Form	g	90
⊦orm		

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service
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ΑF	or th	e 2020 calendar year, or tax year beginning and	ending		
B c	Check if pplicat	e: C Name of organization		D Employer identification	ation number
X	Addr				
	Name Chan	Doing business as		26-270352	21
	Initial	,	Room/suite		
	Final		100	800-910-2	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	963,862.
	Amer	WEST MARTFORD, CI 00107		H(a) Is this a group ret	
		Applica- ion Bending CAME A.C. A DOULE CAME A.C. A DOULE		for subordinates?	
		SAME AS C ABUVE		H(b) Are all subordinates inc	luded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 🛄 52	7 If "No," attach a li	st. See instructions
		te: WWW.USPAINFOUNDATION.ORG		H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Yea	r of formation: 2006 M	State of legal domicile: CT
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO E			
Governance		ADVOCATE FOR PEOPLE LIVING WITH CHRONIC			
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos		1 1	
<u>g</u>	3				<u> </u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u> </u>
ties	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			40
Activities &	6	Total number of volunteers (estimate if necessary)			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		
				Prior Year 1,282,617.	Current Year 815,534.
IUe	8	Contributions and grants (Part VIII, line 1h)		0.	015,554.
Revenue	9	Program service revenue (Part VIII, line 2g)		9,546.	1,679.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		133,817.	146,649.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,425,980.	963,862.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	14	Salaries, other compensation, employee benefits (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		487,461.	505,376.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ы		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		726,713.	428,522.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,214,174.	933,898.
		Revenue less expenses. Subtract line 18 from line 12		211,806.	29,964.
or			B	eginning of Current Year	End of Year
lanc	20	Total assets (Part X, line 16)		667,997.	694,170.
Ass J Ba	21	Total liabilities (Part X, line 26)		33,381.	29,590.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		634,616.	664,580.
	art II			· · ·	
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and stater	ments, 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	Signature of officer	Date					
Here	NICOLE HEMMENWAY DYER, PRESI	DENT					
	Type or print name and title						
	Print/Type preparer's name Preparer's si						
Paid	ROBB D. MORTON, CFM, CMA, ROBB D	• MORTON, CFM, 06/09/21 self-employed P00017527					
Preparer	Firm's name BOISSELLE, MORTON & WO						
Use Only	Firm's address 48 BAY ROAD, PO BOX 37	4					
	HADLEY, MA 01035	Phone no. 413-587-0099					
May the I	May the IRS discuss this return with the preparer shown above? See instructions						
032001 12-2	I32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)						

Form	m 990 (2020) US PAIN FOUNDATION INC	26-2703521 Page 2
	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO EMPOWER, EDUCATE, CONNECT, AND ADVOCATE FOR PEOPLE L	IVING WITH
	CHRONIC CONDITIONS THAT CAUSE PAIN.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
0	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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	ers, the total expenses, and
4a		ue\$ 963,862.
		A PRINT AND
	ONLINE MAGAZINE THAT SHOWS THE REALITY OF LIFE WITH PAI	
	STORIES AND PHOTOS AND EDUCATIONAL ARTICLES. 2020 MA	RKED THE 10TH
	ANNIVERSARY OF THIS PROGRAM HIGHLIGHTING WHY PEOPLE LIV	
	NEED AND DESERVE MORE HELP WHILE OFFERING INFORMATION,	
	INSPIRATION. THE ORGANIZATION PUBLISHED ONE NEW EDITION	
	FINALIZING ANOTHER (PUBLISHED 2021-Q2). BECAUSE OF THE	
	INVISIBLE PROJECT HOSTED ITS FIRST VIRTUAL LAUNCH PARTY	-
		AND LED A STATE
	HOUSE CAMPAIGN RAISING AWARENESS ABOUT THE EDITION.	
4b		
	THE ORGANIZATION PRIORITIZES TEACHING INDIVIDUALS HOW T	O ADVOCATE FOR
	THEMSELVES AT THE GRASSROOTS LEVEL WHILE IT ALSO WORKS	TO POSITIVELY
	INFLUENCE PAIN POLICY AT THE HIGHEST LEVELS OF GOVERNME	NT. U.S. PAIN
	FOCUSED PARTICULARLY ON TWO ISSUES LAST YEAR: IMPROVING	ACCESS TO
	MULTIDISCIPLINARY CARE AND EXPANDING TELEHEALTH OPTIONS	. IN 2020, THE
	ORGANIZATION QUICKLY PIVOTED TO KEEP ADVOCATING FOR PEO	
	DURING THE PANDEMIC. THIS INCLUDED REIMAGINING ITS IN-P	
	SUMMIT AS A VIRTUAL SERIES AND HOSTING THE FIRST-EVER V	
	DAY.	
	DAT.	
4c	/ (/ (/ (/ / / / / /	
	PAIN CONNECTION IS A NATIONAL NETWORK OF SUPPORT GROUPS	
	CLINICAL SOCIAL WORKER WHO LIVES WITH PAIN. IN 2020, TH	
	WAS ABLE TO HOST ONE LAST IN-PERSON SUPPORT GROUP LEADE	
	BEFORE COVID-19. AT THAT POINT, THE ORGANIZATION TRANSI	
	ITS LOCAL SUPPORT GROUPS TO BE VIRTUAL WITH VIRTUAL	GROUPS BASED IN
	10 STATES, ALONG WITH FIVE MONTHLY CALLS OPEN TO ANYONE	IN THE COUNTRY.
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 667,315.	
		Form 990 (2020
03200	02 12-23-20	

