| | | PUB | LIC DISCLOSURE COPY - STATE REGISTRAT Return of Organization Exempt Fro | | | 924 OMB No. 1545-0047 |
|---------------------------------|--------------------------------------|--------------------------------|---|-----------|------------------------------|-------------------------------|
| Forr | _ Q | 90 | | | | 2023 |
| 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 990 (2023) |

| | American Fib: | romyalgia | Syndrome | | | |
|--------|--|---------------------|-----------------------|--------------------------|---------------------|---------------|
| | 990 (2023) Association, | | | | 77-0355224 | Page 2 |
| 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) |
| 33200 | 3 12-21-23 | ⊢orm | 33U (| (2023) |

332003 12-21-23

15220906 759078 7121.0

3

American Fibromyalgia Syndrome

| Form | 990 (2023) Association, Inc. 77-035 | 5224 | P | age 4 |
|----------|---|-----------------|-----|--------------|
| 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 t V 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) |
| | 4 | | | , |

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 | |
| List all of the organiz | r all persons required to be listed. Report compensation for zation's current officers, directors, trustees (whether individ E), and (F) if no compensation was paid. | , , , | , |
| List all of the organiz | zation's current key employees, if any. See the instructions | for definition of "key employee." | |
| who received reportable c | n's five current 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 former 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 | (E) Reportable | (F) 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. |
| | | | | | | | | | | |
| | | - | | | | | | | | |
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| | | | | | | | | | | |
| 332007 12-21-23 | | | | | | | | | | Form 990 (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 8 |
| | (A) Name and title | (B) Average hours per week | (do box | not c , unle | Pos heck | C) itior ^{more} 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 former 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 | ;) 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) | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) 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) 1e | | | | | |
| Sir | | | All other contributions, gifts, grants, and | | | | | |
| her | | - | similar amounts not included above 1f | 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 990 (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 |
| 1 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 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 | | | | | |
| 13 Office expenses | | 1,089. | | 1,089. | |
| I4 Information technology | | 7,484. | 881. | 6,603. | |
| 5 Royalties | | | | | |
| 6 Occupancy | | | | | |
| 7 Travel | | | | | |
| 8 Payments of travel or ente | ertainment expenses | | | | |
| for any federal, state, or lo | · / | | | | |
| 9 Conferences, conventions | | | | | |
| | , | | | | |
| 1 Payments to affiliates | | | | | |
| Depreciation, depletion, ar | | | | | |
| | | 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 990 (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 _{Page} 1 [.] |
|-------------|----------|---|---------------------------------|----------|--|
| Parl | X | Balance Sheet | | | |
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (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 990 (202 |

Form **990** (2023)

332011 12-21-23

| Form | American Fibromyalgia Syndrome Association, Inc. | 77-(|)355224 | Pa | .ge 12 |
|------|---|----------|---------|----------|---------------|
| 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)(1)(A)(iv). (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 | | Type I. 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) |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| Tota | al | | | | | | | | | |

| American Fi | bromyalgia | Syndrome |
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| Association | ı, Inc. | |

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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) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) 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) 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 stor | _ | · · · · · | | | | |
| 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 | | | | | | |
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| | | | | | | | (Form 990) 2023 |

| American | Fibr | romyalgia | Syndrome |
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| 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) 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 | | | | | | |
| 3 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 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | 3 (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included 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.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. 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 | | - | | | | |
| 15 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 | % |
| 18 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 33 1/3% support tests - 2022. 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

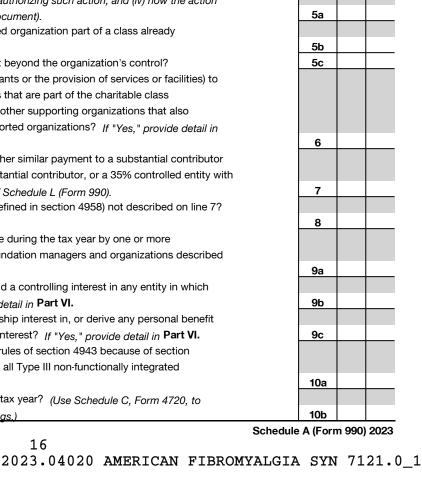
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

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| American | Fibr | omyalg | ia | Syndr | ome |
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| 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> Part VI <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 Part VI 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 Part VI 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 Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. | 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 Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 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. Answer lines 3a and 3b below. | 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 Part VI. | 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 Part VI the role played by the organization in this regard. | 3b | | |
| | | | | · |

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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. |
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| 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 not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

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

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

General Rule

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

Special Rules

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 | Contributors (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 4 |
|-----------------|--|---|---------------------------------------|--------------------------------|
| | 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 |
| | | | | |
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| | | | | |
| (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 | |
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| | | (e) Transfer of gif | + | |
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| | Transferee's name, address, a | Ind ZIP + 4 | Relationship of tr | ansferor to transferee |
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| | | <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 | | |
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| | | (e) Transfer of gif | ـــــــــــــــــــــــــــــــــــــ | |
| | | | L | |
| | Transferee's name, address, a | Ind ZIP + 4 | Relationship of the | ransferor to transferee |
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| 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: | |
| Section 501(c)(3) org | anizations: Com | plete Parts I-A and B. Do not com | plete Part I-C. | | | | |
| Section 501(c) (other | r than section 50 | 1(c)(3)) organizations: Complete P | arts I-A and C below. | Do not complete Par | t I-B. | | |
| Section 527 organiza | 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: | |
| Section 501(c)(3) org | 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. | |
| Section 501(c)(3) org | 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 | | | |
| 2 Political campaign a | | | | | ¢ | | |
| 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 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 Form | 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. | | | |
| (a) 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 |
| | | | | | | | |
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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.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | |
| 1a Total lobbying expenditures to influ | ence public opinion (g | grassroots lobbying) | | | | | | |
| 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 | | |
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| 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 | | | | | | | | |
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| 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.) | | | |
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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) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV appraisal, other) |
|-------------------------------|--|--------------|-----------------------------|---------------------------------|--|---|--|--|
| | | | Investigate the role | | | | | |
| | | | of gut microbes in a | | | | | |
| | | | large-scale clinical | | | | | |
| | | North Africa | trial involving | 97,850. | Check | 0. | | |
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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 (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
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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 | _{on} American Associati | _ | gia Syndrome | e | | | | Employer identification number 77-0355224 |
| Part I General Ir | formation on Grants a | nd Assistance | | | | | | |
| criteria used to a 2 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 | (f) 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 |
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| 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 |
|---|---------------------------|-----------------------------|---------------------------------------|--|---------------------------------------|
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| 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 | - f | -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 | • |
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| 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 2 |
|---------------------------|---|---|
| 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.

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