and 403(b) em	ployer contributions)				
9 Other employee benefits					
0 Payroll taxes					
11 Fees for services (nonemp					
a Management					
<b>b</b> Legal					
c Accounting		1,500.		1,500.	
d Lobbying					
e Professional fundraising servi					
f Investment management f	ees				
g Other. (If line 11g amount ex					
column (A), amount, list line	11g expenses on Sch 0.)	130.		130.	
12 Advertising and promotior					
<b>13</b> Office expenses		1,089.		1,089.	
I4 Information technology		7,484.	881.	6,603.	
<b>5</b> Royalties					
6 Occupancy					
7 Travel					
8 Payments of travel or ente	ertainment expenses				
for any federal, state, or lo	· /				
9 Conferences, conventions					
	,				
<b>1</b> Payments to affiliates					
<ol> <li>Depreciation, depletion, ar</li> </ol>					
		2,653.		2,653.	
4 Other expenses. Itemize expe		,		,	
above. (List miscellaneous ex	penses on line 24e. If				
line 24e amount exceeds 10% amount, list line 24e expenses					
a Website		10,749.	10,749.		
b Licenses and	permits	276.	, , _ , .	276.	
		2700			
c d					
e All other expenses					
•	dd lines 1 through 24a	160,961.	148,710.	12,251.	(
5 Total functional expenses. A		100,901.	,/_U.	<u> </u>	
26 Joint costs. Complete this lin reported in column (R) isint a	, ,				
reported in column (B) joint c					
educational campaign and fur	-				
Check here if following Se	OP 98-2 (ASC 958-720)				Form <b>990</b> (20

Form 990 (2023)

Part IX Statement of Functional Expenses

Form	990	(2023)	
I UIIII	330	(2020)	

### American Fibromyalgia Syndrome Association, Inc.

		Association, Inc.		77-	0355224 <sub>Page</sub> 1 <sup>.</sup>
Parl	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	109,510.		145,620
	2	Savings and temporary cash investments		2	553,454
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	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	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a		40	
		Less: accumulated depreciation 10b	220,224.	10c	292,749
	11	Investments - publicly traded securities			292,149
	12	Investments - other securities. See Part IV, line 11		12	
	13 14	Investments - program-related. See Part IV, line 11		13 14	
	14 15	Intangible assets		14	
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)		16	991,823
	17	Accounts payable and accrued expenses		17	<i>JJ1</i> /010
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	^
-+	26	Total liabilities. Add lines 17 through 25	0.	26	0
s		Organizations that follow FASB ASC 958, check here			
ë		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions		27	
ğ	28	Net assets with donor restrictions		28	
<u>ŝ</u>		Organizations that do not follow FASB ASC 958, check here			
<u>г</u>	00	and complete lines 29 through 33.	0.	0	0
si	29 20	Capital stock or trust principal, or current funds		29	0
SS	30 21	Paid-in or capital surplus, or land, building, or equipment fund	1 011 510	30	991,823
÷	31 32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances		31 32	991,823
_	32 33			32	991,823
L	00	Total liabilities and net assets/fund balances	_, 0 , 0 4 5 •	00	Form <b>990</b> (202

Form **990** (2023)

332011 12-21-23

Form	American Fibromyalgia Syndrome Association, Inc.	77-(	)355224	Pa	.ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			16.
2	Total expenses (must equal Part IX, column (A), line 25)	2			61.
3	Revenue less expenses. Subtract line 2 from line 1	3			45.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,011	<u> </u>	
5	Net unrealized gains (losses) on investments	5	1	L,5	25.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	991	L,8	23.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				۵۵۸	(2022)

Form **990** (2023)