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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	х	
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</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		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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
с	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
е	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			v
	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	х	
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		Х
	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			v
	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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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	-		<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	Х	
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
	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

22 bit the expanization report more than 53,000 of grants or other assistance to or domestic individuals on Part X, complex 5checide JP, Part I and MIII 22 X 23 bit the expanization answer "We*' to Part VI), Section A, line 3, 4, or 5 about compensated employees? If "Yes," complex 5checide JP and Table Standards principal anomal of the organization famous at axes event bond issue with an outstanding principal anomal of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Scheckie JP Wr Vo; yoo to me screw account of the than a refunding escrew at any time during the year 1 24d 24 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exceptor? 24d 25 Section \$01(c)(3), 501(c)(4), and \$01(c)(2) organizations. Did the organization engage in an excess barefit transaction with a disqualified perion during the year? 24d 26 Did the organization areas an ion babill of issue for bonds outstanding at any time during the year? 24d 26 Did the organization areas an ion babill of issue for bonds outstanding in an excess barefit transaction with a disqualified perion during the year? 24d 26 Did the organization areas an ion babill of issue for bonds outstanding at any time during the year? 24d 26 Did the organization areas and in the targed in an excess barefit transaction with a disqualified perion in a prior year, and that the transaction have an parto at anasstastance to any curine secto anay curine se				Yes	No	
23 Dict the organization answer 'Ver' to Part VII, Section A, Iine 3, 4, or 5 aboxt compensation of the organization's current and tomor officers, directors, trustees, key employees, and highest compensated employees? If 'Yes, 'complete Schedule J. 23 X 24a Dict the organization have a taxe-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year; fat vais assue at fat? December 31, 2002? If 'Yes, 'answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a 24a X 25 Dict the organization marina an encrow account other than a refunding escrow at any time during the year to defease any tax-seempt bond? 24d X 25 Bector Schedule K. If 'No,' go to line 25a 25a Sector Schedule L. Part I 25a 26 Dict the organization marina an encrow account other than a refunding escrow at any time during the year? 24d 25b 26 Sector Schedule L. Part I 25a X 5 5 5 X 27 Didt the organization nearch any anound on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% 25b X 28 Didt the organization approve thansol of any current or former officer, director, trustee, key employee, creator of complete Schedule L, Part II 26b X 27 <td>22</td> <td></td> <td></td> <td></td> <td></td>	22					
and former officers, directors, truates, key employees, and highest compensated employees? If "Yes," complete Schedule X. If "No," go to line 25a 23 X 24a D0 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 organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 2b D0 the organization invest any proceeds of tax-exempt bonds outstanding strow at any time during the year to defease any tax-exempt bonds? 24a X 2b D0 the organization invest as n "on behal of" issuer for bonds outstanding at ny time during the year? 24d 24d 2c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization avas that 1 engaged in an excess benefit transactor with a disqualified person during the year? 25a X 2b Did the organization avas that 1 engaged in an excess benefit transactor with a disqualified person in a prior year, and that the transactor nava on any amount on Par X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled ently of navi member of any of these persons? If "Yes," complete Schedule L, Part I 26a X 27 Dd the organization revortes algoes thereof, a grant store officer, director, trustee, key employee, creator or founder, or substantial contributors? If "Yes," complete Schedule L, Part IV 26a X 28 Wat the organization exereve more than 282,000 in non-cash contributions? If "Yes," c			22		X	
Schedule J 23 X 44 Dott the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule K. If 'No,' go to line 258. 244 45 Dott the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 246 47 Dott the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 246 47 Dott the organization maintain an ecrow account other than a refunding screw at any time during the year? 244 47 Dott the organization and at an adot of the organization and paint any time during the year? 244 47 Dott the organization and at an adot adot screws any time during the year? 244 47 Dott the organization and at a time adot and a temporary period exception? 244 47 Dott the organization and that the angoting main access benefit transaction with a disqualified person during the year? if Yes,' complete Schedule L, Part I 256 48 Dott the organization approximation approximapp	23					
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is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b c Did the organization mantain an escrew account ofher than a refunding strow at any time during the year to delease any tax-sempt bonds? 24d d Did the organization and at as an "on behalf of issue for bonds outstanding at any time during the year? 24d 25a Section 50(26), 501(44), and 501(42) organizations. Did the organization angegin an axcess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 25 Did the organization axee that the rangedin an axcess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 26 Did the organization provide a grant or other assistance to any current or forms officer, director, trustea, key angloyse, creator or founder, substantial contributor, or abs/discontrobutor, et al. 3% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26a 27 Did the organization party to a business transaction with and exceptions): 27a X 28 Was the organization approxement or family of these persons? If "Yes," complete Schedule L, Part II 26a X 29 Did the organization party to a business transaction with and or the olivoling particles (Schedule L, Part II) 28a X 29 Did the organization nealive curvent the olivoling party seless deschedule L, Part I			23			
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b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an ecrow account other than a refunding escrow at any time during the year 10 defease any tax exempt bonds? 24c d Did the organization at as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(68), 501(c4), and 501(c2)0 granizations. Did the organization during the year? If 'Yes,' complete Schedule L, Part I 25a 25a Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 25b 25b Did the organization expert that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 25b 27 Did the organization inports any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 25b 27 Did the organization orpoly ag and to or ther assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 26 28 X A assis controlled director, trustee, key employee, creator or founder, or substantial contributor? If 26a 28 X A assis controlled director, trustee, key employee, creator or founder, or substantial contributor? If					v	
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any tax exempt bonds? 24c 0 Did the organization acts as an 'on behalf of' Issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a 25a With the transaction has not been reported on any of the organization's prior Forms 990 or 990 E27 If 'Yes,' complete Schedule L, Part I 25a 25b Uth the organization aware that the negacin tank access benefit transaction with a disqualified person in a prior year, and that the transaction that no the organization or port any amount on Part X, line 5 or 22, for recorables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part I 26 27 Did the organization apert to business transaction with on organization committee methods, controlled entity or to a business transaction with on organization apert to a business transaction with one of the following parties (see Schedule L, Part II) 28 X 27 Did the organization part to business transaction with one of the following parties (see Schedule L, Part II) 28 X 28 Was the organization apert to a business transaction with an organization described and in the 28a? II' Yes,' complete Schedule L, Part IV 28a X 29 Id the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? II 'Yes,' complete Schedule L, Part IV 28a X<			24b			
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), 501(c)(4), and 501(c)(20) organizations. Did the organization engage 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 E27 If 'Yes,' complete Schedule L, Part I 25a X 25 Did the organization propriation propriation or part A. Line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 28 X 28 Did the organization provide thereof) or tamy of these persons? If 'Yes,' complete Schedule L, Part II 28 X 29 Did the organization provide thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II X 28 Was the organization provide thereof) or family member of any of these person? If 'Yes,' complete Schedule L, Part IV 28 X 29 Did the organization provide work than 0.25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV 28a X 29 Did the organization provide work than 252,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV 28a X 29 Did the organization neceive contributions? If 'Yes,' complete Schedule L, Part I 30 X 30 Did the organiz	с		~			
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creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entry (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II Z7 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV Z8b X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Z8b X 29 Did the organization and the L Part IV Z8c 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 sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part II 31 X 33 Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 34 Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 <td>27</td> <td></td> <td>20</td> <td></td> <td>- 23</td>	27		20		- 23	
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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 301.7701.3? 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," complete Schedule R, Part V, line 2 35b 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule O. 38 X 38 Did the organization complete Schedule O. 38 X 39 Did the organization complete Schedule O. 37 Did the organization complete Schedule O. 38 X 30 Did the organization complete Schedule O. 38 X 37<			30		х	
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	U		10	х		

