

Form **990**

**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2002**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

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

Please use IRS label or print or type See Specific Instructions

**C** Name of organization  
**AMERICAN FIBROMYALGIA SYNDROME ASSOCIATION, INC.**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**6380 E. TANQUE VERDE ROAD D**

City or town, state or country, and ZIP + 4  
**TUCSON, AZ 85715**

**D** Employer identification number  
**77-0355224**

**E** Telephone number  
**(520) 733-1570**

**F** Accounting method  Cash  Accrual  
 Other (Specify) ▶

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

H and I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

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

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

**G** Web site: **WWW.AFSAFUND.ORG**

**J** Organization type (check only one)  501(c)(3) (insert no.)  4947(a)(1) or  527

**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.

**I** Enter 4-digit GEN ▶

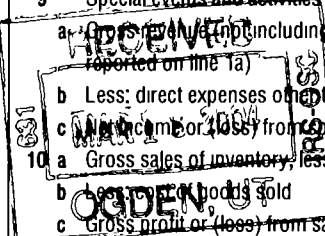
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **143,587.**

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

Revenue	<b>1</b> Contributions, gifts, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>142,200.</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>140,798.</b> noncash \$ <b>1,402.</b> )	<b>1d</b>		<b>142,200.</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>300.</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<b>24.</b>	
	<b>5</b> Dividends and interest from securities	<b>5</b>		<b>17.</b>	
	<b>6 a</b> Gross rents	<b>6a</b>			
<b>b</b> Less: rental expenses	<b>6b</b>				
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>				
<b>7</b> Other investment income (describe ▶ )	<b>7</b>				
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities		(B) Other		
	<b>8a</b>				
	<b>8b</b>				
	<b>8c</b>				
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>				
<b>9</b> Special events and activities (attach schedule)	<b>a</b> Gross amount including \$ _____ of contributions reported on line 1a	<b>9a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10 a</b> Gross sales of inventory, less: returns and allowances	<b>10a</b>	<b>1,046.</b>			
	<b>10b</b>				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	<b>STMT 1</b>	<b>1,046.</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>143,587.</b>		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>48,913.</b>		
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>5,384.</b>		
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>54,297.</b>		
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>89,290.</b>		
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>107,285.</b>		
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>SEE STATEMENT 2</b>	<b>301.</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>196,876.</b>	

SCANNED MAR 23 2004



**AMERICAN FIBROMYALGIA SYNDROME  
ASSOCIATION, INC.**

77-0355224

**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 \$ <b>37,450.</b> noncash \$	22 37,450.	37,450.	<b>STATEMENT 4</b>	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	25 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	31 755.		755.	
32	Legal fees				
33	Supplies	33 334.		334.	
34	Telephone				
35	Postage and shipping	35 3,442.	3,442.		
36	Occupancy				
37	Equipment rental and maintenance	37 333.	333.		
38	Printing and publications	38 7,483.	7,124.	359.	
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize):				
a	<b>BANK FEES</b>	43a 723.		723.	
b	<b>INSURANCE</b>	43b 3,048.		3,048.	
c	<b>TAXES, LICENSES, AND</b>				
d	<b>FEES</b>	43d 174.	9.	165.	
e	<b>WEB SITE</b>	43e 555.	555.		
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 54,297.	48,913.	5,384.	0.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  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 3**

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.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

<b>a</b>	<b>MEDICAL RESEARCH GRANTS GIVEN TO RESEARCH HOSPITALS AND UNIVERSITIES SPECIFICALLY TO FIND CURE AND TREATMENT OF FIBROMYALGIA SYNDROME AND RELATED MEDICAL DISORDERS.</b>	(Grants and allocations \$ 37,450.)	37,450.
<b>b</b>	<b>EDUCATIONAL ACTIVITIES - DISSEMINATING FREE BOOKLETS AND BROCHURES ON FIBROMYALGIA SYNDROME AND RELATED MEDICAL DISORDERS.</b>	(Grants and allocations \$ )	11,463.
<b>c</b>		(Grants and allocations \$ )	
<b>d</b>		(Grants and allocations \$ )	
<b>e</b>	Other program services (attach schedule)	(Grants and allocations \$ )	
<b>f</b>	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>		<b>48,913.</b>

