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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
111 QUEEN ANNE AVE N NO 501

City or town, state or country, and ZIP + 4
SEATTLE, WA 981094955

D Employer identification number
23-7416302

E Telephone number
(206) 283-0311

G Gross receipts $ 13,608,143

F Name and address of principal officer
KATHERINE KREITER
111 QUEEN ANNE AVE N NO 501
SEATTLE, WA 981094955

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW IASP-PAIN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1974

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO STIMULATE AND SUPPORT THE STUDY OF PAIN AND TO TRANSLATE THAT KNOWLEDGE INTO IMPROVED PAIN RELIEF WORLDWIDE THE ASSOCIATION PUBLISHES VARIOUS ITEMS INCLUDING THE MONTHLY SCIENTIFIC JOURNAL PAIN, BI-MONTHLY CLINICAL NEWSLETTERS, QUARTERLY MEMBER NEWSLETTERS, A MEMBER REFERENCE GUIDE, AND BOOKS ON IMPORTANT TOPICS IN THE FIELD OF PAIN THE ASSOCIATION RECEIVES MEMBERSHIP DUES FROM OVER 6,500 MEMBERS WORLDWIDE MEMBERS' PROFESSIONS INCLUDE PHYSICIANS, PSYCHOLOGISTS, NURSES, DENTISTS AND RESEARCH SCIENTISTS THE ASSOCIATION HOLDS A BIENNIAL WORLD CONGRESS WHICH IS ATTENDED BY APPROXIMATELY 5,500 HEALTHCARE PROFESSIONALS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	15
6	Total number of volunteers (estimate if necessary)	**6**	180
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	250
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-246

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	314,648	198,605
	9 Program service revenue (Part VIII, line 2g)	7,080,254	1,153,865
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	493,247	243,143
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,879,220	2,642,575
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,767,369	4,238,188
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	649,861	766,260
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,079,910	1,195,200
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,058,395	1,857,286
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,788,166	3,818,746
	19 Revenue less expenses Subtract line 18 from line 12	2,979,203	419,442

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	14,076,656	15,443,909
	21 Total liabilities (Part X, line 26)	1,768,770	2,902,292
	22 Net assets or fund balances Subtract line 21 from line 20	12,307,886	12,541,617

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-07-15
Signature of officer | Date

KATHY KREITER EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: SARA ELIZABETH J HYRE | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00235495

Firm's name (or yours if self-employed), address, and ZIP + 4: CLARK NUBER PS, 10900 NE 4TH STREET SUITE 1700, BELLEVUE, WA 98004 | EIN ▶ 91-1194016 | Phone no ▶ (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

IASP BRINGS TOGETHER SCIENTISTS, CLINICIANS, HEALTH CARE PROVIDERS AND POLICYMAKERS TO STIMULATE AND SUPPORT THE STUDY OF PAIN AND TO TRANSLATE THAT KNOWLEDGE INTO IMPROVED PAIN RELIEF WORLDWIDE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,710,622 including grants of $) (Revenue $ 2,720,387)

EDUCATIONAL MATERIALS-THE PUBLICATION OF NEWSLETTERS, FACT SHEETS, PAIN JOURNAL, AND PUBLIC EDUCATION JOURNAL WEBSITE DEVELOPMENT THAT INCLUDES FREE EDUCATIONAL MATERIAL

4b (Code) (Expenses $ 1,263,979 including grants of $ 766,260) (Revenue $ 806,805)

PROGRAMS-SUPPORT OF CHAPTERS, MEMBER SERVICES, UNIVERSITY LIBRARIES, RESEARCH GRANTS AND EDUCATIONAL GRANTS TO UNIVERSITIES AND RESEARCH INSTITUTIONS IN DEVELOPING COUNTRIES

4c (Code) (Expenses $ 431,150 including grants of $) (Revenue $ 107,074)