Form 990 (2020) US

Part V

020) US PAIN FOUNDATION INC Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
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 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		Х
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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).			
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7a		
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
	Enter the amount of reserves on hand	4.6-		X
14a		14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		
		· · · · · ·		

Form **990** (2020)

Form 99	0 (2020)
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US PAIN FOUNDATION INC

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		X
Sec	tion 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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	
С	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	Х	
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?		v	
	The organization's CEO, Executive Director, or top management official	15a	X X	
D	Other officers or key employees of the organization	15b	л	
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		x
Ŀ	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
a				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	166		
500	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990-T (Section 501(c)(3	le only	() 21/21	able
10	for public inspection. Indicate how you made these available. Check all that apply.	ys only) avall	aule
	Image: The public inspection. Indicate how you made these available. Check all that apply. Image: The public inspection. Indicate how you made these available. Check all that apply. Image: The public inspection. Indicate how you made these available. Check all that apply. Image: The public inspection. Indicate how you made these available. Check all that apply. Image: The public inspection. Indicate how you made these available. Check all that apply. Image: The public inspection. Indicate how you made these available. Check all that apply. Image: The public inspection. Indicate how you made these available. Check all that apply. Image: The public inspection. Indicate how you made these available. Check all that apply. Image: The public inspection. The public inspection. Image: The public inspection. <th></th> <th></th> <th></th>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	Icial	
19	statements available to the public during the tax year.	u iiidi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	CFO = 860-604-9482			
	15 NORTH MAIN STREET UNIT 100, WEST HARTFORD, CT 06107			

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated
	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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				recio	n/uus	(ee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	est co o yee	er			organizations
		Indiv	Insti	Officer	Key (Highest compensated employee	Former			
(1) NICOLE HEMMENWAY DYER	40.00									
PRESIDENT				Х				105,000.	0.	0.
(2) PAMELA LYNCH	20.00									
CFO				Х				65,016.	0.	0.
(3) JESSICA BEGLEY	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) SHAWN DICKENS	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(5) ED BILSKY	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) ELLEN LENOX SMITH	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) MARV TURNER	1.00									
BOARD MEMBER		Х						0.	0.	0.