SCHEDULE A				Public Cha	rity Status an	d Pub	olic Su	ipport		OMB No. 1545-0047
(⊦o	rm 99	0)		mplete if the organ	ization is a section 501	(c)(3) orga	anization			2023
Depa	rtment o	f the Treasury			47(a)(1) nonexempt cha ttach to Form 990 or Fo					Open to Public
		nue Service		Go to www.irs.gov/	Form990 for instruction	is and the		ormation.		Inspection
Nan	ne of t	the organization			myalgia Syndı	rome				identification number
Pa	rt I	Reason		<u>ciation, I</u> Charity Status	(All organizations must c	omploto th	nia part \ S	an instruction		7-0355224
					For lines 1 through 12, cl				5.	
1			•	•	n of churches described		,	)(A)(i).		
2	$\square$				Attach Schedule E (Form			·//·//·		
3					anization described in se		(b)(1)(A)(ii	i).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state								
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(	<b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6				•	nental unit described in			. ,		
7	X	•			ntial part of its support fr	om a gove	ernmental	unit or from tr	ie general p	oublic described in
8		-		omplete Part II.)	(1)(A)(vi). (Complete Parl	• 11.)				
9	$\square$				in section 170(b)(1)(A)(i	,	ed in coniu	inction with a	land-grant	college
•		-	-		ulture (see instructions).		-		-	-
		university:			, , , , , , , , , , , , , , , , , , ,				0	
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
					t to certain exceptions; a					-
					(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
11				mplete Part III.)	vely to test for public sat	intu Soo	nantion E(	O(a)(A)		
12	$\square$	-	-	-	vely for the benefit of, to	•			rry out the	nurnoses of one or
12		-	-	-	d in section 509(a)(1) o	-			•	
				-	f supporting organizatior					
а		<b>Type I.</b> A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
_		¬ ~		complete Part IV, Se						
b				•	or controlled in connect		••	U	()/ 1	6
			0	t complete Part IV,	anization vested in the sa	ane perso	ns that co	itroi or manaç	je me supp	Joned
с		¬ ~	. ,	•	g organization operated	in connect	ion with. a	and functional	lv integrate	d with.
		its supporte	d organization	n(s) (see instructions	). You must complete F	Part IV, Se	ctions A,	D, and E.	, ,	,
d		Type III no	n-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
			,	0 0	ation generally must sati	,		•	an attentiv	veness
		- ·		,	nplete Part IV, Sections					
е			•		written determination from nally integrated supportin			Type I, Type	II, Type III	
f	Ente	er the number of	-				ation.			
g				about the supporte						
	(	i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota	al									

American Fi	bromyalgia	Syndrome
Association	ı, Inc.	

77-0355224 Page 2

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 folds to qualify under the total listed below, placed complete Part III.

fails to qualify under the tests listed below, please complete Part III.)

Schedule A (Form 990) 2023

Part II

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	72,526.	60,113.	57,576.	32,312.	114,222.	336,749.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	72,526.	60,113.	57,576.	32,312.	114,222.	336,749.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						137,961.
6	Public support. Subtract line 5 from line 4.						198,788.
Sec	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	72,526.	60,113.	57,576.	32,312.	114,222.	336,749.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	716.	32.	32.	2,487.	25,494.	28,761.
9	Net income from unrelated business				-	-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						365,510.
12	Gross receipts from related activities,	etc. (see instructio	ins)			12	
13	First 5 years. If the Form 990 is for th				ear as a section 5	01(c)(3)	
	organization, check this box and <b>stor</b>	_	· · · · ·				
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	54.39 %
15						15	74.58 %
16a	33 1/3% support test - 2023. If the o					ore, check this box	k and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization	-	
b	0 10% -facts-and-circumstances test	-	-		-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18							
							(Form 990) 2023

American	Fibr	romyalgia	Syndrome
Aggociati	on	Inc.	

 Schedule A (Form 990) 2023
 Association, Inc.

 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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 512						
iness under section 513					+	
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. 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						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 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						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgar	nization,
Section C. Computation of Publ		-				
<b>15</b> Public support percentage for 2023 (			column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inve						
17 Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the						ine 17 is not
more than 33 1/3%, check this box a	-					
<b>b 33 1/3% support tests - 2022.</b> If the	-					
line 18 is not more than 33 1/3%, che			•		•	tion
20 Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	inis box and see ins		
332023 12-21-23		15	5		Sched	lule A (Form 990) 2023

#### American Fibromyalgia Syndrome Association, Inc.

1

2

3a

3b

3c

4a

4b

4c

Yes No

#### Schedule A (Form 990) 2023 Part IV Supporting Organizations

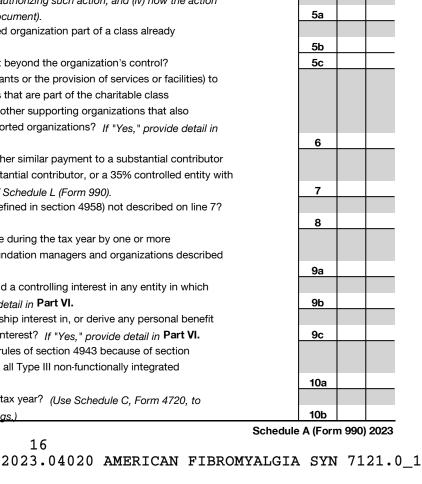
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

#### Section A. All Supporting Organizations

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

16

332024 12-21-23



American	Fibr	omyalg	ia	Syndr	ome
Associati	.on,	Inc.			

