

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public
inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, OR tax year period beginning **JUL 1, 2000** and ending **JUN 30, 2001**

B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AMERICAN FIBROMYALGIA SYNDROME ASSOC		D Employer identification number 77-0355224
		Number and street (or P O box if mail is not delivered to street address) 6380 E. TANQUE VERDE ROAD		E Telephone number (520) 733-1570
		City or town, state or country, and ZIP TUCSON, AZ 85715		F Check <input type="checkbox"/> if application pending

G Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 527
 OR 4947(a)(1)

(H and I are not applicable to section 527 orgs)
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)

J Accounting method Cash Accrual Other (specify) ▶

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	100,278.	
	b Indirect public support	1b	2,029.	
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ <u>94,583.</u> noncash \$ <u>7,724.</u>)	1d		102,307.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		14,820.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		2,649.
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe ▶)	7			
8 a Gross amount from sale of assets other than inventory	(A) Securities	8a		
	10,701.	8b		
	b Less cost or other basis and sales expenses	8b		
	10,730.	8c		
c Gain or (loss) (attach schedule)	8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 1	-29.	
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b Less direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10 a Gross sales of inventory, less returns and allowances	10a	824.		
	b Less cost of goods sold	10b	112.	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 2	712.
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		120,459.	
Expenses	13 Program services (from line 44, column (B))	13		133,315.
	14 Management and general (from line 44, column (C))	14		7,506.
	15 Fundraising (from line 44, column (D))	15		20.
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		140,841.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-20,382.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		135,070.
	20 Other changes in net assets or fund balances (attach explanation)	20		0.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		114,688.

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$ 83,400 • noncash \$	83,400.	83,400.	STATEMENT 7	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	0.	0.	0.	0.
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	715.		715.	
32	Legal fees				
33	Supplies	1,354.		1,354.	
34	Telephone	72.		72.	
35	Postage and shipping	1,257.	907.	350.	
36	Occupancy				
37	Equipment rental and maintenance	310.		310.	
38	Printing and publications	10,733.	10,713.		20.
39	Travel	4,820.	4,820.		
40	Conferences, conventions, and meetings	33,475.	33,475.		
41	Interest				
42	Depreciation depletion, etc (attach schedule)				
43	Other expenses (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 4	4,705.		4,705.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	140,841.	133,315.	7,506.	20.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 5		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	MEDICAL RESEARCH GRANTS GIVEN TO RESEARCH HOSPITALS AND UNIVERSITIES SPECIFICALLY TO FIND CURE FOR TREATMENT OF FIBROMYALGIA SYNDROME AND RELATED MEDICAL DISORDERS. (Grants and allocations \$ 83,400.)	83,400.
b	EDUCATIONAL ACTIVITIES DISSEMINATING FREE BOOKLETS AND BROCHURES ON FIBROMYALGIA SYNDROME AND RELATED MEDICAL DISORDERS. (Grants and allocations \$)	4,292.
c	SEE STATEMENT 6 - EXPENSE ITEMS 39 AND 40 BOTH RELATE TO THE "AFSA 2000" CONFERENCE, SPEAKER AIR TRAVEL, HOTFL, HONORARIUMS, MEETING SPACE RENTAL, AND THE NEXT-DAY ROUNDTABLE DISCUSSION OF AFSA'S RESEARCH PRIORITIES (Grants and allocations \$)	45,623.
d		
e	Other program services (attach schedule) (Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	133,315.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	54,067.45	49,050.
	46 Savings and temporary cash investments	77,598.46	65,089.
	47 a Accounts receivable	47a	47c
	b Less allowance for doubtful accounts	47b	
	48 a Pledges receivable	48a	48c
	b Less allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	51c
	b Less allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	399.53	549.
	54 Investments - securities STMT 8 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	3,006.54	0.
	55 a Investments - land, buildings, and equipment basis	55a	55c
	b Less accumulated depreciation	55b	
	56 Investments - other		56
	57 a Land, buildings, and equipment basis	57a	57c
	b Less accumulated depreciation	57b	
58 Other assets (describe _____)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	135,070.59	114,688.	
Liabilities	60 Accounts payable and accrued expenses		60
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe _____)		65
66 Total liabilities (add lines 60 through 65)	0.66	0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	135,070.67	114,688.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	135,070.73	114,688.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	135,070.74	114,688.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?
80 b If "Yes," enter the name of the organization and check whether it is exempt OR nonexempt
81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81
81 b Did the organization file Form 1120-POL for this year?
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?
85 h If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations Enter a Gross income from members or shareholders
87 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
89 b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2000