	990 (2020) US PAIN I									26-27	<u>/03</u> !	521	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) (E) Reportable Reportable compensation compensatio from from related		ion amount of						
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	pensa om the anizati I relate nizatio	e ion ed
											_			
	Subtedal		-						170,016.		0.			0.
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but n compensation from the organization									0,000 of reportable	-			1
											r		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>			-	•	-		-	ghest compensated emp			3		x
4	For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from					37
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services		4		X
	rendered to the organization? If "Yes," com					-			-			5		Х
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors f	that received more than	\$100.000 of com	pens	ation fr	rom	
	the organization. Report compensation for								n the organization's tax					
	(A) Name and business	address	N	ONI	3			_	(B) Description of s	ervices	C	(C omper		<u>n</u>
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot lii	mite	d to		se lis D	stec	d above) who received n	nore than				

Form	n 99	90 (2020) US PAIN	FO	UNDATION	INC	C		26-2703	521 Page 9
Pa	rt \	VII	I Statement of Revenue							
			Check if Schedule O contains a	resp	onse or note to a	ny line	e 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
nts nts	1	a	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b						
Am (с	Fundraising events	1c						
lar Iar		d	Related organizations	1d						
ini,		е	Government grants (contributions)	1e						
rior S		f	All other contributions, gifts, grants, and							
ibu			similar amounts not included above \dots	1f	815,53	34.				
d d d		g	Noncash contributions included in lines 1a-1f	1g (\$					
aCo		h	Total. Add lines 1a-1f				815,534.			
					Bucinese ('odo				

ĞĔ		Fundraising events 1c					
, Gifts, G ilar Amo		Related organizations					
, Sili		Government grants (contributions) 1e					
Contributions, and Other Sim		All other contributions, gifts, grants, and					
her			815,534.				
GË G			015,554.				
u or		Noncash contributions included in lines 1a-1f		815,534.			
0.0	n	Total. Add lines 1a-1f		015,554.			
			Business Code				
ice	2 a						
ue C	b						
n S en	c						
Program Service Revenue	d						
l	е						
٩	f	All other program service revenue					
	g	Total. Add lines 2a-2f	🕨				
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)	🕨	1,679.	1,679.		
	4	Income from investment of tax-exempt bond p					
	5	Royalties	🕨 [
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ē	~	and sales expenses 7b					
eni		Gain or (loss)					
Jev		Net gain or (loss)					
Other Revenue		Gross income from fundraising events (not					
Ę	0 0	including \$ of					
U							
		contributions reported on line 1c). See	30,061.				
	la	Part IV, line 18 8a					
		Less: direct expenses 8b		30,061.			30,061.
		Net income or (loss) from fundraising events	····· ►	30,001.			50,001.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	▶				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10b					
	c	Net income or (loss) from sales of inventory	🕨				
s			Business Code	100.005	100 005		
eor		PPP/EIDL FORGIVENESS G	900099	102,805.	102,805.		
ent	b	BAD DEBT RECOVERY	900099	7,750.	7,750.		
evel se	c	OTHER	900099	6,033.	6,033.		
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d	►	116,588.			
	12	Total revenue. See instructions		963,862.	118,267.	0.	30,061.
03200	9 12-2	3-20					Form 990 (2020)

ect	rt IX Statement of Functional Expense ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	mplete column (A).	
	Check if Schedule O contains a response	e or note to any line in	this Part IX		2
Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	<u>C</u>
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		скренеев	general expenses	expended
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Č	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
- 5	Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	466,458.	350,849.	115,609.	
7	Other salaries and wages		550,043.	, 009•	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	20 010	20 272	0 645	
0	Payroll taxes	38,918.	29,273.	9,645.	
1	Fees for services (nonemployees):				
а	Management	60.000	0 7 2 0	F2 100	
b	Legal	62,922.	9,732.	53,190.	
С	Accounting	17,500.		17,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	101,562.	94,170.	7,392.	
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy	22,140.		22,140.	
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
Э	Conferences, conventions, and meetings				
D	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	990.		990.	
3	Insurance	24,061.	1,462.	22,599.	
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)		•		
	amount, list line 24e expenses on Schedule 0.)				
а		181,829.	181,829.		
b	LICENSES/REGISTRATIONS	12,087.		12,087.	
с	OPERATIONS	3,429.		3,429.	
d	OTHER EXPENSE	1,508.		1,508.	
е	All other expenses	494.		494.	
5	Total functional expenses. Add lines 1 through 24e	933,898.	667,315.	266,583.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

Check here

if following SOP 98-2 (ASC 958-720)

PAIN	FOUNDATION	INC	
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26-2703521 Page 11

I a	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			620,069.	1	627,263
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			13,029.	4	52,000
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial o	tributor, or 35%			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		6			
s,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			13,432.	9	11,680
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		9,418. 6,191.			
	b	Less: accumulated depreciation		6,191.	4,217.	10c	3,227
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			17,250.	12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			667,997.	16	694,170
	17	Accounts payable and accrued expenses			33,381.	17	29,590
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
aDI		controlled entity or family member of any of the				22	
5	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			33,381.	26	29,590
		Organizations that follow FASB ASC 958, ch					
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			199,076.	27	176,049
ра	28	Net assets with donor restrictions			435,540.	28	488,531
		Organizations that do not follow FASB ASC					
Ĕ		and complete lines 29 through 33.					
D N	29	Capital stock or trust principal, or current funds	s			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
AS	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			634,616.	32	664,580
-	33	Total liabilities and net assets/fund balances			667,997.	33	694,170

