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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

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) 1510 H STREET NW

Room/suite 600

City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005

F Name and address of principal officer JOAN GOLDBERG
SAME AS C ABOVE

D Employer identification number 23-7416302

E Telephone number (202)524-5300

G Gross receipts $ 7,745,229.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates 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: SEE PART III, LINE 1.		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	28
6	Total number of volunteers (estimate if necessary)	6	180
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	147,386.	183,580.
9	Program service revenue (Part VIII, line 2g)	6,367,989.	1,021,836.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	280,934.	317,600.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,643,114.	1,641,454.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,439,423.	3,164,470.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	782,163.	702,075.
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)	1,622,939.	1,652,540.
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)	6,475,812.	2,043,843.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,880,914.	4,398,458.
19	Revenue less expenses Subtract line 18 from line 12	-441,491.	-1,233,988.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	14,351,938.	14,791,061.
21	Total liabilities (Part X, line 26)	2,012,845.	3,369,957.
22	Net assets or fund balances Subtract line 21 from line 20	12,339,093.	11,421,104.

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SCANNED NOV 19 2014

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

Joan Goldberg for IASP
Signature of officer — Date 10/29/14

JOAN GOLDBERG, INTERIM EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name ROBERT W. ADLER, ESQ. — Preparer's signature — Date 10/28/14 — Check ☐ if self-employed — PTIN P01003783

Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN — Firm's EIN ▶ 52-1392008

Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N
BETHESDA, MD 20814-2930 — Phone no. (301) 951-9090

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

9-17 24

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] 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 [X] 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 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 $ 1,422,333. including grants of $ 702,075.) (Revenue $)

PROGRAMS - IASP PROVIDED GRANTS AND FELLOWSHIPS TO ASSIST INDIVIDUALS WITH EDUCATIONAL PURSUITS IN PAIN RESEARCH AND ADVANCED PAIN MANAGEMENT EDUCATION THROUGH CLASSROOM STUDIES, EDUCATIONAL FORUMS, PAIN MANAGEMENT CAMPS, AND HOSPITAL-BASED FELLOWSHIPS. IN ADDITION, IASP PROVIDED SUPPORT TO ITS CHAPTERS BY PROVIDING SPEAKER GRANTS, FREE BOOKS AND OTHER EDUCATIONAL MATERIAL.

4b (Code) (Expenses $ 1,555,023. including grants of $) (Revenue $ 1,848,762.)

EDUCATIONAL MATERIALS - PROVIDED EDUCATIONAL OPPORTUNITIES TO ADVANCE PAIN RESEARCH AND THE QUALITY OF PAIN MANAGEMENT. THIS INCLUDED PAIN CLINICAL UPDATES, A CLINICIAN-FOCUSED NEWSLETTER, GLOBAL YEAR AGAINST PAIN TOPICAL FACTSHEETS, THE JOURNAL PAIN, AND A REDESIGNED WEBSITE THAT PROVIDES EDUCATIONAL RESOURCES TO MEMBERS AND THE GENERAL PUBLIC.

4c (Code) (Expenses $ 473,603. including grants of $) (Revenue $ 753,596.)

CONGRESS - IASP HOLDS A BIENNIAL CONGRESS ON PAIN THAT ATTRACTS BETWEEN 4,000-8,000 INTERNATIONAL ATTENDEES. THE CONGRESS FOCUSES ON MULTIDISCIPLINARY TREATMENT APPROACHES AND LATEST RESEARCH ON PAIN DRUGS AND TREATMENT.

4d Other program services (Describe in Schedule O)

(Expenses $ 286,966. including grants of $) (Revenue $ 49,910.)

4e Total program service expenses ▶ 3,737,925.