**AMERICAN FIBROMYALGIA SYNDROME  
ASSOCIATION, INC.**

**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
<b>Assets</b>	45 Cash - non-interest-bearing	97,282.	45	185,531.
	46 Savings and temporary cash investments	8,278.	46	8,199.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	549.	53	549.
	54 Investments - securities <b>STMT 5</b>	1,176.	54	2,597.
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis				
b Less: accumulated depreciation		57c		
58 Other assets (describe )		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	107,285.	59	196,876.	
<b>Liabilities</b>	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 <b>Total liabilities</b> (add lines 60 through 65)	0.	66	0.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	107,285.	67	196,876.
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	107,285.	73	196,876.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	107,285.	74	196,876.

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.

**AMERICAN FIBROMYALGIA SYNDROME  
ASSOCIATION, INC.**

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<b>Part IV-A</b> Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	<b>Part IV-B</b> Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<b>a</b> Total revenue, gains, and other support per audited financial statements <span style="float:right">▶ a</span> <b>N/A</b>	<b>a</b> Total expenses and losses per audited financial statements <span style="float:right">▶ a</span> <b>N/A</b>
<b>b</b> Amounts included on line a but not on line 12, Form 990: <ul style="list-style-type: none"> <li>(1) Net unrealized gains on investments \$ _____</li> <li>(2) Donated services and use of facilities \$ _____</li> <li>(3) Recoveries of prior year grants \$ _____</li> <li>(4) Other (specify): \$ _____</li> </ul>	<b>b</b> Amounts included on line a but not on line 17, Form 990: <ul style="list-style-type: none"> <li>(1) Donated services and use of facilities \$ _____</li> <li>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</li> <li>(3) Losses reported on line 20, Form 990 \$ _____</li> <li>(4) Other (specify): \$ _____</li> </ul>
Add amounts on lines (1) through (4) <span style="float:right">▶ b</span>	Add amounts on lines (1) through (4) <span style="float:right">▶ b</span>
<b>c</b> Line a minus line b <span style="float:right">▶ c</span>	<b>c</b> Line a minus line b <span style="float:right">▶ c</span>
<b>d</b> Amounts included on line 12, Form 990 but not on line a: <ul style="list-style-type: none"> <li>(1) Investment expenses not included on line 6b, Form 990 \$ _____</li> <li>(2) Other (specify): \$ _____</li> </ul>	<b>d</b> Amounts included on line 17, Form 990 but not on line a: <ul style="list-style-type: none"> <li>(1) Investment expenses not included on line 6b, Form 990 \$ _____</li> <li>(2) Other (specify): \$ _____</li> </ul>
Add amounts on lines (1) and (2) <span style="float:right">▶ d</span>	Add amounts on lines (1) and (2) <span style="float:right">▶ d</span>
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d) <span style="float:right">▶ e</span>	<b>e</b> Total expenses per line 17, Form 990 (line c plus line d) <span style="float:right">▶ e</span>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
KRISTIN THORSON 6380 E. TANQUE VERDE RD. SUITE D TUCSON, AZ 85715	PRESIDENT 1	0.	0.	0.
STEVE THORSON 6380 E. TANQUE VERDE RD. SUITE D TUCSON, AZ 85715	VP & ACTING SECRETARY 1	0.	0.	0.
ARNE OFTEDAL, CPA 6380 E. TANQUE VERDE RD. SUITE D TUCSON, AZ 85715	TREASURER 1	0.	0.	0.
CHARLES LAPP, M.D. 6380 E. TANQUE VERDE RD. SUITE D TUCSON, AZ 85715	DIRECTOR 1	0.	0.	0.
BILL COHEN 6380 E. TANQUE VERDE RD. SUITE D TUCSON, AZ 85715	DIRECTOR 1	0.	0.	0.
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No Form 990 (2002)