IASP PRESS- PUBLISHED 1 BOOK ADDRESSING A BEHAVIORAL APPROACH TO CHRONIC PAIN IN ADDITION, STARTED WORK ON 4 MORE FOR PUBLICATION IN 2012

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 3,405,751

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	25		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ UK , CA See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ WA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ELENA BESPALOVA
111 QUEEN ANNE AVE N SUITE 501
SEATTLE, WA 981094955
(206) 283-0311

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EIJA ANNELI KALSO PRESIDENT	5 00	X		X				1,247	0	0
(2) FERNANDO CERVERO PRESIDENT-ELECT	2 00	X		X				0	0	0
(3) GERALD F GEBHART PAST PRESIDENT	2 00	X		X				0	0	0
(4) JUDITH A PAICE SECRETARY	2 00	X		X				0	0	0
(5) M CATHERINE BUSHNELL TREASURER	5 00	X		X				226	0	0
(6) JANE C BALLANTYNE COUNCILOR	5 00	X						2,573	0	0
(7) RALF BARON COUNCILOR	1 00	X						0	0	0
(8) JOSE CASTRO-LOPES COUNCILOR	1 00	X						0	0	0
(9) MAGED EL-ANSARY COUNCILOR	1 00	X						0	0	0
(10) CYNTHIA GOH COUNCILOR	1 00	X						0	0	0
(11) CELESTE M JOHNSTON COUNCILOR	1 00	X						0	0	0
(12) MICHAEL NICHOLAS COUNCILOR	1 00	X						0	0	0
(13) GERMAN OCHOA COUNCILOR	1 00	X						0	0	0
(14) IRENE TRACEY COUNCILOR	1 00	X						0	0	0
(15) HIROSHI UEDA COUNCILOR	1 00	X						0	0	0
(16) KATHLEEN SLUKA PAST COUNCILOR	1 00	X						1,047	0	0
(17) LARS ARENDT-NIELSEN PAST COUNCILOR	1 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANTOON DE LAAT PAST COUNCILOR	1 00	X						0	0	0
(19) PAUL PIONCHON PAST COUNCILOR	1 00	X						0	0	0
(20) PHILIP SIDDALL PAST COUNCILOR	1 00	X						0	0	0
(21) JUDITH A TURNER PAST COUNCILOR	1 00	X						0	0	0
(22) KATHERINE KREITER EXECUTIVE DIRECTOR	60 00			X				171,265	0	48,937

1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	176,358	0	48,937

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SARAH WHEELER FOUKITHIDOU 2 ATHENS 16343 GR	CONGRESS CONSULTANT	169,605

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 198,605				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		198,605			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	900099	806,805	806,805		
	b	EDITORIAL REVENUE	900099	234,000	234,000		
	c	BOOK SALES	511130	107,074	107,074		
	d	REGISTRATION FEES	900099	5,986	5,986		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,153,865			
	3	Investment income (including dividends, interest and other similar amounts)		209,790			209,790
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		2,474,571	2,474,571		
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	9,403,308				
	b	Less cost or other basis and sales expenses	9,369,955				
	c	Gain or (loss)	33,353				
	d	Net gain or (loss)			33,353		33,353
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	FOREIGN CURRENCY GAIN	900099	158,604			158,604
	b	REPRINTS	541800	5,829	5,829		
	c	MAILING LIST RENTAL	541800	3,483		250	3,233
	d	All other revenue		88			88
	e	**Total.** Add lines 11a–11d		168,004			
	12	**Total revenue.** See Instructions		4,238,188	3,634,265	250	405,068