91 The books are in care of STEVE THORSON Telephone no (520) 733-1570
Located at 6380 E. TANQUE VERDE RD., SUITE D, TUCSON, AZ ZIP code 85751

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a AFSA 2000 CONFERENCE					14,820.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,649.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-29.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					712.
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,620.	15,532.
105 Total (add line 104 columns (B), (D), and (E))					18,152.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete information of which preparer has any knowledge (Important: See General Instruction W)

10/2002 Kristin E. Thorsen, President

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **AMERICAN FIBROMYALGIA SYNDROME ASSOC** Employer identification number **77 0355224**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	81,495.	109,783.	235,522.	142,519.	569,319.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	740.	2,559.	18,393.	18,212.	39,904.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,218.	2,407.	15.		5,640.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	85,453.	114,749.	253,930.	160,731.	614,863.
24 Line 23 minus line 17	84,713.	112,190.	235,537.	142,519.	574,959.
25 Enter 1% of line 23	855.	1,147.	2,539.	1,607.	
26 Organizations described on lines 10 or 11	<p>a Enter 2% of amount in column (e), line 24</p> <p>b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts</p> <p>c Total support for section 509(a)(1) test. Enter line 24, column (e)</p> <p>d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a N/A</p> <p>26b N/A</p> <p>26c N/A</p> <p>26d N/A</p> <p>26e N/A</p> <p>26f N/A %</p>
27 Organizations described on line 12	<p>a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) 27,075. (1998) 0. (1997) 0. (1996) 5,000. (1995) 17,000.</p> <p>b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) 0. (1998) 0. (1997) 0. (1996) 0.</p> <p>c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____</p> <p>d Add: Line 27a total _____ and line 27b total _____</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c 609,223.</p> <p>27d 49,075.</p> <p>27e 560,148.</p> <p>27f 614,863.</p> <p>27g 91.1013%</p> <p>27h .9173%</p>
28 Unusual Grants. For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)	NONE				

Part V Private School Questionnaire
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

- Check here If the organization belongs to an affiliated group
 Check here If you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	140,841.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	140,841.
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 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 \$1,000,000	41	28,168.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	7,042.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total	
45	Lobbying nontaxable amount	28,168.	15,232.	25,021.	35,943.	104,364.
46	Lobbying ceiling amount (150% of line 45(e))					156,546.
47	Total lobbying expenditures					0.
48	Grassroots nontaxable amount	7,042.	3,808.	6,255.	8,986.	26,091.
49	Grassroots ceiling amount (150% of line 48(e))					39,137.
50	Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Schedule B
(Form 990 or 990-EZ)**

Schedule of Contributors

OMB No 1545 0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

Name of organization

AMERICAN FIBROMYALGIA SYNDROME ASSOC

Employer identification number
77-0355224

Organization type (check one)-Section 501(c)(3) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization AMERICAN FIBROMYALGIA SYNDROME ASSOC	Employer identification number 77-0355224
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Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ <u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2		\$ <u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3		\$ <u>5,738.</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
4		\$ <u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
5		\$ <u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
6		\$ <u>6,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

AMERICAN FIBROMYALGIA SYNDROME ASSOC

77-0355224

Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	100 SHARES COCA COLA	\$ 5,738.	01/10/01

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 9
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

102 NOTE CARDS OF EDUCATIONAL INFORMATION ON FIBROMYALGIA SYNDROME OR RELATED DISORDERS WERE DISTRIBUTED FOR A FEE.

93A THE FIRST DAY OF THE COFERENCE FEATURED TEN SPEAKERS ON FIBROMYALGIA SYNDROME AND RELATED DISORDERS, FOLLOWED BY A ROUNDTABLE DISCUSSION BETWEEN SCIENTISTS AND CLINICIANS THE SECOND DAY.