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ASSOCIATION, INC.**

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<b>Part VI Other Information</b>		<b>Yes</b>	<b>No</b>
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
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?	80a		X
b If "Yes," enter the name of the organization <span style="font-size: small;">▶</span> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81 a Enter direct or indirect political expenditures. See line 81 instructions	81a		0.
b Did the organization file Form 1120-POL for this year?	81b		X
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?	82a		X
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 in Part III.)	82b		N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		N/A
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
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? If "Yes," complete Part IX	88		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <span style="font-size: small;">▶</span> _____ 0.; section 4912 <span style="font-size: small;">▶</span> _____ 0.; section 4955 <span style="font-size: small;">▶</span> _____ 0.			
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? If "Yes," attach a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">▶ _____ 0.</span>			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;">▶ _____ 0.</span>			
90 a List the states with which a copy of this return is filed <span style="font-size: small;">▶</span> <u>ARIZONA, CALIFORNIA</u>			
b Number of employees employed in the pay period that includes March 12, 2002	90b		0
91 The books are in care of <span style="font-size: small;">▶</span> <u>STEVE THORSON</u> Telephone no. <span style="font-size: small;">▶</span> <u>(520) 733-1570</u>			

Located at ▶ 6380 E. TANQUE VERDE RD., SUITE D, TUCSON, AZ ZIP + 4 ▶ 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 ▶ | 92 | N/A

**AMERICAN FIBROMYALGIA SYNDROME  
ASSOCIATION, INC.**

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**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions.)

	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	
<b>Note:</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a CONFERENCE SYLLABUS					300.
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	24.	
96 Dividends and interest from securities			14	17.	
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					1,046.
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		41.	1,346.
105 Total (add line 104, columns (B), (D), and (E))					1,387.

**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** (See page 32 of the instructions.)

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).
102	NOTE CARDS OF EDUCATIONAL INFORMATION ON FIBROMYALGIA SYNDROME OR
102	RELATED DISORDERS WERE DISTRIBUTED FOR A FEE.
93A	SYLLABUS FOR A CONFERENCE TO EDUCATE ABOUT FIBROMYALGIA SYNDROME.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

(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** (See page 33 of the instructions.)

- (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

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

accompanying schedules and statements, and to the best of my knowledge and belief, it is true,  
information of which preparer has any knowledge

3/15/09 Date  Steve Thorsen, Secretary Type or print name and title

Date / / Check if self Preparer's SSN or PTIN

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

Name of the organization **AMERICAN FIBROMYALGIA SYNDROME ASSOCIATION, INC.** Employer identification number **77 0355224**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the 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
<b>NONE</b> -----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶ <b>0</b>				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the 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
<b>NONE</b> -----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶ <b>0</b>		

**AMERICAN FIBROMYALGIA SYNDROME**

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)	<b>Yes</b>	<b>No</b>
<b>1</b> 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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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	<b>X</b>
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	2a	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	2b	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	2c	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	2e	<b>X</b>
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3	<b>X</b>
<b>4</b> Do you have a section 403(b) annuity plan for your employees?	4	<b>X</b>
<b>Note:</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.		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 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.)