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	255,000	255,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	511,260	511,260		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	225,295	185,659	39,636	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	749,389	617,708	131,681	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	52,337	41,426	10,911	
9	Other employee benefits	103,389	81,963	21,426	
10	Payroll taxes	64,790	40,775	24,015	
11	Fees for services (non-employees)				
a	Management				
b	Legal	27,903	23,307	4,596	
c	Accounting	71,890	60,048	11,842	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	47,290	38,778	8,512	
g	Other	227,119	196,365	30,754	
12	Advertising and promotion	70,501	58,888	11,613	
13	Office expenses	38,000	31,741	6,259	
14	Information technology	63,670	53,182	10,488	
15	Royalties . .	5,590	5,590		
16	Occupancy	66,287	55,368	10,919	
17	Travel	284,923	239,211	45,712	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,992	3,992		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	49,618	43,607	6,011	
23	Insurance	14,733	12,306	2,427	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PUBLICATIONS	567,231	565,469	1,762	
b	PRINTING	141,325	135,899	5,426	
c	POSTAGE	65,656	54,841	10,815	
d	UNERLATED BUS INC TAX	2,000	2,000		
e					
f	All other expenses	109,558	91,368	18,190	
25	**Total functional expenses.** Add lines 1 through 24f	3,818,746	3,405,751	412,995	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		4,451,058	1	4,027,168
	2	Savings and temporary cash investments		3,747,221	2	3,159,178
	3	Pledges and grants receivable, net		40,000	3	40,000
	4	Accounts receivable, net		227,334	4	972,161
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		162,545	8	108,190
	9	Prepaid expenses and deferred charges		48,155	9	354,139
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 207,559			
	b	Less accumulated depreciation	10b 141,571	91,094	10c	65,988
	11	Investments—publicly traded securities		9,569	11	7,168
	12	Investments—other securities See Part IV, line 11		4,921,154	12	5,584,840
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		328,125	14	315,000
	15	Other assets See Part IV, line 11		50,401	15	810,077
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		14,076,656	16	15,443,909
Liabilities	17	Accounts payable and accrued expenses		328,213	17	152,028
	18	Grants payable		98,810	18	205,000
	19	Deferred revenue		430,270	19	1,446,220
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		911,477	21	1,099,044
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,768,770	26	2,902,292
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		12,018,904	27	12,278,747
	28	Temporarily restricted net assets		288,982	28	262,870
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		12,307,886	33	12,541,617
	34	Total liabilities and net assets/fund balances		14,076,656	34	15,443,909

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	4,238,188
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,818,746
3	Revenue less expenses Subtract line 2 from line 1	3	419,442
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	12,307,886
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-185,711
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12,541,617

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

Employer identification number
23-7416302

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ 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 exempt 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).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	58,193	242,279	273,730	314,648	198,605	1,087,455
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,068,328	9,278,755	2,777,889	8,910,898	3,634,265	27,670,135
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	3,126,521	9,521,034	3,051,619	9,225,546	3,832,870	28,757,590
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	2,095,899	2,338,448	1,797,435	1,897,130	2,664,115	10,793,027
c Add lines 7a and 7b	2,095,899	2,338,448	1,797,435	1,897,130	2,664,115	10,793,027
8 **Public Support** (Subtract line 7c from line 6)						17,964,563

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	3,126,521	9,521,034	3,051,619	9,225,546	3,832,870	28,757,590
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	247,652	299,440	170,566	198,261	209,790	1,125,709
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	3,765	39,865		36,101		79,731
c Add lines 10a and 10b	251,417	339,305	170,566	234,362	209,790	1,205,440
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			184,214	269,163	158,692	612,069
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,608	3,365	2,405	2,062	3,233	14,673
13 **Total support** (Add lines 9, 10c, 11 and 12)	3,381,546	9,863,704	3,408,804	9,731,133	4,204,585	30,589,772

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	58 730 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	60 760 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	3 940 %
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	4 360 %

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-7416302
Name: INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

Form 990, Special Condition Description:

Special Condition Description

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

Employer identification number
23-7416302

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		74,471	50,416	24,055
e Other		133,088	91,155	41,933
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				65,988

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) DEBT INDEX FUNDS	443,622	F
(B) MUTUAL FUNDS	5,141,218	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	5,584,840	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	9,506
(2) CONGRESS - ACCOUNTS RECEIVABLE	798,570
(3) ACCRUED INTEREST AND DIVIDENDS	2,001
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	810,077