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
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		X
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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	X	
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		X
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, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a*	24a		X
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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	28		
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	X	
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	28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	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		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, 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, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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 as charitable contributions?		6a		X
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		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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? N/A		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966? N/A		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	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 N/A	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 N/A	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? N/A		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation 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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions*

Check if Schedule O contains a response or note to any line in this Part VI [X]

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	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20		
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			X
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			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

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	X	
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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b		X
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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 during the tax year.

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

KATHERINE KREITER - (202)524-5300
1510 H STREET NW, NO. 600, WASHINGTON, DC 20005

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

Check if Schedule O contains a response or note to any line 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. 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, and 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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) FERNANDO CERVERO PRESIDENT	5.00	X		X				0.	0.	0.
(2) ROLF-DETLEF TREEDE PRESIDENT-ELECT	3.00	X		X				3,431.	0.	0.
(3) EIJA ANNELI KALSO PAST PRESIDENT	2.00	X		X				11.	0.	0.
(4) JUDITH A. TURNER SECRETARY	2.00	X		X				0.	0.	0.
(5) MICHAEL ROWBOTHAM TREASURER	5.00	X		X				3,431.	0.	0.
(6) JANE C. BALLANTYNE COUNCILOR	1.00	X						5,146.	0.	0.
(7) RALF BARON COUNCILOR	1.00	X						0.	0.	0.
(8) JOSE CASTRO-LOPES COUNCILOR	1.00	X						0.	0.	0.
(9) KAREN DAVIS COUNCILOR	1.00	X						2,573.	0.	0.
(10) MAGED EL-ANSARY COUNCILOR	1.00	X						0.	0.	0.
(11) HERTA FLOR COUNCILOR	1.00	X						373.	0.	0.
(12) MICHAEL GOLD COUNCILOR	1.00	X						0.	0.	0.
(13) CYNTHIA GOH COUNCILOR	1.00	X						0.	0.	0.
(14) C. CELESTE JOHNSTON COUNCILOR	1.00	X						0.	0.	0.
(15) EVA KOSEK COUNCILOR	1.00	X						0.	0.	0.
(16) MICHAEL NICHOLAS COUNCILOR	1.00	X						0.	0.	0.
(17) GERMAN OCHOA 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 (list any hours for related organizations below line)	(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) CLAUDIA SOMMER COUNCILOR	1.00	X						0.	0.	0.
(19) IRENE TRACEY COUNCILOR	1.00	X						0.	0.	0.
(20) HIROSHI UEDA COUNCILOR	1.00	X						0.	0.	0.
(21) KATHERINE KREITER EXECUTIVE DIRECTOR	60.00			X				215,725.	0.	47,836.
(22) STEPHEN J. STOUPA DEPUTY DIRECTOR/CFO	43.00			X				147,763.	0.	19,698.
1b Sub-total							▶	378,453.	0.	67,534.
c Total from continuation sheets to Part VII, Section A							▶	0.	0.	0.
d Total (add lines 1b and 1c)							▶	378,453.	0.	67,534.

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 ▶ 2

		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		X
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	X	
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		X

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
ELSEVIER SCIENCE BV P.O. BOX 7247-7682, PHILADELPHIA, PA 19170	PAIN JOURNAL PUBLICATION	454,719.
COAKLEY & WILLIAMS CONSTRUCTION, 7475 WISCONSIN AVE, #900, BETHESDA, MD 20814	CONSTRUCTION SERVICES	221,758.

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 ▶ 2

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 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	183,580.			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f	▶	183,580.			
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	900099	753,596.	753,596.		
	b EDITORIAL STIPEND	900099	253,094.	253,094.		
	c JOURNAL REPRINTS	900099	14,346.	14,346.		
	d POSITION ADS	900099	800.			800.
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶	1,021,836.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	254,559.			254,559.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶	1,581,322.	1,581,322.		
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities 4,600,695.	(ii) Other 1,515.			
	b Less cost or other basis and sales expenses	4,539,169.	0.			
	c Gain or (loss)	61,526.	1,515.			
	d Net gain or (loss)	▶	63,041.			63,041.
	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 91,500.				
	b Less cost of goods sold	b 41,590.				
	c Net income or (loss) from sales of inventory	▶	49,910.	49,910.		
	Miscellaneous Revenue	Business Code				
	11a FOREIGN CURRENCY GAIN	900099	6,571.			6,571.
	b MISCELLANEOUS	900099	3,651.			3,651.
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶	10,222.			
	12 Total revenue See instructions.	▶	3,164,470.	2,652,268.	0.	328,622.