Form 990 (2020) Part X Bala

(2020)	US	PA]
Balance Sheet	t	

Form	1 990 (2020) US PAIN FOUNDATION INC	26-270	3521	Pa	ge 12
Pa	rt 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			62.
2	Total expenses (must equal Part IX, column (A), line 25)	2			98.
3	Revenue less expenses. Subtract line 2 from line 1	3			64.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	634	<u>4,6</u>	16.
5	Net unrealized gains (losses) on investments	5			
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	664	4,5	80.
Pa	rt 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e 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 reviewe	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne 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 on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			1
	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 requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the	organization
-------------	--------------

Employer	ide	ntification	number
2	r	0702E	<u>1</u>

			AIN FOUNDA						6-2703521
Pa	rt I	Reason for Public	Charity Status.	(All organizations must o	complete th	nis part.) S	See instruction	S.	
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)([.]	1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	nit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov							
7	X	An organization that norma	lly receives a substa	intial part of its support	from a gov	ernmental	l unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	and-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, cit	y, and state of	the colleg	e or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membersh	nip fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of it	ts support	from gross investment
		income and unrelated busir		(less section 511 tax) fr	om busine	sses acqu	uired by the org	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor							
11	\square	An organization organized a		•	-				
12		An organization organized a	•	•	•		-		• •
		more publicly supported or	-						Check the box in
		lines 12a through 12d that				-		-	
а		Type I. A supporting orga	-	-	•	-			
		the supported organization			a majority (of the dire	ctors or truste	es of the s	supporting
h		organization. You must o	-		tion with it		ad arganizatio	n(a) hy ha	wing
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	Shtroi or mana	ge the sup	poned
с		organization(s). You mus Type III functionally inte			in connec	tion with	and functional	ly integrat	ed with
U	L	its supported organization						iy integrati	eu with,
d		Type III non-functionally						ted oraani	zation(s)
u	L	that is not functionally int						-	
		requirement (see instruct	v	• •	•		•	anation	
е		Check this box if the orga		•				II. Type III	
-		functionally integrated, or						, . , p =	
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	5 5				
g		vide the following informatior	•	ed organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)
Tota									

Schedule A (Form 990 or 990-EZ) 2020 US PAIN FOUNDATION INC

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									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1,620,478.	1,218,245.	1,805,173.	1,282,617.	962,183.	6,888,696.		
2	Tax revenues levied for the organ-								
	ization'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	1,620,478.	1,218,245.	1,805,173.	1,282,617.	962,183.	6,888,696.		
5									
-	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.						6,888,696.		
	ction B. Total Support						0,000,000.		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 4	1,620,478.	1,218,245.	1,805,173.	1,282,617.	962,183.	6,888,696.		
8	Gross income from interest,	_,,		_,,_,_,.	_,,0,0,	502,2001	•,•••,••••		
0	dividends, payments received on								
	securities loans, rents, royalties,	5,500.		11,000.	9,546.	1,679.	27,725.		
~	and income from similar sources	5,500.		11,000.	5,540.	1,075.	21,125.		
9									
	activities, whether or not the								
10	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital				133,817.		133,817.		
	assets (Explain in Part VI.)				133,017.				
	Total support. Add lines 7 through 10		````				7,050,238. ,270,000.		
	Gross receipts from related activities,						, 270,000.		
13	First 5 years. If the Form 990 is for th	-	st, second, third, i	fourth, or fifth tax y	year as a section s	501(C)(3)			
800	organization, check this box and stor ction C. Computation of Publ		contago						
-				(f)			97.71 %		
	Public support percentage for 2020 (I					14			
	Public support percentage from 2019					15			
108	33 1/3% support test - 2020. If the c	-					N V		
la la	stop here. The organization qualifies		-						
D	33 1/3% support test - 2019. If the c								
<i>.</i>	and stop here. The organization qual						······ ►		
1/a	10% -facts-and-circumstances tes								
	and if the organization meets the fact			-	-	-			
	meets the facts-and-circumstances te	-			-				
b	10% -facts-and-circumstances tes	-					10% or		
	more, and if the organization meets th						. —		
	organization meets the facts-and-circl		-						
18	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								

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 US PAIN FOUNDATION INC

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

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	_						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
5	······						
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	e organization's f	irst. second. third.	fourth, or fifth tax	vear as a section	501(c)(3) organ	ization.
	check this box and stop here	, e. gamzanen e i					►
Sec	ction C. Computation of Public	c Support Pe	ercentage				
	Public support percentage for 2020 (lin			column (f))		15	%
	Public support percentage from 2019					16	%
	tion D. Computation of Inves						/0
	· · · · · · · · · · · · · · · · · · ·					17	%
17 18	Investment income percentage for 202 Investment income percentage from 2		B			18	<u>%</u>
	33 1/3% support tests - 2020. If the			on line 14 and lin			
199		-					
	more than 33 1/3%, check this box an						P
b	33 1/3% support tests - 2019. If the o						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in	structions	▶∟

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
-		
3c		
4a		
ти		
4b		
UF		
4c		
5a		
ou		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10h		

10b

Part IV Supporting Organizations (continued)

1

2

— ...