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,238,188
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,818,746
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	419,442
4	Net unrealized gains (losses) on investments	4	-185,711
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-185,711
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	233,731

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	3,846,582
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-185,711		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-185,711
3	Subtract line **2e** from line **1**			3	4,032,293
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,291		
b	Other (Describe in Part XIV)	4b	158,604		
c	Add lines **4a** and **4b**			4c	205,895
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,238,188

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,612,851
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	-158,604		
e	Add lines **2a** through **2d**			2e	-158,604
3	Subtract line **2e** from line **1**			3	3,771,455
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,291		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	47,291
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,818,746

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE ASSOCIATION, THROUGH ITS BYLAWS PROVIDE FOR THE CREATION OF SPECIAL INTEREST GROUPS (SIG) THESE GROUPS ARE CREATED BY MEMBERS OF THE ASSOCIATION THAT HAVE A COMMON INTEREST AND DESIRE TO FORM A GROUP TO GET TOGETHER THERE ARE CURRENTLY 19 (FY11) SUCH SPECIAL INTEREST GROUPS THESE GROUPS COLLECT DUES FROM MEMBERS TO FUND MEETINGS AND PUT ON CONFERENCES THE DUES ARE COLLECTED BY THE ASSOCIATION WHICH HOLDS THE FUNDS FOR THE SIGS, WHO MUST APPLY TO THE ASSOCIATION TO DRAW DOWN THEIR FUNDS FROM THE CUSTODIAL ACCOUNTS
PART XII, LINE 4B - OTHER ADJUSTMENTS		GAIN ON FOREIGN CURRENCY 158,604
PART XIII, LINE 2D - OTHER ADJUSTMENTS		GAIN ON FOREIGN CURRENCY -158,604

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

Employer identification number
23-7416302

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS		133,752
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		36,786
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS		82,680
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	GRANTS TO RECIPIENTS		217,593
NORTH AMERICA	0	2	GRANTS TO RECIPIENTS		50,852
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTS TO RECIPIENTS		9,920
EUROPE (INCLUDING ICELAND AND GREENLAND)		1	PROGRAM SERVICES	CONGRESS 2012	169,605
3a Sub-total	0	4			701,188
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	4			701,188

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☑
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 37

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 GRANT RECIPIENTS MUST SUBMIT ANNUAL REPORTS SHOWING THE PROGRESS OF THEIR RESEARCH, PRELIMINARY FINDINGS, AND PROVIDE AN ACCOUNTING OF THEIR EXPENSES TO DATE UPON COMPLETION, THE RECIPIENTS SUBMIT AN ADDITIONAL REPORT SHOWING THEIR RESEARCH FINDINGS AND PUBLICATIONS AS WELL AS GRANT EXPENSE DETAILS THE RELEVANT COMMITTEE REVIEWS THESE REPORTS
	SCHEDULE F, PART I	THE AMOUNTS IN COLUMN F ARE REPORTED ON AN ACCRUAL BASIS
	SCHEDULE F, PART IV, LINE 1	IASP PAID GRANTS TO FOREIGN CORPORATIONS DURING THE YEAR, BUT THESE TRANSFERS DO NOT FALL UNDER AND ARE NOT DESCRIBED IN 6038B(A)(1)(A), 367(D) OR 367(E) THEREFORE, NO FORM 926 IS REQUIRED TO BE FILED

