Exempt Organization Bus	sine	ss Income T				B No 1545-0687
(and proxy tax und		ction 6033(e))			9	2017
For calendar year 2017 or other tax year beginning		, and ending		<del></del>	_	2017
Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may				(3)	Open to 501(c)(3	Public Inspection for B) Organizations Only
A Check box if	_			(Em		entification number trust, see
B Exempt upper section Print STUDY OF PAIN	. 1 011	ION IND		:	23-7	416302
X 501(c) (3 ) or Number, street, and room or suite no. If a P.O. bo	x, see ir	nstructions		E Unre		siness activity codes
408(e) 220(e) Type 1510 H STREET NW, NO.	600					J. J
408A 530(a) City or town, state or province, country, and ZIP of S29(a) WASHINGTON, DC 20005	or foreig	n postal code		E 4 -	1800	
C Book value of all assets F Group exemption number (See instructions.)		<del></del>	<del></del>		1000	<u></u>
at end of year 13, 344, 204. G Check organization type ► X 501(c) cor	poration	501(c) trust	40	1(a) trust	ſ	Other trust
H Describe the organization's primary unrelated business activity.   PROGRAM				.(4)		
I During the tax year, was the corporation a subsidiary in an affiliated group or a pare				· 🔲 ۱	es [	X No
If "Yes," enter the name and identifying number of the parent corporation.			_			
J The books are in care of ► MATTHEW D'UVA		Teleph	one number 🕨	(20:	2)85	6-7400
Part I Unrelated Trade or Business Income		(A) Income	(B) Expen	ses		(C) Net
1 a Gross receipts or sales			£	4 &		•
b Less returns and allowances c Balance	1c					
2 Cost of goods sold (Schedule A, line 7)	2					
3 Gross profit. Subtract line 2 from line 1c	3					
4a Capital gain net income (attach Schedule D)	4a				1	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					
c Capital loss deduction for trusts	4c		, •		+	
5 Income (loss) from partnerships and S corporations (attach statement)	5				+	
6 Rent income (Schedule C)	6				_	
7 Unrelated debt-financed income (Schedule E)	7				+	
Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			_		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)					+	
10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule II)	10				+	· · · · · · · · · · · · · · · · · · ·
<ul><li>11 Advertising income (Schedule J)</li><li>12 Other income (See instructions, attach schedule)</li></ul>	12				+	<del></del>
13 Total. Combine lines 3 through 12	13	0.				
Part II Deductions Not Taken Elsewhere (See instructions for					1	
(Except for contributions, deductions must be directly connecte			s income )			
14 Compensation of officers, directors, and trustees (Schedule K)				14		
15 Salaries and wages				15		
16 Repairs and maintenance				16	1	
17 Bad debts				17	<u> </u>	
18 Interest (attach schedule)				18		
19 Taxes and licenses				19	┼	
20 Charitable contributions (See instructions for limitation rules)		SEE STAT	EMENT I	20	┼	0.
21 Depreciation (attach Form 4562)		21		<del></del>	-	
Less depreciation claimed on Schedule A and elsewhere on return		_22a		22b	+-	-
23 Depletion	FC	EIVED		23 24	<del> </del>	<del></del>
The second se				25	+-	
	unv e	2 0 2018		26	+	
26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J)	AO A	6 0 70 10 19 19 19 19 19 19 19 19 19 19 19 19 19		27	+-	_
28 Other deductions (attach schedule)		<del></del>		28	<del>                                     </del>	
29 Total deductions Add lines 14 through 28	GDI	EN, UT		29	<del>                                     </del>	0.
30 Unrelated business taxable income before net operating loss deduction. Subtraction				30	1	0.
31 Net operating loss deduction (limited to the amount on line 30)				31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 fe	rom line	30		32		0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions				33		1,000.
34 Unrelated business taxable income Subtract line 33 from line 32. If line 33 is		than line 32, enter the sm	naller of zero or			
line 32				34	<u> </u>	0.