> Yes No

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
ection B. Type I Supporting Organizations	•		
		Yes	N

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	
•	Did the experimetion approach for the boxedit of any experimetical experimetical sthey then the experimeted	

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III	Supporting Organizations

	_	Y	/es	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а ____ The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- I The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

За

3b

Schedule A (Form 990 or 990-EZ) 2020 US PAIN FOUNDATION INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 US PAIN FOUNDATION INC

Par	t v Type III Non-Functionally Integrated 509	v(a)(3) Supporting Orga	anizations (continued)					
Secti	ction D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe	-	1						
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported							
	organizations, in excess of income from activity	2	2						
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	is 3	3					
4	Amounts paid to acquire exempt-use assets		4	۱					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which t	he organization is responsive	9						
	(provide details in Part VI). See instructions.		8	3					
9	Distributable amount for 2020 from Section C, line 6		9)					
10	Line 8 amount divided by line 9 amount		10)					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020					
1	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2020								
a	From 2015								
b	From 2016								
С	From 2017								
d	From 2018								
e	From 2019								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2020 distributable amount								
i	Carryover from 2015 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2020 from Section D,								
	line 7: \$								
-	Applied to underdistributions of prior years								
	Applied to 2020 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2020, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2020. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2021. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2016								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								
е	Excess from 2020								

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,						
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						

SCHEDULE C	SCHEDULE C Political Campaign and Lobbying Activities			L	OMB No. 1545-0047	
(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527						2020
		if the organization is described			-F7	
Department of the Treasury Internal Revenue Service		ao to www.irs.gov/Form990 for i			2.	Open to Public Inspection
-		n Form 990, Part IV, line 3, or For		ne 46 (Political Campaig	gn Activi	ties), then
	•	plete Parts I-A and B. Do not com	•		_	
.,		01(c)(3)) organizations: Complete I	Parts I-A and C below	/. Do not complete Part I-	В.	
 Section 527 organization 	•	e Part I-A only. 1 Form 990, Part IV, line 4, or For		ing 47 (Lobbying Activit	iaa) thar	
-		have filed Form 5768 (election und			-	
	-	have NOT filed Form 5768 (election				
	, ,	n Form 990, Part IV, line 5 (Proxy	· · · · · ·	.,, .		
Tax) (See separate inst	ructions), then			-		
), or (6) organiza	tions: Complete Part III.				
Name of organization				Em		dentification number
Dest 1 A Dessel		FOUNDATION INC				-2703521
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c)	or is a section 527	organ	zation.
 Ducuido o decovinti 		ation is alive at an al in alive at we litica				
		ation's direct and indirect politica			• \$	
2 Political campaign3 Volunteer hours for		ures			Φ	
	political campa	gir activities				
Part I-B Comple	ete if the org	janization is exempt unde	er section 501(c)	(3).		
1 Enter the amount o	f any excise tax	incurred by the organization unde	er section 4955	▶	· \$	
2 Enter the amount o	f any excise tax	incurred by organization manager	s under section 4955			
3 If the organization i	ncurred a sectio	n 4955 tax, did it file Form 4720 fo	or this year?		Ļ	Yes No
4a Was a correction m	ade?				L	Yes No
b If "Yes," describe in		enization is even tunde	r agation 501(a)	avaant agation 50	1(-)(2)	
-		anization is exempt unde			• \$	
		d by the filing organization for sect ization's funds contributed to othe			<u></u> Ф	
exempt function ac				•	· \$	
1		. Add lines 1 and 2. Enter here an			Ψ	
	-			·	· \$	
					L	Yes No
5 Enter the names, a	ddresses and er	nployer identification number (EIN				iling organization
		tion listed, enter the amount paid				
	•	omptly and directly delivered to a			arate seg	regated fund or a
		additional space is needed, provid	1			
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's		Amount of political ibutions received and
				funds. If none, enter -() pro	omptly and directly
						vered to a separate litical organization.
						If none, enter -0
						<u> </u>
				+		

Schedule C (Form 990 or 990-EZ) 2020 $ US $	PAIN FOUNDATION INC	26-2703521 Page 2
Part II-A Complete if the organ	zation is exempt under section 5010	(c)(3) and filed Form 5768 (election under

section 501(h)).		mpt under sectio			
	belongs to an affi	iliated group (and list	in Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of	excess lobbying	expenditures).			
B Check 🕨 🔲 if the filing organization	checked box A a	nd "limited control" pi	rovisions apply.		
Limits o (The term "expenditu	n Lobbying Expe res" means amou		.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	e public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence			F		
c Total lobbying expenditures (add lines	1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	dd lines 1c and 1c	d)			
f Lobbying nontaxable amount. Enter th			ſ		
If the amount on line 1e, column (a) or (b)	is: The lob	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 16	Э.		
Over \$500,000 but not over \$1,000,00	0 \$100,00	0 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,0	000 \$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000	,000 \$225,00	0 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
	•				
g Grassroots nontaxable amount (enter :	25% of line 1f)				
h Subtract line 1g from line 1a. If zero or					
i Subtract line 1f from line 1c. If zero or	less, enter -0-				
j If there is an amount other than zero o					•
reporting section 4911 tax for this year	?				🗌 Yes 🗌 No
	4-Year Ave	eraging Period Unde	r Section 501(h)		
(Some organizations that		01(h) election do no ate instructions for l		of the five columns	below.
1	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		1
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 US PAIN FOUNDATION INC