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> Did the organization operate for the benefit of any supported organization other than the supported	_1		
~	organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Tes	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	
•	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	1		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c b		-4	- )	
2	L The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in Activities Test. <b>Answer lines 2a and 2b below.</b>	struction	Yes	No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
5	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these participations but for the organization involvement.	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>	20		
а	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</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
				·

Schedule A (Form 990) 2023

77-0355224 Page 5

17

332025 12-21-23

Schedule A (Form 990) 2023

	American Fibromyalgia S	Syndro	me	
Sche	dule A (Form 990) 2023 Association, Inc.			77-0355224 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

332026 12-21-23

## American Fibromyalgia Syndrome

Sche Par	dule A (Form 990) 2023     Association, 1       t V     Type III Non-Functionally Integrated 509(		nizations (continu		7-0355224 Page 7
Secti	on D - Distributions		(corrante		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				
				-	

Schedule A (Form 990) 2023

332027 12-21-23

<u>.</u>	(5 000) 2222	American Fibr	omyalgia	Syndrome	77 0255004 -
Schedule A Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D, I	2, 3b, 3c, 4b, 4c, 5a, 6, 9a ines 2 and 3; Part IV, Secti	anations required , 9b, 9c, 11a, 11b on E, lines 1c, 2a,	and 11c: Part IV. Section	77-0355224 Page 8 ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, y additional information.
332028 12-21-2	3		20		Schedule A (Form 990) 2023

\*\* PUBLIC DISCLOSURE COPY \*\*

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

American Fibromyalgia Syndrome Association, Inc.

77-0355224

Organization	type	(check one):	
--------------	------	--------------	--

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X 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 for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless

**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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule E Name of or	3 (Form 990) (2023)		Employe	Page 2 Page 2
Amerio	can Fibromyalgia Syndrome			
	iation, Inc.		77-	0355224
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if ad			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
1		\$97,2	(	Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
		\$		Person Payroll Payroll Payroll Payroll Payroll Payroll Part II for honcash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
		\$		Person Payroll Payroll Payroll Payroll Payroll Payroll Part II for honcash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
		\$		Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
		\$		Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
		\$	r	Person Payroll Payroll Poncash Payroll Poncash Payroll Part II for noncash contributions.)

Schedule B (Form 990) (2023)

	rganization		Employer identification num
	can Fibromyalgia Syndrome Lation, Inc.		77-0355224
art II	Noncash Property (see instructions). Use duplicate copies of P		
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
—			
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)			
No.	(b)	(c) EMV (or estimate)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	—    ——
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
—		—	
		\$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		 \$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		\$	

323453 12-26-23

Schedule B (Form 990) (2023)

## 15220906 759078 7121.0

23 2023.04020 AMERICAN FIBROMYALGIA SYN 7121.0\_1

Schedule	B (Form 990) (2023)			Page <b>4</b>
	organization			Employer identification number
	can Fibromyalgia Syndro	me		
	iation, Inc.			77-0355224
Part III	from any one contributor. Complete columns (a	) through (e) and the following line ent	rv. For organizations	
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info	. once.) \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.		
from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
Part I				
	·			
		(e) Transfer of gif	t	
		(-,		
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tr	ansferor to transferee
(-) N -			1	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
Part I	(	(-,	(-,	
		(e) Transfer of gif	•	
			L	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
Part I		(0) 000 01 girl	(4) 20	
		·		
		(e) Transfer of gif	+ 	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tr	ansferor to transferee
			•	
		<u> </u>		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
Part I		() = 0 0		
		(e) Transfer of gif	ـــــــــــــــــــــــــــــــــــــ	
			L	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of the	ransferor to transferee
323454 12-26	6-23			Schedule B (Form 990) (2023)