Additional Data

Software ID:
Software Version:
EIN: 23-7416302
Name: INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WHO GRANT	10,000	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	2011 IASP PAIN MANAGEMENT CAMP	40,000	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	2011 EARLY CAREER GRANT	20,000	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	2011 EARLY CAREER GRANT	20,000	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	2011 EARLY CAREER GRANT	20,000	WIRE TRANSFER			
		SOUTH AMERICA	2011 EARLY CAREER GRANT	20,000	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	2011 SCAN DESIGN EARLY CAREER	20,000	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	WHO 2011-2013 GRANT	10,000	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	2011 IASP COLLAB GRANT	10,032	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	2011 DEV CTY ED GRANT	10,000	WIRE TRANSFER			
		SOUTH AMERICA	2011 DEV CTY ED GRANT	10,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	2011 DEV CTY ED GRANT	6,786	WIRE TRANSFER			
		RUSSIA & THE NEWLY INDEPENDENT STATES	2011 DEV CTY ED GRANT	9,920	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	2011 DEV CTY ED GRANT	10,000	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	2011 DEV CTY ED GRANT	10,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	2011 DEV CTY ED GRANT	10,000	WIRE TRANSFER			
		NORTH AMERICA	2011 IASP COLLAB GRANT	15,000	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	2011 DEV CTY ED GRANT	8,000	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	2011 DEV CTY COLLAB RESEARCH GRANT	14,400	CHECK			
		EAST ASIA AND THE PACIFIC	2011 IASP-WFSA DEV CTY GRANT	10,000	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	GRANT - GLOBAL YEAR SYMPOSIUM	7,226	WIRE TRANSFER			
		NORTH AMERICA	GRANT - E-LEARNING CURRICULUM	10,852	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	2011 SCAN DESIGN EARLY CAREER GRANT	20,000	WIRE TRANSFER			
		SOUTH AMERICA	2011 DEV CTY ED GRANT	8,880	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	2011 DEV CTY ED GRANT	10,000	WIRE TRANSFER			
		SOUTH AMERICA	2011 DEV CTY GRANT	8,800	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	2011 IASP COLLAB RESEARCH GRANT	15,000	WIRE TRANSFER			
		SOUTH AMERICA	2011 DEV CTY ED GRANT	10,000	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	IASP MONGOLIA CHAPTER GRANT	5,752	WIRE TRANSFER			
		SOUTH AMERICA	2011 DEV CTY GRANT	10,000	WIRE TRANSFER			
		SOUTH AMERICA	2011 DEV CTY/COLOMBIA GRANT	15,000	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	SHANGHAI INST-9TH RESEARCH SYMP	8,000	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	EUROPEAN PAIN SCHOOL 2011 GRANT	12,935	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	HOSPICE AFRICA UGANDA GRANT 2011	10,000	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	2011-2013 WHO GRANT	20,000	ACCRUAL			
		EUROPE (INCLUDING ICELAND & GREENLAND)	2011 SCAN DESIGN TRAINEE GRANT	50,000	ACCRUAL			
		NORTH AMERICA	GRANT TO CHILDKIND	25,000	ACCRUAL			