**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.)

**AMERICAN FIBROMYALGIA SYNDROME**

**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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	88,263.	102,307.	81,495.	109,783.	381,848.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,288.	15,644.	740.	2,559.	20,231.
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	230.	2,649.	3,218.	2,407.	8,504.
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	89,781.	120,600.	85,453.	114,749.	410,583.
24 Line 23 minus line 17	88,493.	104,956.	84,713.	112,190.	390,352.
25 Enter 1% of line 23	898.	1,206.	855.	1,147.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶ 26a	7,807.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts	▶ 26b	51,711.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶ 26c	390,352.
d Add: Amounts from column (e) for lines: 18 <u>8,504.</u> 19 _____ 22 _____ 26b <u>51,711.</u>	▶ 26d	60,215.
e Public support (line 26c minus line 26d total)	▶ 26e	330,137.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶ 26f	84.5742%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: **N/A**

(2001)	(2000)	(1999)	(1998)
--------	--------	--------	--------

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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: **N/A**

(2001)	(2000)	(1999)	(1998)
--------	--------	--------	--------

c Add: Amounts from column (e) for lines: 15 \_\_\_\_\_ 16 \_\_\_\_\_  
17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_

▶ 27c	N/A
▶ 27d	N/A
▶ 27e	N/A

d Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f **N/A**

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g **N/A** %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h **N/A** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**AMERICAN FIBROMYALGIA SYNDROME**

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		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/>			
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/>			
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	

**AMERICAN FIBROMYALGIA SYNDROME  
ASSOCIATION, INC.**

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a if the organization belongs to an affiliated group. Check  b if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		<b>N/A</b>	
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	<b>92,416.</b>
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	<b>92,416.</b>
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	<b>The lobbying nontaxable amount is -</b>		
	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
<b>41</b>		<b>41</b>	<b>18,483.</b>
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	<b>4,621.</b>
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**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 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount	18,483.	18,483.	28,168.	15,232.	80,366.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					120,549.
<b>47</b> Total lobbying expenditures		0.	0.	0.	0.
<b>48</b> Grassroots nontaxable amount	4,621.	4,621.	7,042.	3,808.	20,092.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					30,138.
<b>50</b> Grassroots lobbying expenditures		0.	0.	0.	0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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
<b>a</b> Volunteers		<b>X</b>	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)		<b>X</b>	
<b>c</b> Media advertisements		<b>X</b>	
<b>d</b> Mailings to members, legislators, or the public		<b>X</b>	
<b>e</b> Publications, or published or broadcast statements		<b>X</b>	
<b>f</b> Grants to other organizations for lobbying purposes		<b>X</b>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		<b>X</b>	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		<b>X</b>	
<b>i</b> 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.



FORM 990

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

STATEMENT 1

INCOME

1. GROSS RECEIPTS . . . . .	1,046	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		1,046
4. COST OF GOODS SOLD (LINE 13) . . . . .		
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		1,046

COST OF GOODS SOLD

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

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED HOLDING GAIN	301.
TOTAL TO FORM 990, PART I, LINE 20	301.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 3

EXPLANATION

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

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
RESEARCH GRANT	LSU HEALTH SCIENCES CENTER	1501 KINGS HIGHWAY, SHREVEPORT, LA	UNRELATED	37,450.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				37,450.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
21 SHARES COCA COLA COMPANY	975.				975.
36 SHARES ZIMMER HOLDINGS INC	1,622.				1,622.
TO 990, LN 54 COL B	2,597.				2,597.

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ 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.

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

**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 17, 2004** 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, 2002**, and ending **JUN 30, 2003**.

**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 ▶ *Karun McCloskey* Title ▶ CPA Date ▶ 11/14/03  
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

**Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print.  File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>AMERICAN FIBROMYALGIA SYNDROME ASSOCIATION, INC.</b>	Employer identification number <b>77-0355224</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6380 E. TANQUE VERDE ROAD, NO. D</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TUCSON, AZ 85715</b>	

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

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- 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 is for.

4 I request an additional 3-month extension of time until MAY 17, 2004.

5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2002 and ending JUN 30, 2003.

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

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. 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 J. Harlan CPA Date 2/9/04

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>BEACH, FLEISCHMAN &amp; CO., P.C.</b>
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>P.O. BOX 64130</b>
	City or town, province or state, and country (including postal or ZIP code) <b>TUCSON, ARIZONA 35728-4130</b>