951-9090 Form 990-T (2017)

the preparer shown below (see

X Yes

52-1392008

instructions)?

(301)

Check

self- employed

Firm's EIN ▶

Phone no.

Paid **Preparer** 

**Use Only** 

SUITE 650N

Date

DAVID F. GRAVING

Firm's address ► BETHESDA.

Firm's name ► GELMAN .

ROSENBERG

MD

20814-2930

4550 MONTGOMERY AVE

Schedule A - Cost of Good	S Sold. Enter	method of inve					1	1	
<ol> <li>Inventory at beginning of year</li> </ol>	1			Inventory at end of yea			6_		
2 Purchases	2		7	Cost of goods sold Su					
3 Cost of labor	3		4	from line 5 Enter here	and in 8	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		_  8	Do the rules of section				Yes	No
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		4	property produced or a	cquirec	d for resale) apply to		·	
5 Total Add lines 1 through 4b	5		<del></del> _	the organization?		1000 5 15			
Schedule C - Rent Income (see instructions)	(From Real	Property an	ia Pe	rsonal Property	Leas	ed With Real Pro	pen	ty) 	
1 Description of property			_						
(1)		<del></del>	_						
<u>(1)</u> (2)		<del></del>					•		
(3)		<del></del>							
(4)	·								-
_(4)	2 Rent receiv	ed or accrued							
(a) From personal property (if the perent for personal property is more 10% but not more than 50%	rcentage of e than	(b) From real of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) a		ected with the income ii (attach schedule)	n
(1)	••			or on promot mooning,					
(2)									
(3)		-						·	
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Er	nter			0.	(b) Total deductions Enter here and on page 1,			0.
Schedule E - Unrelated Del		I Income (see	ınstru	ctions)	0.	Part I, line 6, column (B)			
Concurs E Cinciated Del	ot i manoce	income (see	11300	Ciloria		3 Deductions directly cor	nected	with or allocable	
			2	Gross income from		to debt-finance			
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)						•			
(2)			1			·			
(3)		· <del>-</del> ··-·	<b>-</b>	= -					
(4)								·	
Amount of average acquisition debt on or allocable to debt-financed properly (attach schedule)	of or a	e adjusted basis allocable to anced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)				<u></u> %					-
(2)			<del>                                     </del>	%				-	
(3)				, %					
(4)			1	%					
	<b>.</b>			76	_	nter here and on page 1,		Enter here and on page	e 1.
						Part I, line 7, column (A)		Part I, line 7, column (	
Totals				▶		0			0.
Total dividends-received deductions in	icluded in columi	n 8		,		•	_	_	0.

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Schedule F - Interest,		· · · · · · · · · · · · · · · · · · ·		Controlled O				,			
Name of controlled organizat		2 Employer identification number		related income e instructions)	4 Tot payn	al of specified nents made	5 Part of column 4 that is included in the controlling organization's gross income.		olling	6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7 Taxable Income	8 Net unrelate (see insti		9 Total	of specified pay made	ments	10 Part of column the controllingross				ductions directly connected income in column 10	
(1)											
(2)											
(3)											
(4)											
						Enter here and	nns 5 and on page 1 column (A)		Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals					<b>▶</b>			0.		0.	
Schedule G - Investme		of a Section	on 501(c)(	(7), (9), or	(17) Or	ganization	) 				
1 Desc	ription of income			2 Amount of	ıncome	3 Deduction directly connected (attach scheduction)	cted	4 Set-a		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)											
				Enter here and Part I, line 9, co		•				Enter here and on page 1 Part I, line 9, column (B)	
Totals			<b></b>		0.					0	
Schedule I - Exploited (see instru	-	ivity Inco	me, Othe	r Than Ac	lvertisi	ng Income	,				
1 Description of exploited activity .	2 Gross unrelated busine income from trade or busines	direct	Expenses ly connected production unrelated ness income	4 Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cots 5	5 Gross inco from activity to is not unrelate business inco	hat ed	hat attributable to		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) WORLD											
(2) CONGRESS OF											
(3) PAIN		0.									
(4)											
	Enter here and o page 1, Part I, line 10, col (A)	pag line	here and on le 1, Part I, 10, col (B)						·	Enter here and on page 1, Part II, line 26	
Totals ► Schedule J - Advertisi	na Income	0.	0 ·	l						0.	
Part I Income From I				solidated	Basis			<u>-</u>		<del> </del>	
1 Name of periodical	2 G advert	tising	3 Direct dvertising costs	or (loss) (c		5 Circulat		6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)								-			
(4)											
	··					1					
Totals (carry to Part II, line (5))	▶	0.	0			1				0 .	
, , , , , , , , , , , , , , , , , , , ,		<del> '-</del>		•						Form <b>990-T</b> (2017	