## 15220906 759078 7121.0

Department of the Treasury Internal Revenue Service	Go	to www.irs.gov/Form990 for ins	structions and the la	test information.		Inspect	ion
If the organization answ	wered "Yes" on	Form 990, Part IV, line 3, or Form	n 990-EZ, Part V, line	e 46 (Political Campa	aign Activ	vities), then:	
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Com	plete Parts I-A and B. Do not com	plete Part I-C.				
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	1(c)(3)) organizations: Complete P	arts I-A and C below.	Do not complete Par	t I-B.		
<ul> <li>Section 527 organiza</li> </ul>	ations: Complete	Part I-A only.					
If the organization answ	wered "Yes" on	Form 990, Part IV, line 4, or Form	n 990-EZ, Part VI, lin	e 47 (Lobbying Activ	vities), the	en:	
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that h	nave filed Form 5768 (election und	er section 501(h)): Co	omplete Part II-A. Do n	ot comple	ete Part II-B.	
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that h	nave NOT filed Form 5768 (election	n under section 501(h	)): Complete Part II-B.	Do not co	omplete Part II-/	Α.
If the organization answ	wered "Yes" on	Form 990, Part IV, line 5 (Proxy 1	Гах) (see separate in	structions) or Form	990-EZ, F	Part V, line 35c	(Proxy
Tax) (see separate instr							
( ), ( ), ( )		ions: Complete Part III.	1				<u> </u>
Name of organization		n Fibromyalgia Sy	ndrome			r identification	
Part I-A Comple		tion, Inc. anization is exempt under	- anotion 501(a)	or is a costion 50		<u>77-03552</u>	24
Part I-A Compi	ete il the org	anization is exempt under	section 501(c) (	or is a section 52	a organ		
1 Provido a doscriptic	on of the organiz	ation's direct and indirect political	compaign activities in	a Part IV			
<ul><li>2 Political campaign a</li></ul>					¢		
3 Volunteer hours for							
	political campai						
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(	3).			
	-	incurred by the organization under			\$		
		incurred by organization managers					
		n 4955 tax, did it file Form 4720 fo				Yes	No
						Yes	No
<b>b</b> If "Yes," describe ir							
Part I-C Comple	ete if the org	anization is exempt under	section 501(c),	except section 5	501(c)(3)	-	
1 Enter the amount d	irectly expended	by the filing organization for secti	on 527 exempt funct	ion activities	\$		
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	r organizations for se	ction 527			
exempt function ac	tivities				\$		
3 Total exempt functi		. Add lines 1 and 2. Enter here and					
line 17b					\$		
4 Did the filing organi	zation file <b>Form</b>	1120-POL for this year?				Yes	No
		nployer identification number (EIN)					
		ion listed, enter the amount paid f					
	•	omptly and directly delivered to a s			eparate se	gregated fund o	or a
political action com	mittee (PAC). If a	additional space is needed, provid	e information in Part I	IV.			
<b>(a)</b> Name	9	(b) Address	(c) EIN	(d) Amount paid t		(e) Amount of p	
				filing organizatio		promptly and c	
				iunus. Ii none, enti		delivered to a se	eparate
						political organi	
						If none, ente	r -U

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

SCHEDULE C

(Form 990)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 23 to Public

Schedule C (Form 990) 2023	Association	bromyalgia S , Inc.	-	77-0	355224 Page 2			
Part II-A Complete if the org section 501(h)).	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
expenses, and shar	e of excess lobbying e	expenditures).						
B Check if the filing organiza	tion checked box A ar	d "limited control" prov	visions apply.					
	s on Lobbying Exper litures" means amou	nditures nts paid or incurred.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals			
1a Total lobbying expenditures to influ	ence public opinion (g	grassroots lobbying)						
<b>b</b> Total lobbying expenditures to influ	ence a legislative bod	y (direct lobbying)						
c Total lobbying expenditures (add lii	nes 1a and 1b)							
d Other exempt purpose expenditure				160,961.				
e Total exempt purpose expenditures	s (add lines 1c and 1d)	)		160,961.				
f _Lobbying nontaxable amount. Ente	r the amount from the	following table in both	i columns.	32,192.				
If the amount on line 1e, column (a) o		bying nontaxable amo						
not over \$500,000,		he amount on line 1e.						
over \$500,000 but not over \$1,000	.000. \$100.00	0 plus 15% of the exce	ess over \$500.000.					
over \$1,000,000 but not over \$1,50		0 plus 10% of the exce						
	over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000.							
over \$17,000,000,	\$1,000,0							
g Grassroots nontaxable amount (en			1	8,048.				
h Subtract line 1g from line 1a. If zero	,		•	0.				
6	,		•	0.				
j If there is an amount other than zer	i Subtract line 1f from line 1c. If zero or less, enter -0-							
	o on either line 1h or l	ine 1i, did the organiza	tion file Form 4720					
				Г	Yes No			
reporting section 4911 tax for this (Some organizations th	/ear? 4-Year Ave at made a section 50 See the separa	eraging Period Under 3 D1(h) election do not h ate instructions for lin	Section 501(h) nave to complete all of es 2a through 2f.)		Yes No			
reporting section 4911 tax for this	/ear? 4-Year Ave at made a section 50 See the separa	eraging Period Under S D1(h) election do not h	Section 501(h) nave to complete all of es 2a through 2f.)					
reporting section 4911 tax for this	/ear? 4-Year Ave at made a section 50 See the separa	eraging Period Under 3 D1(h) election do not h ate instructions for lin	Section 501(h) nave to complete all of es 2a through 2f.)					
reporting section 4911 tax for this control (Some organizations the control of th	/ear? 4-Year Ave at made a section 50 See the separa Lobbying Exper	eraging Period Under S D1(h) election do not h ate instructions for lin nditures During 4-Yea	Section 501(h) have to complete all of es 2a through 2f.) r Averaging Period	f the five columns be	ilow.			
reporting section 4911 tax for this section 4911 tax for the sec	4-Year Ave 4-Year Ave at made a section 50 See the separa Lobbying Exper (a) 2020	eraging Period Under 3 D1(h) election do not h ate instructions for lin nditures During 4-Yea (b) 2021	Section 501(h) nave to complete all of es 2a through 2f.) r Averaging Period (c) 2022	f the five columns be (d) 2023	low. (e) Total			
reporting section 4911 tax for this section 4911 tax for the se	4-Year Ave 4-Year Ave at made a section 50 See the separa Lobbying Exper (a) 2020	eraging Period Under 3 D1(h) election do not h ate instructions for lin nditures During 4-Yea (b) 2021	Section 501(h) nave to complete all of es 2a through 2f.) r Averaging Period (c) 2022	f the five columns be (d) 2023	low. (e) ⊺otal 37,007.			
reporting section 4911 tax for this section 4911 tax for the sectin 4911 tax for the section 4911 tax for the section 491	4-Year Ave 4-Year Ave at made a section 50 See the separa Lobbying Exper (a) 2020	eraging Period Under 3 D1(h) election do not h ate instructions for lin nditures During 4-Yea (b) 2021	Section 501(h) nave to complete all of es 2a through 2f.) r Averaging Period (c) 2022	f the five columns be (d) 2023	low. (e) ⊺otal 37,007.			