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

Employer identification number
23-7416302

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE MCLEAN HOSPITAL CORPORATION 115 MILL STREET BELMONT, MA 02478	04-2697981		45,000				2011 IASP SCAN DESIGN GRANT
(2) UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	GOVERNMENT	15,000				2011 DEV CTY COLLAB RESEARCH GRANT
(3) AT STILL UNIVERSITY OF HEALTH SCIENCES800 W JEFFERSON KIRKSVILLE, MO 63501	43-0356250	GOVERNMENT	25,000				2011 SCAN DESIGN RESEARCH GRANT
(4) OREGON HEALTH SCIENCES UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	GOVERNMENT	10,000				2011 DEV CTY EDUCATION PROJECT GRANT
(5) UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	GOVERNMENT	50,000				2011 JJB TRAINEE FELLOWSHIP GRANT
(6) KYBELE3524 YADKINVILLE RD 124 WINSTONSALEM, NC 27106	90-0759003	501(C)(3)	20,000				2011 IASP INITIATIVE FOR IMPROVING PAIN EDUCATION GRANT
(7) PAIN RESEARCH ENTERPRISES LLCPO BOX 432252 SOUTH MIAMI, FL 33243	45-2720602		40,000				2011 - 10TH IASP RESEARCH SYMPOSIUM
(8) PAIN RESEARCH ENTERPRISES LLCPO BOX 432252 SOUTH MIAMI, FL 33243	45-2720602		10,000				ACCRUAL 2011 - 10TH IASP RESEARCH SYMPOSIUM BALANCE
(9) UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	GOVERNMENT	50,000				ACCRUAL 2011 JJB TRAINEE FELLOWSHIP GRANT-2 YEAR PAYMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANT RECIPIENTS MUST SUBMIT ANNUAL REPORTS SHOWING THE PROGRESS OF THEIR RESEARCH, PRELIMINARY FINDINGS, AND PROVIDE AN ACCOUNTING OF THEIR EXPENSES TO DATE UPON COMPLETION, THE RECIPIENTS SUBMIT AN ADDITIONAL REPORT SHOWING THEIR RESEARCH FINDINGS AND PUBLICATIONS AS WELL AS GRANT EXPENSE DETAILS THE FELLOWSHIPS, GRANTS AND AWARDS WORKING GROUP REVIEWS THESE REPORTS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-7416302
Name: INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE MCLEAN HOSPITAL CORPORATION115 MILL STREET BELMONT,MA 02478	04-2697981		45,000				2011 IASP SCAN DESIGN GRANT
UNIVERSITY OF IOWA105 JESSUP HALL IOWA CITY,IA 52242	42-6004813	GOVERNMENT	15,000				2011 DEV CTY COLLAB RESEARCH GRANT
AT STILL UNIVERSITY OF HEALTH SCIENCES 800 W JEFFERSON KIRKSVILLE,MO 63501	43-0356250	GOVERNMENT	25,000				2011 SCAN DESIGN RESEARCH GRANT
OREGON HEALTH SCIENCES UNIVERSITY3181 SW SAM JACKSON PARK RD PORTLAND,OR 97239	93-1176109	GOVERNMENT	10,000				2011 DEV CTY EDUCATION PROJECT GRANT
UNIVERSITY OF IOWA105 JESSUP HALL IOWA CITY,IA 52242	42-6004813	GOVERNMENT	50,000				2011 JJB TRAINEE FELLOWSHIP GRANT
KYBELE3524 YADKINVILLE RD 124 WINSTONSALEM,NC 27106	90-0759003	501(C)(3)	20,000				2011 IASP INITIATIVE FOR IMPROVING PAIN EDUCATION GRANT
PAIN RESEARCH ENTERPRISES LLC PO BOX 432252 SOUTH MIAMI,FL 33243	45-2720602		40,000				2011 - 10TH IASP RESEARCH SYMPOSIUM
PAIN RESEARCH ENTERPRISES LLC PO BOX 432252 SOUTH MIAMI,FL 33243	45-2720602		10,000				ACCRUAL 2011 - 10TH IASP RESEARCH SYMPOSIUM BALANCE
UNIVERSITY OF IOWA105 JESSUP HALL IOWA CITY,IA 52242	42-6004813	GOVERNMENT	50,000				ACCRUAL 2011 JJB TRAINEE FELLOWSHIP GRANT-2 YEAR PAYMENT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

Employer identification number
23-7416302

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHERINE KREITER	(i)	170,265	1,000	0	25,957	22,980	220,202	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