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).

Check if Schedule O contains a response or note to any line 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	270,722.	270,722.		
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	431,353.	431,353.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	445,987.	322,722.	123,265.	
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	951,320.	818,416.	132,904.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,075.	49,401.	13,674.	
9 Other employee benefits	96,595.	64,386.	32,209.	
10 Payroll taxes	95,563.	81,721.	13,842.	
11 Fees for services (non-employees)				
a Management				
b Legal	7,004.	5,803.	1,201.	
c Accounting	49,620.	41,114.	8,506.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	55,429.		55,429.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	249,824.	228,629.	21,195.	
12 Advertising and promotion	22,677.	18,790.	3,887.	
13 Office expenses	189,704.	159,639.	30,065.	
14 Information technology	142,177.	117,804.	24,373.	
15 Royalties	4,913.	4,913.		
16 Occupancy	175,085.	103,532.	71,553.	
17 Travel	361,895.	295,811.	66,084.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,538.	1,562.	21,976.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	178,208.	149,908.	28,300.	
23 Insurance	23,918.	19,818.	4,100.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PUBLICATIONS	511,437.	510,811.	626.	
b DUES & SUBSCRIPTIONS	11,172.	9,257.	1,915.	
c PROF. DEVELOPMENT	10,765.	8,920.	1,845.	
d RECRUITMENT EXPENSE	8,073.	6,689.	1,384.	
e All other expenses	18,404.	16,204.	2,200.	
25 **Total functional expenses** Add lines 1 through 24e	4,398,458.	3,737,925.	660,533.	0.
26 **Joint costs** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		360,102.	1	617,726.
	2	Savings and temporary cash investments		3,210,104.	2	1,701,408.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,455,125.	4	744,970.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		104,768.	8	102,717.
	9	Prepaid expenses and deferred charges		51,632.	9	1,063,258.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,351,510.			
	b	Less accumulated depreciation	10b 299,252.	3,818,551.	10c	4,052,258.
	11	Investments - publicly traded securities		5,049,781.	11	6,219,974.
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets		301,875.	14	288,750.
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		14,351,938.	16	14,791,061.
Liabilities	17	Accounts payable and accrued expenses		513,834.	17	236,393.
	18	Grants payable		70,000.	18	110,000.
	19	Deferred revenue		325,344.	19	1,858,842.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		1,103,667.	21	1,164,722.
	22	Loans and other 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		2,012,845.	26	3,369,957.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		12,085,606.	27	11,157,122.
	28	Temporarily restricted net assets		253,487.	28	263,982.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		12,339,093.	33	11,421,104.
	34	Total liabilities and net assets/fund balances		14,351,938.	34	14,791,061.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,164,470.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,398,458.
3	Revenue less expenses Subtract line 2 from line 1	3	-1,233,988.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,339,093.
5	Net unrealized gains (losses) on investments	5	315,999.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,421,104.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		X
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		

SCHEDULE A (Form 990 or 990-EZ)

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.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN	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 described in **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 - Non-functionally integrated

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 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 monetary support
Total									