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023

332042 11-06-23

# American Fibromyalgia Syndrome Association, Inc.

77-0355224 Page 3

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501(c)(5)	or sec	tion	
	501(c)(6).		0.000		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section		-	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	'No" OR (b)	Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total		2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A, I	ines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

Complete if the organization asswered "Yes" on Form 930, Part IV, line 14b, 15, or 16     Attach to form 930,     Complete if the organization asswered 'Yes" on Form 930, Part IV, line 14b, 15, or 16     Attach to form 930,     Complete if the organization asswered 'Yes" on Form 930, Part IV, line 14b,     Tor 97     Complete if the organization asswered 'Yes" on Form 930, Part IV, line 14b,     Tor 97     Complete if the organization asswered 'Yes" on Form 930,     Complete if the organization number     Tor -0355224     Tor 97     Complete if the organization maintain records to substantiate the amount of its grants and other assistance.     Tor 930, Part IV, line 14b     For grantmakers. Descine on organization is procedures to monitoring the use of the grants and other assistance outs de the     United States.     Activities per Region. (b) following Part I, line 3 table can be duplicated if additional space is mediat)     (0) Region     (0) Nember O (0) Antemport     (0) Yupe (kuch as, fundnaing, pro-     in the region     (0) Region     (0) Nember O (0) Antemport     (0) Yupe (kuch as, fundnaing, pro-     in the region     (0) Region     (0) Nember O (0) Antemport     (0) Yupe (kuch as, fundnaing, pro-     in the region     (0) Region     (0) Nember O (0) Antemport     (0) Yupe (kuch as, fundnaing, pro-     in the region     (0) Region     (0) Antemport     (0) Ant	SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	tes	OME	3 No. 1545-0047
Other attraction         Impact of the compact list on the provided of the second	(Form 990)						2	023
Name rice no         Employer identification number           Americe no         77-0355224           Part I         General Information on Activities Outside the United States. Complete if the organization animal necords to substantiate the amount of its grants and other assistance, the generative assistance could be the organization maintain records to substantiate the amount of its grants and other assistance outside the United States.           1         For grantmakers. Describe in Part V the organization 's procedures for monitoring the use of its grants and other assistance outside the United States.         If Yee () 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.         If Yee () No           3         Activities prefigion (The following Part I, line 3 table can be duplicated if additional space is needed.)         If Total Composition or and a space is needed.)           Middle East and North Africa         0         If carts to recipients         If a carty iter in (d) is a program service, in the region         If a carty iter in (d) is a program service, in the region         If the region in the region         If or and the program service, in the region         If or and the program service, in the region         If or and the program service, in the region         If or and the program service, in the region         If or and the program service, in the region         If or and the program service, in the region         If or and the program service, in the region         If or and the program servic		0						
American Fibromyalgia Syndrome     77-0355224       PartI General Information on Activities Outside the United States. Complete if the organization answered Yes' on Form 980, Part N, Ine 146.     77-0355224       PartI General Information on Activities Outside the United States. Complete if the organization answered Yes' on Form 980, Part N, Ine 146.     7       1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance.     1       2 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance outside the United States.     1       3 Activities per Region. The following Part L line 3 table can be duplicated if additional scape is needed):     (g) Total scape of the organization is procedures for monthoring the use of its program service, divestments in the region of the region of the region.     (g) Number of (g) Activities conducted in the region of service(s) in the region of service(s) in the region of the region of service(s) in the re			ww.irs.gov/Form	1990 for instructions and the latest i	nformation.	Employer		
Association, Inc.       17.70.355224         Part I       General Information on Activities Outside the United States.       Complete if the organization answered "Yes" on Form 380, Part IV, line 14b.         I       For grantmakers. Describe in Part V the organization maintain records to substantiate the amount of its grants and other assistance outside the United States.       Image: Complete in Part V the organization is procedures for monitoring the use of its grants and other assistance outside the United States.         3       Activities per Region. (The following Part L line 3 table can be duplicated if additional space is needed)       (f) Total for program service, in the region			vndrome			Employer	Identific	ation number
Form 990, Part IV, line 140.         1       For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. It the grantes' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance outside the United States.         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 its 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 its procedures for monitoring the use of its grants to grant science outside the region of service(s) in the region in the region       (c) Total science outside the region of service(s) in the region of service(se	Association,	Inc.	-			77-03	55224	l
1       For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance.       Image: State and State assistance.       Image: State assistance assistance and the selection orderia used to award the grants or assistance outside the United States.       Image: State assistance assistan	Part I General	Information on A	ctivities Out	side the United States. Comple	ete if the organ	ization answ	vered "Ye	es" on
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?       IX 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.       (a) Region       (b) Number of [e] Number of								
For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.     Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)     (a) Region     (b) Number of (c) Automation (c) (c) Automation (c) (c) (c) state (c)	-	•		•		-	X	/es 🗌 No