SCHEDULE A PAYMENTS FROM DISQUALIFIED PERSONS STATEMENT 10

*** NOT OPEN TO PUBLIC INSPECTION ***

PAYERS'S NAME	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
	6,000.		5,000.	
	9,000.			5,000.
				7,000.
				5,000.
	12,075.			
TOTAL TO SCHEDULE A, LINE 27A	27,075.		5,000.	17,000.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
100 SHARES BJ'S WHOLESALE CLUB	5,249.	3,006.	0.	2,243.
70 SHARES CHARLES SCHWAB CO.	1,061.	1,986.	0.	-925.
100 SHARES COCA COLA CO.	4,391.	5,738.	0.	-1,347.
TO FORM 990, PART I, LINE 8	10,701.	10,730.	0.	-29.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS	824	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		824
4. COST OF GOODS SOLD (LINE 13)	112	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		712

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	112	
11. ADD LINES 6 THROUGH 10		112
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		112

FORM 990	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	3
DESCRIPTION		AMOUNT	
PRINTING AND REPRODUCTION		112.	
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B		112.	

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
BANK FEES	915.		915.		
INSURANCE	2,727.		2,727.		
LICENCES & PERMITS	120.		120.		
MISCELLANEOUS	317.		317.		
WEB SITE	604.		604.		
SALES TAX	22.		22.		
TOTAL TO FM 990, LN 43	4,705.		4,705.		

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

SCIENTIFC RESEARCH TO FIND THE CURE FOR FIBROMYALGIA SYNDROME, CHRONIC FATIGUE SYNDROME, AND RELATED DISORDERS.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE THREE

AFSA 2000 PATIENT SEMINAR PROVIDED THE EXPERT KNOWLEDGE OF TEN SPEAKERS IN A FULL DAY SESSION ATTENDED BY APPROXIMATELY 200 PEOPLE. THE SECOND DAY WAS A ROUNDTABLE DISCUSSION AMONG SCIENTISTS AND CLINICIANS WHO IDENTIFIED PROMISING AREAS OF RESEARCH RELATED TO FIBROMYALGIA SYNDROME.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		45,623.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
RESEARCH GRANT	MOUNT SINAI SCHOOL OF MEDICINE	BOX 1194, NEW YORK, NY 10029-6574	NOT RELATED	58,400.
RESEARCH GRANT	UNIV HOSP DEPT RHEUM INST PHYS MED	GLORIASTRASSE 25, ZURICH, SWITZERLAND	NOT RELATED	25,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				83,400.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
STOCK	0.				
TO FM 990, LN 54 COL B	0.				

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form) ▶
- Note.** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ▶
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	AMERICAN FIBROMYALGIA SYNDROME ASSOC	77-0355224
	Number, street, and room or suite no. If a P.O. box, see instructions 6380 E. TANQUE VERDE ROAD, NO. D	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions TUCSON, AZ 85715	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a **Group Return** enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year _____ or
▶ tax year beginning JUL 1, 2000, and ending JUN 30, 2001

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Robert G. Harlow Title ▶ CPA Date ▶ 11/9/01
LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)

**The American Fibromyalgia Syndrome Association
FYE 6/30/01**

Substantial contributors in excess of 2% of total contributions

	6/30/01	6/30/00	6/30/99	6/30/98	6/30/97	6/30/96	6/30/95	6/30/94
Contributions - Form 990 Line 1d	101,861	81,495	109,783	235,522	142,519	97,520	70,623	18,115
Accumulated contributions from prior years	755,577	674,082	564,299	328,777	186,258	88,738	18,115	-
Total Contributions received throughout existence	857,438	755,577	674,082	564,299	328,777	186,258	88,738	18,115
2% of contributions received throughout existence	17,149	15,112	13,482	11,286	6,576	3,725	1,775	362
The greater of \$5k or 2% of cumulative contributions received	17,149	15,112	13,482	11,286	6,576	5,000	5,000	5,000
X Total contributions excluded from public support (to line 27(a))	20,000	27,075	-	5,000	17,000	16,000	8,102	5,813

Disqualified persons, other than "substantial contributors"

Name	6/30/01	6/30/00	6/30/99	6/30/98	6/30/97	6/30/96	6/30/95	6/30/94
Officers (always disqualified persons)								
X Thorson, Steve & Kristine and Health Information Network								
Accumulated contributions from prior years	34,915	28,915	28,915	23,915	23,915	13,915	5,813	-
Total Contributions received throughout existence	34,915	34,915	28,915	28,915	23,915	23,915	13,915	5,813

Potential "Substantial Contributors" - schedule tracks and accumulates all contributions

Note: Once a person becomes a substantial contributor, he remains a substantial contributor even though he might not be so classified if the determination were first made at some later date. (\$507(d)(2))

i - first year a person became a substantial contributor.