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2013

332021
09-25-13

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2013.** 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 - 2012.** If the organization did not check a 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 - 2013.** 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 - 2012.** 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 Section 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	273,730.	314,648.	198,605.	147,386.	183,580.	1,117,949.
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	2,777,889.	8,910,898.	3,634,265.	7,951,792.	2,693,858.	25,968,702.
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	3,051,619.	9,225,546.	3,832,870.	8,099,178.	2,877,438.	27,086,651.
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	1,799,277.	1,899,822.	2,665,702.	1,755,257.	1,802,994.	9,923,052.
c Add lines 7a and 7b	1,799,277.	1,899,822.	2,665,702.	1,755,257.	1,802,994.	9,923,052.
8 **Public support** (Subtract line 7c from line 6)						17,163,599.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	3,051,619.	9,225,546.	3,832,870.	8,099,178.	2,877,438.	27,086,651.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	170,566.	198,261.	209,790.	247,174.	254,559.	1,080,350.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	170,566.	198,261.	209,790.	247,174.	254,559.	1,080,350.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		36,101.				36,101.
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,405.	2,062.	3,233.	3,124.	10,222.	21,046.
13 **Total support** (Add lines 9, 10c, 11, and 12)	3,224,590.	9,461,970.	4,045,893.	8,349,476.	3,142,219.	28,224,148.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	60.81 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	65.38 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	3.83 %
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	3.37 %

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions)

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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 can 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 education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII ☒

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a 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		792,816.		792,816.
b Buildings		3,043,553.	100,191.	2,943,362.
c Leasehold improvements				
d Equipment		62,217.	34,770.	27,447.
e Other		452,924.	164,291.	288,633.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				4,052,258.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	3,460,059.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	315,999.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	315,999.
3	Subtract line 2e from line 1			3	3,144,060.
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	55,429.		
b	Other (Describe in Part XIII)	4b	-35,019.		
c	Add lines 4a and 4b			4c	20,410.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	3,164,470.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	4,378,048.
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 XIII)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,378,048.
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	55,429.		
b	Other (Describe in Part XIII)	4b	-35,019.		
c	Add lines 4a and 4b			4c	20,410.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	4,398,458.

Part XIII Supplemental Information.

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART IV, LINE 2B:

EXPLANATION: IASP THROUGH ITS BYLAWS, PROVIDES FOR THE CREATION OF SPECIAL INTEREST GROUPS (SIGS). THESE GROUPS ARE CREATED BY MEMBERS OF IASP THAT HAVE A COMMON INTEREST AND DESIRE TO FORM A GROUP TO GET TOGETHER. THERE ARE CURRENTLY 20 SUCH SPECIAL INTEREST GROUPS. THESE GROUPS COLLECT DUES FROM MEMBERS TO FUND MEETINGS AND ORGANIZE CONFERENCES. IASP COLLECTS DUES ON BEHALF OF THE SIGS AND MAINTAINS THESE FUNDS IN IASP'S BANK ACCOUNTS. THE SIGS MUST APPLY TO IASP TO DRAWN DOWN THEIR FUNDS FROM THE CUSTODIAL ACCOUNTS.

PART X, LINE 2:

EXPLANATION: FOR THE YEAR ENDED DECEMBER 31, 2013, IASP HAS DOCUMENTED ITS

Part XIII Supplemental Information *(continued)*

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD, REPORTED AS AN EXPENSE ON THE FINANCIAL STATEMENTS, AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 10C.	-41,590.
FOREIGN CURRENCY EXCHANGE GAIN, REPORTED AS AN EXPENSE ON THE FINANCIAL STATEMENTS, AND INCLUDED AS REVENUE ON FORM 990, PART VIII, LINE 11.	6,571.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-35,019.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD, REPORTED AS AN EXPENSE ON THE FINANCIAL STATEMENTS, AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 10C.	-41,590.
FOREIGN CURRENCY EXCHANGE GAIN, REPORTED AS AN EXPENSE ON THE FINANCIAL STATEMENTS, AND INCLUDED AS REVENUE ON FORM 990, PART VIII, LINE 11.	6,571.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-35,019.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at *www irs.gov/form990.*