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 content of the stable can be duplicated if additional space is needed. (c) Region (c) Number of content of the stable can be duplicated if additional space is needed. (c) Region (c) Number of content of the stable can be duplicated if additional space is needed. (c) Region (c) Number of content of the stable can be duplicated if additional space is needed. (c) Region (c) Number of content of the stable can be duplicated if additional space is needed. (c) Region (c) Number of content of the stable can be duplicated if additional space is needed. (c) Region (c) Number of content of the stable can be duplicated if additional space is needed. (c) Region (c) Number of content of the stable can be duplicated if additional space is needed. (c) Region (c) Number of content of the stable can be duplicated if additional space is needed. (c) Region	the grantees engle	inty for the grants of a		the selection chiefla used to award the	grants or assis			
(a) Region       (b) Number of offices in the region       (c) Number of employees agents, and copported in the region       (d) Activities conducted in the region recipients located in the region       (e) I activity listed in (d) as a porgan service, describe specific type of service(s) in the region       (f) Total expenditures for and investments in the region         Niddle East and North Africa       0       0       Iscated in region       (f) Activity listed in (d) recipients located in the region       (f) Total expenditures for and investments in the region         Niddle East and North Africa       0       0       Iscated in region       Research on fibromysigia       97, 850.         Image: Second	-	Describe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistan	ce outsid	e the
offices in the region         employees agents, and contractors in the region         (by type) (such as, fundraising, pro- describe specific type of service(s) in the region         expectifures for and investments in the region           Middle East and North Africa         0         0         Investments recipients located in the region         Searce to recipients located in region         P7, 850.           Middle East and North Africa         0         0         Investments in the region         P7, 850.           Middle East and North Africa         0         0         Investments in the region         P7, 850.           Middle East and North Africa         0         0         Investments in the region         P7, 850.           Middle East and North Africa         0         0         Investments in the region         P7, 850.           Investments         Investments         Investments         Investments         Investments           Investments         Investments         Investments         Investments         Investments </td <td>3 Activities per Regio</td> <td>on. (The following Par</td> <td>t I, line 3 table ca</td> <td>n be duplicated if additional space is n</td> <td>eeded.)</td> <td></td> <td></td> <td></td>	3 Activities per Regio	on. (The following Par	t I, line 3 table ca	n be duplicated if additional space is n	eeded.)			
agents, and in the region         agents, and comparating in the region         gram services, investments, grants to recipients located in the region         describe specific type of service(s) in the region         for and investments in the region           Middle East and North Africa         0         0         located in region         Research on fibromyalgia         97,850.           Image: Service of the specific type of service(s) in the region         0         located in region         Research on fibromyalgia         97,850.           Image: Service of the specific type of service(s) in the region         Image: Service of the specific type of service(s) in the region         97,850.           Image: Service of the specific type of service(s) in the region         Image: Service of the specific type of service(s) in the region         97,850.           Image: Service of the specific type of service(s) in the region         Image: Service of the service	(a) Region	• •					· /	
Confractors in the region       recipients located in the region       of service(s) in the region       in the region         Middle Bast and North Africa       0       0       Decated in region       Seearch on fibromyalgia       97,850.         Image: Seearch on fibromyalgia       97,850.       Image: Seearch on fibromyalgia       97,850.         Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia       97,850.         Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia       97,850.         Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia       97,850.         Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia         Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia         Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia         Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia         Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia         Image: Seearch on fibromyalgia       Image: Seearch on fibromyalgia       Image: Seearch on fibro			agents, and			-		for and
Middle East and North Africa     0     0     located in region     Research on fibromyalgia     97,850.			contractors					
North Africa       0       0       located in region       Research on fibromyalgia       97,850.         Image: State of the state of th			In the region					
North Africa       0       0       located in region       Research on fibromyalgia       97,850.         Image: State of the state of th								
3 a Subtotal         0         0         97,850.           b Total from continuation sheets to Part I         0         0         97,850.	Middle East and			Grants to recipients				
b     Total from continuation sheets to Part I     0     0     0.       c     Totals (add lines 3a     0     0     0	North Africa	0	0	located in region	Research on	fibromya	lgia	97,850.
b     Total from continuation sheets to Part I     0     0     0.       c     Totals (add lines 3a     0     0     0								
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b     Total from continuation sheets to Part I     0     0     0.       c     Totals (add lines 3a     0     0     0								
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b     Total from continuation sheets to Part I     0     0     0.       c     Totals (add lines 3a     0     0     0								
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sheets to Part I     0     0     0.       c Totals (add lines 3a     0     0     0			0					97,850.
c Totals (add lines 3a								0
			0					υ.
			0					97,850.