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?	Х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		X		
d	Mailings to members, legislators, or the public?	Х		16	5,245.
	Publications, or published or broadcast statements?	Х		7	7,568.
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			L,065.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х			3,759.
i	Other activities?	X			375.
j	Total. Add lines 1c through 1i			39	9,012.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504()			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)(5), or se	ction	
	501(c)(6).			Vaa	Na
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from t t III-B Complete if the organization is exempt under section 501(c)(4), secti			ction	
I UI	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3. is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures)	cai			
-	expenses for which the section 527(f) tax was paid).		20		
	Current year				
	Carryover from last year				
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		20		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.		5		
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list): Part I	II-A. lines 1 a	and 2 (See	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT $II-B$	<i>,,</i>	,	Υ.	
<u>A:</u>	USPF PROVIDES ACTION ALERTS AND WEBINARS TO VOLUN	TEERS	ΤΟ ΤΑ	KE ACT	TION
RE	GARDING VARIOUS POLICIES THAT IMPACT HEALTH				
B:	USPF STAFF INCLUDES AN ADVOCACY DEPARTMENT THAT H	AS EF	FORTS	FOCUSI	ING
ON	IMPROVING PAIN POLICY, WHICH SOMETIMES INVOLVE LEG	ISLAT	ION		
D:	USPF UTILIZES ENGAGEMENT PLATFORMS TO HELP PUBLIC	LEAR	N ABOU		CY

ISSUES AND CONTACT REPRESENTATIVES TO EDUCATE THEM ON PAIN ISSUES, WHICH SOMETIMES INVOLVES SUPPORTING OR OPPOSING LEGISLATION IMPACTING PAIN COMMUNITY

E: USPF AUTHORS OP-EDS AND COMMENTARY, AS WELL AS BROADCASTS ADVOCACY

WEBINAR EVENTS ON THE NEGATIVE AND/OR POSITIVE IMPACTS OF VARIOUS POLICIES

AFFECTING PAIN CARE, WHICH COULD INCLUDE GUIDELINES, GUIDANCES,

RECOMMENDATIONS, PROPOSED RULES AND BILLS

G : USPF STAFF, AS WELL AS VOLUNTEERS MET IN-PERSON AND VIRTUALLY WITH

POLICYMAKERS TO DISCUSS ISSUES IMPEDING OR IMPROVING PAIN CARE, SUCH AS

CMS COVERAGE FOR THERAPIES, BEST PRACTICE RECOMMENDATIONS FROM THE PMTF

REPORT, TELEHEALTH COVERAGE, NIH RESEARCH FOR PAIN, PHARMACY BENEFIT AND

UTILIZATION MANAGEMENT, ETC. SOME OF THESE RELATE TO POSSIBLE LEGISLATION

AND SOME DO NOT.

H : USPF STAFF AND MANAGEMENT SPOKE ON ISSUES REGARDING PAIN CARE THROUGHOUT THE YEAR. USPF HOSTED ADVOCACY WEBINARS TO DISCUSS POLICY ISSUES. ADDITIONALLY, USPF HELD ITS FIRST VIRTUAL ADVOCACY TRAINING SERIES, A VIRTUAL ADVOCACY DAY, AND A VIRTUAL STATE HOUSE CAMPAIGN TO IMPROVE PATIENT ACCESS TO CARE. USPF ALSO SPONSORED PATIENT VOLUNTEERS ATTENDING AN EDUCATIONAL PROGRAM FOLLOWED BY MEETINGS WITH LAWMAKERS ADDRESSING LEGISLATION AIMED AT ENHANCING PATIENT ACCESS TO THERAPY OPTIONS.

I: OTHER ACTIVITIES INCLUDES DUES FOR MEMBERSHIP IN ALLIANCE FOR

TRANSPARENT PRESCRIPTIONS

SCHEDULE	D
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(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.



