

Form **990-EZ**

**Short Form**

**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. 1545-1150

**2003**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

**A For the 2003 calendar year, or tax year beginning** January 01, 2003, and ending December 31, 20 03

**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**  
**Fibromyalgia Association of Houston, Inc.**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P.O. Box 2174**

City or town, state or country, and ZIP + 4  
**Bellaire, TX 77402**

**D Employer identification number**  
**76 : 0391242**

**E Telephone number**  
**( 713 ) 664-0180**

**F Group Exemption Number** . . . ▶ **NA**

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

**G Accounting method:**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ www.fmah.org

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

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

**K Check** ▶  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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.** . . . ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 37 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21						
Revenue	1	Contributions, gifts, grants, and similar amounts received														18,879																		
	2	Program service revenue including government fees and contracts																																
	3	Membership dues and assessments																																
	4	Investment income															26																	
	5a	Gross amount from sale of assets other than inventory																																
	b	Less: cost or other basis and sales expenses																																
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																																
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																																
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)																																
b	Less: direct expenses other than fundraising expenses																																	
c	Net income or (loss) from special events and activities (line 6a less line 6b)																																	
7a	Gross sales of inventory, less returns and allowances											2193																						
b	Less: cost of goods sold											597																						
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																																	
8	Other revenue (describe ▶ _____)																																	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																																	
Expenses	10	Grants and similar amounts paid (attach schedule)																																
	11	Benefits paid to or for members																																
	12	Salaries, other compensation, and employee benefits																																
	13	Professional fees and other payments to independent contractors																																
	14	Occupancy, rent, utilities, and maintenance																																
	15	Printing, publications, postage, and shipping																																
	16	Other expenses (describe ▶ <u>Conference 2003</u> )																																
17	<b>Total expenses</b> (add lines 10 through 16)																																	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																																
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																
	20	Other changes in net assets or fund balances (attach explanation)																																
	21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)																																

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	17,672	22 13,209
23	Land and buildings		23
24	Other assets (describe ▶ _____)		24
25	<b>Total assets</b>		25
26	<b>Total liabilities</b> (describe ▶ _____)		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	17,672	27 13,209

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2003)