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

## American Fibromyalgia Syndrome Association, Inc.

77-0355224

#### Schedule F (Form 990) 2023

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			Investigate the role					
			of gut microbes in a					
			large-scale clinical					
		North Africa	trial involving	97,850.	Check	0.		

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

See Part V for Column (d) descriptions

1

## American Fibromyalgia Syndrome

Schedule F (Form 990) 2023

Association, Inc.

77-0355224

Part III Grants and Other Assistant			tes. Complete i	if the organization answered "Yes" of	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a <b>(a)</b> 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)

Schedule F (Form 990) 2023

4

Page 3

American Fibromyalgia Syndrome Association, Inc.

Sched	lule F (Form 990) 2023 Association, Inc.	77-0355224	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)		X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No

Schedule F (Form 990) 2023

332074 11-29-23

American Fibromyalgia Syndrome Association, Inc.

Schedule F (Form 990) 2023 Associat

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

Part I, Line 2:

All grant recipients (both principal investigator and institutional grants officer) must sign a "Conditions of Award" which describes mandatory quarterly reporting of progress on projects funded (including financial accounting). The project duration must be specified and if there are any project delays or unexpected problems, AFSA must be notified immediately. In addition, the investigator is expected to submit the data from the study to a peer-reviewed medical journal for publication within 3 months of completing the study. The published study must indicate that AFSA was the source of the funding for the project and a copy of the accepted medical journal report must be sent to AFSA. Regular communication via email and telephone between AFSA and the principal investigator occurs throughout the study as warranted. Also, a full financial accounting of the study is sent to AFSA upon project completion and any unused funds must be returned. Principal investigators are encouraged to use the data obtained from their AFSA study to apply to larger granting institutions so that they may continue their investigations in the field of fibromyalgia.

<u>Part I, line 3:</u>

Amounts reported at Part I Column (f) represent cash-basis expenditures.