Employer identification number
23-7416302

Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 6	BOARD AND COMMITTEE MEMBERS OF THE ASSOCIATION DONATE THEIR TIME TO ATTEND BOARD & COMMITTEE MEETINGS, PERFORM COMMITTEE WORK, REVIEW JOURNAL ARTICLES AND PROVIDE OTHER SERVICES THE TOTAL AMOUNT OF TIME SPENT IS NOT ESTIMABLE
	FORM 990, PART VI, SECTION A, LINE 6	REGULAR AND TRAINEE MEMBERS HAVE VOTING RIGHTS, HONORARY AND AFFILIATE MEMBERS DO NOT HAVE VOTING RIGHTS, EXCEPT THAT HONORARY MEMBERS WHO WERE REGULAR MEMBERS AT THE TIME OF THEIR SELECTION TO HONORARY RETAIN THEIR VOTING RIGHTS
	FORM 990, PART VI, SECTION A, LINE 7A	REGULAR AND TRAINEE MEMBERS HAVE ONE VOTE PER MEMBER AND ARE ALLOWED TO VOTE IN THE ELECTION OF OFFICERS AND THE EXECUTIVE COMMITTEE THEY ALSO APPROVE ANY BYLAW MODIFICATIONS
	FORM 990, PART VI, SECTION A, LINE 7B	REGULAR AND TRAINEE MEMBERS RATIFY ANY BYLAWS MODIFICATIONS PASSED BY THE COUNCIL
	FORM 990, PART VI, SECTION B, LINE 11	MANAGEMENT REVIEWS THE FORM 990 AS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AFTER MANAGEMENT REVIEW, THE FINANCE COMMITTEE REVIEWS THE RETURN FINALLY, THE RETURN IS PROVIDED TO THE EXECUTIVE COMMITTEE FOR FINAL REVIEW BEFORE FILING WITH THE INTERNAL REVENUE SERVICE
	FORM 990, PART VI, SECTION B, LINE 12C	PRIOR TO A COUNCIL OR SCIENTIFIC PROGRAM COMMITTEE MEETING, THE COUNCILORS AND STAFF STATE ANY POTENTIAL CONFLICTS OF INTEREST SO EVERYONE IS AWARE ALL CONGRESS SPEAKERS AND JOURNAL AUTHORS SUBMIT CONFLICT OF INTEREST FORMS PRIOR TO PUBLICATION/SPEAKING IF A CONFLICT OF INTEREST IS FOUND, SAID BOARD MEMBER WILL RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON THE MATTER
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE HAS VARIOUS ASSOCIATION SALARY SURVEYS THAT THEY USE WHEN DOING THE ANNUAL REVIEW AND COMPENSATION SETTING OF THE EXECUTIVE DIRECTOR THE COMMITTEE PERFORMS A FORMAL EVALUATION PROCESS OF THE EXECUTIVE DIRECTOR'S WORK WHICH INCLUDES RATING PERFORMANCE AGAINST THE ORGANIZATION'S GOALS, ANALYSIS OF COMPENSATION AND A MERIT BASED SALARY ADJUSTMENT IN ADDITION, IN 2011 A FORMAL SALARY EVALUATION WAS PERFORMED BY AN INDEPENDENT CONSULTANT
	FORM 990, PART VI, SECTION C, LINE 19	IASP BYLAWS ARE POSTED ON THE WEBSITE OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -185,711

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

Employer identification number
23-7416302

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) IASP 2008 LTD 111 QUEEN ANNE AVE N STE 501 SEATTLE, WA 98109 98-0567485	SEE SCHEDULE R, PART VII	UK			

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Sale of assets to related organization(s)	1f		
g Purchase of assets from related organization(s)	1g		
h Exchange of assets with related organization(s)	1h		
i Lease of facilities, equipment, or other assets to related organization(s)	1i		
j Lease of facilities, equipment, or other assets from related organization(s)	1j		
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		
n Sharing of paid employees with related organization(s)	1n		
o Reimbursement paid to related organization(s) for expenses	1o		
p Reimbursement paid by related organization(s) for expenses	1p		
q Other transfer of cash or property to related organization(s)	1q		
r Other transfer of cash or property from related organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
	SCHEDULE R, PART I, COLUMN B	TO FACILITATE THE COLLECTION OF CONGRESS REVENUES AND RELATED EXPENSES IN SCOTLAND FOR CONGRESS 2008 THIS ENTITY WAS LEGALLY DISOLVED IN 2011