723731 01-22-18

Part II	Income From Periodicals Reported on a S	Separate Basis (For each periodic	al listed in Part II, fill in
	columns 2 through 7 on a line-by line basis )	`	

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	-						
(2)							
(3)						_	
(4)			•				
Totals from Part I	•	0.	0.		-	•	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>&gt;</b>	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2017)

## Form 4626 Department of the Treasury Internal Revenue Service

## **Alternative Minimum Tax - Corporations**

Attach to the corporation's tax return

► Go to www irs gov/Form4626 for instructions and the latest information

OMB No 1545-0123

Name	INTERNATIONAL ASSOCIATION FOR THE			·			Employer identification number
	STUDY OF PAIN						23-7416302
	Note See the instructions to find out if the corporation is a small corporation exempt						
	from the alternative minimum tax (AMT) under section 55(e)						
1	Taxable income or (loss) before net operating loss deduction					1	0.
2	Adjustments and preferences						
a	Depreciation of post-1986 property					2a	
b	Amortization of certified pollution control facilities					2b	
C	Amortization of mining exploration and development costs					2c	
d	Amortization of circulation expenditures (personal holding companies only)					2d	
е	Adjusted gain or loss					2e_	
f	Long-term contracts					2f	
g	Merchant marine capital construction funds					20	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)					2h	
ı	Tax shelter farm activities (personal service corporations only)					21	
J	Passive activities (closely held corporations and personal service corporations only)					2;	
k	Loss limitations					2k	
I	Depletion					21	
n	Tax-exempt interest income from specified private activity bonds					2m	
n	Intangible drilling costs					2n	
0	Other adjustments and preferences				*	20	
3	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 20					3	
4	Adjusted current earnings (ACE) adjustment:						
а	ACE from line 10 of the ACE worksheet in the instructions	4a	$\perp$				
b	Subtract line 3 from line 4a If line 3 exceeds line 4a, enter the difference as a						
	negative amount. See instructions	4b	1				
C	Multiply line 4b by 75% (0 75) Enter the result as a positive amount	4c	$\downarrow$				
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior						
	year ACE adjustments over its total reductions in AMTI from prior year ACE	l					
	adjustments See instructions Note. You must enter an amount on line 4d						
	(even if line 4b is positive)	4d					
е	ACE adjustment.						
	<ul> <li>If line 4b is zero or more, enter the amount from line 4c</li> </ul>	)					
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	Ì				4e	0.
5	Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT					5	0.
6	Alternative tax net operating loss deduction. See instructions					6	
7	Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a	residu	ıal				
	interest in a REMIC, see instructions					7	
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on lines.	ıne 8c)	)				
а	Subtract \$150,000 from line 7. If completing this line for a member of a controlled	1					
	group, see instructions. If zero or less, enter -0-	_8a	$\perp$				
b		8b	L				
C	Exemption Subtract line 8b from \$40,000. If completing this line for a member of a control	led					
	group, see instructions. If zero or less, enter -0-					8c	
9	Subtract line 8c from line 7. If zero or less, enter -0-					9	
0	Multiply line 9 by 20% (0 20)					10	
1	Alternative minimum tax foreign tax credit (AMTFTC) See instructions					11	
2	Tentative minimum tax. Subtract line 11 from line 10					12	
3	Regular tax liability before applying all credits except the foreign tax credit					13	
4	Alternative minimum tax Subtract line 13 from line 12 If zero or less, enter -0 Enter her		on				
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	1				_ 14_	<u> </u>
WΑ	For Paperwork Reduction Act Notice, see separate instructions						Form <b>4626</b> (2017)