Contributors who have become "substantial contributors" are shown in bold

<u>Other contributors</u>	<u>6/30/01</u>	<u>6/30/00</u>	<u>6/30/99</u>	<u>6/30/98</u>	<u>6/30/97</u>	<u>6/30/96</u>	<u>6/30/95</u>	<u>6/30/94</u>
Bowles, Mary O	-	150	5,000	2,000	1,000	500	1,100	-
Accumulated contributions from prior years	9,750	9,600	4,600	2,600	1,600	1,100	-	-
Total Contributions received throughout existence	9,750	9,750	9,600	4,600	2,600	1,600	1,100	-
X Buehler, Nancy						i		
Accumulated contributions from prior years	7,000	7,000	7,000	7,000	2,000	-	-	-
Total Contributions received throughout existence	7,000	7,000	7,000	7,000	7,000	2,000	-	-
Courtney, John & Kristen	5,738	-	6,586	-	25	-	-	-
Accumulated contributions from prior years	6,621	6,621	25	25	-	-	-	-
Total Contributions received throughout existence	12,359	6,621	6,621	25	25	-	-	-
Gould, Joseph, B	-	-	5,000	-	-	-	-	/
Accumulated contributions from prior years	5,000	5,000	-	-	-	-	-	-
Total Contributions received throughout existence	5,000	5,000	5,000	-	-	-	-	-
X Haworth Press (Bill Cohen)						i		
Accumulated contributions from prior years	22,000	13,000	13,000	13,000	8,000	2,000	-	-
Total Contributions received throughout existence	32,000	22,000	13,000	13,000	13,000	8,000	2,000	-
X Lucille Orrick Offices						i		
Accumulated contributions from prior years	7,000	7,000	7,000	7,000	-	-	-	-
Total Contributions received throughout existence	7,000	7,000	7,000	7,000	7,000	-	-	-
Scott, Virginia	-	-	5,000	5,000	-	-	-	-
Accumulated contributions from prior years	5,000	5,000	5,000	-	-	-	-	-
Total Contributions received throughout existence	5,000	5,000	5,000	5,000	-	-	-	-

<u>Other contributors (continued)</u>	<u>6/30/01</u>	<u>6/30/00</u>	<u>6/30/99</u>	<u>6/30/98</u>	<u>6/30/97</u>	<u>6/30/96</u>	<u>6/30/95</u>	<u>6/30/94</u>
X Welsberger, Edward & Betty								
Accumulated contributions from prior years	15,719	3,644	2,144	1,000	500	500	-	-
Total Contributions received throughout existence	25,719	15,719	3,644	1,500	500	500	-	-
White, PC								
Accumulated contributions from prior years	-	10,000	10,000	-	-	-	-	-
Total Contributions received throughout existence	10,000	10,000	10,000	-	-	-	-	-
ACP Foundation								
Accumulated contributions from prior years	5,000							
Total Contributions received throughout existence	5,000							
Bessemer Trust								
Accumulated contributions from prior years	1,000							
Total Contributions received throughout existence	1,000							
Campbell Family Trust								
Accumulated contributions from prior years	2,500							
Total Contributions received throughout existence	2,500							
R&L Donnor Trust								
Accumulated contributions from prior years	1,000							
Total Contributions received throughout existence	1,000							
Fibromyalgia Foundation								
Accumulated contributions from prior years	1,000							
Total Contributions received throughout existence	1,000							
Gier, Susan								
Accumulated contributions from prior years	1,000							
Total Contributions received throughout existence	1,000							
Harti, Kristin M								
Accumulated contributions from prior years	1,000							
Total Contributions received throughout existence	1,000							

	<u>6/30/01</u>	<u>6/30/00</u>	<u>6/30/99</u>	<u>6/30/98</u>	<u>6/30/97</u>	<u>6/30/96</u>	<u>6/30/95</u>	<u>6/30/94</u>
<u>Other contributors (continued)</u>								
Kelly, Iva Geraldine	1,000							
Accumulated contributions from prior years	-							
Total Contributions received throughout existence	1,000							
The Milano Foundation	5,000							
Accumulated contributions from prior years	-							
Total Contributions received throughout existence	5,000							
Pizer, Steven & Hillary Pizer	1,000							
Accumulated contributions from prior years	-							
Total Contributions received throughout existence	1,000							
Pfizer Pharmaceutical, Inc	6,000							
Accumulated contributions from prior years	-							
Total Contributions received throughout existence	6,000							

* Any contributor giving \$1,000 or more during FY 6/30/01 has been added to the list to be tracked