OMB No 1545-0047
2013
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" on Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		30,000.
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		282,113.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		41,884.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		29,760.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		8,870.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		38,726.
3 a Sub total	0	0			431,353.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			431,353.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2013

332071
10-03-13

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000 Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	2013 CLINICAL TRAINING FELLOWSHIP, THAILAND	10,000.		0.		WIRE TRANSFER
		EUROPE	2013 IASP EARLY CAREER GRANT	19,968.		0.		WIRE TRANSFER
		SOUTH AMERICA	2013 EARLY CAREER RESEARCH GRANT	18,384.		0.		WIRE TRANSFER
		EUROPE	2013 IASP EARLY CAREER RESEARCH GRANT	20,000.		0.		WIRE TRANSFER
		EUROPE	2013 IASP EARLY CAREER RESEARCH GRANT	19,934.		0.		WIRE TRANSFER
		EUROPE	2013 IASP RESEARCH SYMPOSIUM GRANT	40,000.		0.		WIRE TRANSFER
		EUROPE	2013 DEVELOPING COUNTRIES COLLABORATIVE RESEARCH GRANT	12,000.		0.		WIRE TRANSFER
		SOUTH AMERICA	2013 IASP LATIN AMERICAN TRAINEE FELLOWSHIP: IMPROVING EDUCATION GRANT	15,000.		0.		WIRE TRANSFER

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 ▶ 27

3 Enter total number of other organizations or entities ▶ 0

Schedule F (Form 990) 2013

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	2013 EUROPEAN PAIN SCHOOL	11,240.		0.		WIRE TRANSFER
		SOUTH ASIA	2013 DEVELOPING COUNTRIES: INITIATIVE FOR IMPROVING PAIN EDUCATION	9,760.		0.		WIRE TRANSFER
		MIDDLE EAST AND NORTH AFRICA	2013 DEVELOPING COUNTRIES: INITIATIVE FOR IMPROVING PAIN EDUCATION	8,870.		0.		WIRE TRANSFER
		EUROPE	2013 DEVELOPING COUNTRIES: INITIATIVE FOR IMPROVING PAIN EDUCATION	10,000.		0.		WIRE TRANSFER
		EUROPE	2013 DEVELOPING COUNTRIES: INITIATIVE FOR IMPROVING PAIN EDUCATION	9,350.		0.		WIRE TRANSFER
		SUB-SAHARAN AFRICA	2013 DEVELOPING COUNTRIES: INITIATIVE FOR IMPROVING PAIN EDUCATION	9,600.		0.		WIRE TRANSFER
		SUB-SAHARAN AFRICA	2013 DEVELOPING COUNTRIES: INITIATIVE FOR IMPROVING PAIN EDUCATION	10,000.		0.		WIRE TRANSFER
		EUROPE	2013 DEVELOPING COUNTRIES: INITIATIVE FOR IMPROVING PAIN EDUCATION	9,300.		0.		WIRE TRANSFER
		SUB-SAHARAN AFRICA	2013 DEVELOPING COUNTRIES: INITIATIVE FOR IMPROVING PAIN EDUCATION	5,400.		0.		WIRE TRANSFER