32

Part II, Column (d):

Region: Middle East and North Africa

(d) Purpose of Grant: Investigate the role of gut microbes in a

large-scale clinical trial involving fibromyalgia patients

332075 11-29-23

SCHEDULE I (Form 990)	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.					OMB No. 1545-0047		
Department of the Treasury		Comp	lete il the organization	Attach to Form		11 1¥, III 2 1 01 22.		Open to Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for		ation.		Inspection
Name of the organizati	<sub>on</sub> American Associati	_	gia Syndrome	e				Employer identification number 77-0355224
Part I General Ir	formation on Grants a	nd Assistance						
criteria used to a <b>2</b> Describe in Part	ation maintain records t ward the grants or assis IV the organization's pro	stance?	toring the use of grant	funds in the United	l States.			X Yes No
	d Other Assistance to nat received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and ac	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Foundation for At Education and Res Clairmont Rd 151F 30033	earch Inc - 1670	58-1857346	501(c)(3)	39,230.	0.			Fibromyalgia Research
2 Enter total numb	er of section 501(c)(3) a	nd government or	ganizations listed in the	e line 1 table				

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

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

### American Fibromyalgia Syndrome

Schedule I (Form 990) 2023

Association, Inc.

77-0355224

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
Part I, Line 2:					
ll grant recipients (both princ	ipal invest	igator and	l instituti	onal grants	
fficer) must sign a "Conditions	- <b>f</b>	-hinh diam			

officer) must sign a "Conditions of Award" which describes mandatory

quarterly reporting of progress on projects funded (including financial

accounting). The project duration must be specified and if there are any

project delays or unexpected problems, AFSA must be notified immediately.

In addition, the investigator is expected to submit the data from the study

to a peer-reviewed medical journal for publication within 3 months of

completing the study. The published study must indicate that AFSA was the

Schedule I (Form 990) Part IV Supplemental II	American Fibromyalgia Syndrome Association, Inc. nformation	77-0355224 Page 2
source of the fun	ding for the project and a copy of the ac	cepted medical
journal report mu	st be sent to AFSA. Regular communication	via email and
telephone between	AFSA and the principal investigator occu	rs throughout the
study as warrante	d. Also, a full financial accounting of t	he study is sent
<u>to AFSA upon proj</u>	ect completion and any unused funds must	be returned.
<u>Principal investi</u>	gators are encouraged to use the data obt	ained from their
AFSA study to app	ly to larger granting institutions so tha	t they may
<u>continue their in</u>	vestigations in the field of fibromyalgia	•
332291 04-01-23		Schedule I (Form 990)
	35	

(Form 990) Complete to provide info Form 990 or 990-E Department of the Treasury Attack	Drmation to Form 990 or 990- ormation for responses to specific questions on Z or to provide any additional information. to Form 990 or Form 990-EZ. gov/Form990 for the latest information.	EZ OMB No. 15 202 Open to Inspecti	23 Public		
Name of the organization American Fibrony		Employer identification	n number		
Association, Inc		77-0355224			
Form 990, Part III, Line 2, New	Program Services:				
As part of our patient-education	mission, we launched a new	v 80-page			
website to serve as a go-to reso	urce for patients and their	healthcare			
providers. The site includes sec	tions on both drug and none	lrug			
treatments, suggested lifestyle	changes, coping strategies,	advances in	L		
treatments and research, descrip	tions of projects funded, a	and detailed			
grant guidelines.					
Form 990, Part VI, Section A, li	ne 2:				
Steve and Kristin Thorson are ma	rried.				
Form 990, Part VI, Section B, li	ne 11b:				
Form 990 is prepared by a CPA an	d a draft return is reviewe	ed by the			
President and Vice President. C	nce the President and Vice	President			
approve the draft, a copy is ema	iled to the entire board p	rior to filin	g.		
Form 990, Part VI, Section B, Li	ne 12c:				
The Conflict of Interest (COI) d	ocument covers any director	r, officer, o	r		
member of a committee with gover	ning board delegated powers	s, who has a			
direct or indirect financial interest in another entity doing business with					
AFSA. A COI can occur when an officer, director, or trustee's obligation to					
further AFSA's charitable purpose is at odds with their own financial					
interests. The interested person has a duty to disclose the potential					
conflict, which will be discusse	d at an AFSA board meeting.	The COI sha	.11		
be reviewed and voted on at a bo	ard meeting, with the inter	ested party			
abstaining from the vote. The mi For Paperwork Reduction Act Notice, see the Instructions for		rd meeting wi Schedule O (Form			
LHA 332211 11-14-23					

Schedule O (Form 990) 202	23	Page <b>2</b>
Name of the organization	American Fibromyalgia Syndrome Association, Inc.	Employer identification number $77 - 0355224$

include the conflict and its resolution. Board members are required to

review and sign the COI document each year.

Form 990, Part VI, Section B, Line 15:

AFSA does not pay any compensation, and therefore does not have a process

in place for determining compensation.

Form 990, Part VI, Section C, Line 19:

The organization makes its governing documents and financial statements for

the past three years available on its website. In addition, they will send

this information to anyone upon request. Form 990 is also available online

at www.guidestar.org.

332212 11-14-23