\* SEE ALSO

STATEMENT 2

717001 01-12-18

## INTERNATIONAL ASSOCIATION FOR THE STUDY Adjusted Current Earnings (ACE) Worksheet See ACE Worksheet Instructions. 0. Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 ACE depreciation adjustment: a AMT depreciation **b** ACE depreciation (1) Post-1993 property 2b(1) (2) Post-1989, pre-1994 property 2b(2) (3) Pre-1990 MACRS property 2b(3) 2b(4) (4) Pre-1990 original ACRS property (5) Property described in sections 168(f)(1) through (4) 2b(5) (6) Other property 2b(6) (7) Total ACE depreciation Add lines 2b(1) through 2b(6) 2b(7) 2¢ c ACE depreciation adjustment Subtract line 2b(7) from line 2a Inclusion in ACE of items included in earnings and profits (E&P): a Tax-exempt interest income За 3Ь **b** Death benefits from life insurance contracts c All other distributions from life insurance contracts (including surrenders) 3с d Inside buildup of undistributed income in life insurance contracts 3d e Other items (see Regulations sections 1 56(g)-1(c)(6)(iii) through (ix) 3e for a partial list) f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e 3f Disallowance of items not deductible from E&P a Certain dividends received 4a b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as 4b affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19, 2014, 128 Stat 4043) c Dividends paid to an ESOP that are deductible under section 404(k) 4c d Nonpatronage dividends that are paid and deductible under section 4d e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) f Total increase to ACE because of disallowance of items not deductible from E&P Add lines 4a through 4e 4f Other adjustments based on rules for figuring E&P a Intangible drilling costs 5a **b** Circulation expenditures 5b c Organizational expenditures 5c d LIFO inventory adjustments 5d e Installment sales 5e f Total other E&P adjustments Combine lines 5a through 5e 5f Disallowance of loss on exchange of debt pools 6 Acquisition expenses of life insurance companies for qualified foreign contracts 7 7

Depletion

Form 4626

Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property

Adjusted current earnings Combine lines 1, 2c, 3f, 4f, and 5f through 9 Enter the result here and on line 4a of

8

9

10

ORM 990-T CON	TRIBUTIONS SUMMARY		STATEMENT	1
QUALIFIED CONTRIBUTIONS SUBJE	CT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS UNUS FOR TAX YEAR 2012 FOR TAX YEAR 2013	ED CONTRIBUTIONS			
FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015	725,109			
FOR TAX YEAR 2016	20,000			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRI	BUTIONS	745,109		
TOTAL CONTRIBUTIONS AVAILABLE FAXABLE INCOME LIMITATION AS		745,109 0		
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS		745,109		
TOTAL EXCESS CONTRIBUTIONS		745,109		
ALLOWABLE CONTRIBUTIONS DEDUC	TION			C
TOTAL CONTRIBUTION DEDUCTION				C

FORM 4626 AMT CONTRIBUTIONS		STATEMENT	2
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2012			
FOR TAX YEAR 2013			
FOR TAX YEAR 2014 FOR TAX YEAR 2015	725,109		
FOR TAX YEAR 2016	20,000		
TOTAL CARRYOVER CURRENT YEAR CONTRIBUTIONS		745,2	109
TOTAL CONTRIBUTIONS 10% OF TAXABLE INCOME AS ADJUSTED	-	745,3	109 0
EXCESS CONTRIBUTIONS	-	745,	109
ALLOWABLE CONTRIBUTIONS	=		0

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