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	2013 DEVELOPING COUNTRIES: INITIATIVE FOR IMPROVING PAIN EDUCATION	10,000.		0.		WIRE TRANSFER
		SOUTH ASIA	2013 DEVELOPING COUNTRIES: INITIATIVE FOR IMPROVING PAIN EDUCATION	10,000.		0.		WIRE TRANSFER
		EAST ASIA AND THE PACIFIC	2013 DEVELOPING COUNTRIES: INITIATIVE FOR IMPROVING PAIN EDUCATION	10,000.		0.		WIRE TRANSFER
		SUB-SAHARAN AFRICA	2013 IASP DEVELOPING COUNTRIES PROJECT, INITATIVE FOR IMPROVING PAIN	8,726.		0.		WIRE TRANSFER
		SOUTH AMERICA	2013 IASP DEVELOPING COUNTRIES PROJECT, INITATIVE FOR IMPROVING PAIN	8,500.		0.		WIRE TRANSFER
		EAST ASIA AND THE PACIFIC	2013 IASP DEVELOPING COUNTRIES PROJECT, INITATIVE FOR IMPROVING PAIN	10,000.		0.		WIRE TRANSFER
		EUROPE	2013 ICD-11 SPECIAL INITIATIVE	95,271.		0.		WIRE TRANSFER
		EUROPE	PAIN-OUT: POST-OP PAIN MNGMT IMPROVEMENT PROGRAM	13,000.		0.		WIRE TRANSFER
		SUB-SAHARAN AFRICA	2013 SOUTH AFRICAN CLINICAL TRAINING FELLOWSHIP IN PAIN MNGMT - DRS. NNAJI &	5,000.		0.		WIRE TRANSFER

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	2013 SCAN DESIGN RESEARCH GRANT	22,050.		0.		WIRE TRANSFER

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16
Part III can be duplicated 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, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	[X] 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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	[ ] Yes	[X] 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	[X] No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	[ ] Yes	[X] No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)*	[ ] Yes	[X] 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	[X] No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information.

PART I, LINE 2:

EXPLANATION: GRANT RECIPIENTS MUST SUBMIT ANNUAL REPORTS SHOWING THE PROGRESS OF THEIR RESEARCH, PRELIMINARY FINDINGS, AND PROVIDE AN ACCOUNTING OF THEIR EXPENSE 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.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: 2013 IASP DEVELOPING COUNTRIES PROJECT, INITATIVE FOR IMPROVING PAIN EDUCATION

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: 2013 IASP DEVELOPING COUNTRIES PROJECT, INITATIVE FOR IMPROVING PAIN EDUCATION

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: 2013 IASP DEVELOPING COUNTRIES PROJECT, INITATIVE FOR IMPROVING PAIN EDUCATION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: 2013 SOUTH AFRICAN CLINICAL TRAINING FELLOWSHIP IN PAIN MNGMT - DRS. NNAJI & MULUNGU

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.

▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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? [X] 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 Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
KYBELE INC 3524 YADKINVILLE ROAD #124 WINSTON-SALEM, NC 27106	48-1226904	501(C)(3)	20,000.	0.			2013 DEVELOPING COUNTRIES EDUCATION INITIATIVE
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT - 600 FORBES AVENUE - PITTSBURGH, PA 15282	25-1035663	501(C)(3)	20,000.	0.			APR 2013- 2014 IASP EARLY CAREER RESEARCH
UNIVERSITY OF NORTH TEXAS 1155 UNION CIRCLE #311247 DENTON, TX 76203	75-6002149	501(C)(3)	19,846.	0.			APR 2013- 2014 IASP EARLY CAREER RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	20,000.	0.			APR 2013- 2014 IASP EARLY CAREER RESEARCH
NEW YORK UNIVERSITY 665 BROADWAY #801 NEW YORK, NY 10012	13-5562308	501(C)(3)	19,996.	0.			APR 2013- 2014 IASP EARLY CAREER RESEARCH
UNIVERSITY OF MARYLAND, BALTIMORE 220 ARCH STREET, OFFICE LEVEL 2 BALTIMORE, MD 21201	52-6002033	GOVERNMENT	15,000.	0.			JUNE 2013-2014 IASP COLLABORATIVE RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 10.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2013)**

332101
10-29-13

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
STANFORD UNIVERSITY 1070 ARASTRADERO RD, ROOM 200 MC 55 PALO ALTO, CA 94304	94-1156365	501(C)(3)	48,000.	0.			2013 INTERNATIONAL SCAN DESIGN TRAINEE FELLOWSHIP
BRIGHAM AND WOMEN'S HEALTH CARE, INC. - 75 FRANCIS STREET - BOSTON, MA 02115	04-2921338	501(C)(3)	15,000.	0.			JUNE 2013-2014 IASP COLLABORATIVE RESEARCH
CHILDKIND INTERNATIONAL 333 LONGWOOD AVENUE, 5TH FLOOR BOSTON, MA 02115	27-3846411	501(C)(3)	25,000.	0.			2013 IASP SPECIAL INITIATIVE GRANT TO CHILDKIND
UNIVERSITY OF PITTSBURGH 3109 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	25-0965591	501(C)(3)	50,000.	0.			2012 JJB TRAINEE FELLOWSHIP GRANT - A. SCHAFFER

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. Part III can be duplicated if additional space is needed

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

EXPLANATION: GRANT RECIPIENTS MUST SUBMIT ANNUAL REPORTS SHOWING THE PROGRESS OF THEIR RESEARCH, PRELIMINARY FINDINGS, AND PROVIDE AN ACCOUNTING OF THEIR EXPENSE 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.

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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 appropriate 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 indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ 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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations 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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHERINE KREITER	(i)	204,725.	11,000.	0.	31,055.	16,781.	263,561.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEPHEN J. STOUPA	(i)	146,763.	1,000.	0.	9,169.	10,529.	167,461.	0.
DEPUTY DIRECTOR/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

PART I, LINE 7:

EXPLANATION: BONUS COMPENSATION HAS BEEN REFLECTED IN PART II, COLUMN B(II).

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization: INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

Employer identification number: 23-7416302

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IASP PRESS - IASP PUBLISHED 2 BOOKS IN 2013, "HEADACHE AND PAIN", AND "PAIN MODELS: TRANSLATIONAL RELEVANCE AND APPLICATIONS". IN ADDITION, IT STARTED PRODUCTION OF 8 BOOKS SCHEDULED FOR RELEASE IN 2014. EXPENSES $ 286,966. INCLUDING GRANTS OF $ 0. REVENUE $ 49,910.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: 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:

EXPLANATION: REGULAR AND TRAINEE MEMBERS HAVE ONE VOTE PER MEMBER AND ARE ALLOWED TO VOTE IN THE ELECTION OF OFFICERS AND THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: REGULAR AND TRAINEE MEMBERS RATIFY ANY BYLAWS MODIFICATIONS PASSED BY THE COUNCIL.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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.

Name of the organization: INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

Employer identification number: 23-7416302

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: 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 RECUSES HIMSELF/HERSELF FROM DISCUSSION AND VOTING ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: THE IASP EXECUTIVE COMMITTEE HAS VARIOUS ASSOCIATION SALARY SURVEYS THAT IT USES 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 2012 A FORMAL SALARY EVALUATION WAS PERFORMED BY AN INDEPENDENT CONSULTANT. THE LAST REVIEW TOOK PLACE IN AUGUST 2012. THE DECISION DOCUMENTED IN AN EMAIL TO THE EXECUTIVE DIRECTOR.

ALL OTHER EMPLOYEE COMPENSATION IS DETERMINED BY THE EXECUTIVE DIRECTOR, USING SALARY RANGES PROVIDED BY AN OUTSIDE COMPENSATION CONSULTANT.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: IASP BYLAWS ARE POSTED ON THE WEBSITE. FINANCIAL STATEMENTS ARE INCLUDED IN THE ANNUAL REPORT, WHICH IS POSTED ON THE WEBSITE. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A:

Name of the organization INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

Employer identification number 23-7416302

EXPLANATION: BOARD COMPENSATION - SOME BOARD MEMBERS RECEIVE COMPENSATION FROM IASP FOR SECTION EDITOR HONORARIUMS, AND/OR ROYALTY FEES RELATED TO PUBLICATIONS. THESE PAYMENTS ARE NOT RELATED TO THEIR POSITION ON THE IASP BOARD OF DIRECTORS.