	ment of the Treasury	Go to www.irs.gov/Form9	90 for instructions a	and the latest inforr	nation.	Inspect	ion
	e of the organizati					er identificatio	n number
	-	US PAIN FOUNDATION	INC			26-2703	
Pai	rt I Organiza	ations Maintaining Donor Advise	ed Funds or Oth	er Similar Fund	s or Accounts	S.Complete if th	ne
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ie 6.				
			(a) Donor ad	vised funds	(b) Funds a	and other accou	unts
1	Total number at er	nd of year					
2	Aggregate value o	f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4		t end of year					
5	-	on inform all donors and donor advisors in	-			_	
	are the organization	on's property, subject to the organization's	exclusive legal contr	rol?		🔛 Yes	L No
6		on inform all grantees, donors, and donor a					
		ooses and not for the benefit of the donor o	or donor advisor, or f	or any other purpose	conferring		
Des	impermissible priv					Yes	└── No
Pa		ation Easements. Complete if the org	-		Part IV, line 7.		
1		servation easements held by the organizati					
		n of land for public use (for example, recrea	ation or education)		f a historically imp		а
		of natural habitat		Preservation o	f a certified histori	c structure	
		n of open space					
2		through 2d if the organization held a quality	fied conservation co	ntribution in the form			
_	day of the tax yea					d at the End of th	le lax year
		onservation easements					
			u setu ve is elu el el is (e				
		vation easements on a certified historic str					
a		vation easements included in (c) acquired					
3		nal Register vation easements modified, transferred, re				ring the tax	
5	year ►	valion easements mouned, transiened, re	leased, extil iguisried	, or terminated by th	e organization du	ning the tax	
4		 where property subject to conservation ea	sement is located				
5		tion have a written policy regarding the pe					
Ū		forcement of the conservation easements i		pootion, narialing of		Yes	
6	,	er hours devoted to monitoring, inspecting,					
	•	,	······································	-,;;			,
7	Amount of expens	ses incurred in monitoring, inspecting, hand	dling of violations, an	d enforcing conserv	ation easements o	during the year	
	▶\$.	Ū		0	
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the require	ments of section 170	D(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	-			🖸 Yes	🗌 No
9	In Part XIII, descril	be how the organization reports conservati	ion easements in its	revenue and expens	e statement and		
	balance sheet, and	d include, if applicable, the text of the foot	note to the organizat	ion's financial staten	nents that describ	es the	
		ounting for conservation easements.					
Pa		ations Maintaining Collections o	-	Treasures, or C	Other Similar	Assets.	
	Complete in	f the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	•	elected, as permitted under FASB ASC 95	· •				
	of art, historical tre	easures, or other similar assets held for pul	blic exhibition, educa	ation, or research in f	urtherance of pub	olic	
		Part XIII the text of the footnote to its final					
b		elected, as permitted under FASB ASC 95					
		sures, or other similar assets held for public	c exhibition, educatio	on, or research in fur	herance of public	service,	
	-	ing amounts relating to these items:			. .		
		ided on Form 990, Part VIII, line 1			· · · -		
~							
2	-	received or held works of art, historical tre			al gain, provide		
	the following amou	unts required to be reported under FASB A	ASC 958 relating to th	nese items:			

b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2020

\$ ►

\$

_		FOUNDATIO	N IN	С				26-27	0352	1 _{Pa}	age 2
Pa	rt III Organizations Maintaining O	Collections of A	rt, Hist	orical Tr	easures, or C	Other :	Simila	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that ma	ake sign	nificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 <u> </u>	_oan or exc	hange program						
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ey further t	he organization's	exemp	t purpo	se in Parl	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or other si	milar as	ssets		-		-
	to be sold to raise funds rather than to be m		<u> </u>						Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered "Yes	s" on Fo	orm 990	, Part IV,	line 9, oi	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		-						7		7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:							
							\vdash		Amoun	t	
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
t	Ending balance						1f				T
	Did the organization include an amount on F								Yes		_ No
	If "Yes," explain the arrangement in Part XIII rt V Endowment Funds. Complete										<u></u>
Fai	Lindowinient i dinds. Complete				1			aara baak	(-) Four	r vooro	book
4.		(a) Current year	(D) P	rior year	(c) Two years ba	<u>uk (a)</u>	Three y	Ears Dack	(e) roui	years	DACK
la k	Beginning of year balance										
u o	Contributions										
ט ה	Net investment earnings, gains, and losses										
	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the cur		L co (lino 1))) hold as:						
2	Board designated or quasi-endowment	Tent year end balant	با عالیا) عر %	y, column (a	a)) neiù as.						
a h	Permanent endowment	%									
		%									
U	The percentages on lines 2a, 2b, and 2c sho	-									
39	Are there endowment funds not in the posse		ation tha	it are held a	and administered	for the	oraaniz	ation			
ou	by:						organiz	ation	I	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?	•				3b		
4	Describe in Part XIII the intended uses of the										
Pa	rt VI Land, Buildings, and Equipn										
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV	/, line 11a. S	See Form 990, Pa	art X, lin	e 10.				
	Description of property	(a) Cost or c	1			c) Accu		d	(d) Boo	k valu	
	,	basis (investr		.,	(other)		ciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				1						
	Other				9,418.		6,19	91.		3,2	27.
	I. Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line 1	10c.)					3,2	27.
									- /-		

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (c) Method of valuation: Cost or end-of-year market value (b) Book value (1) Financial derivatives

(2) Closely held equity interests	
(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" on 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" on 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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2	5.
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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Sche	dule D (Form 990) 2020 US PAIN FOUNDATION INC		26-27	703521 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	963,862.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			963,862.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			963,862.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	•	enses per Return	.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total expenses and losses per audited financial statements		1	933,898.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		-
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			933,898.
0				555,050.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
-	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a		
4				
4 a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4b		0.
4 a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b		

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.

SCHEDULE G Suppl	emental Information Regarding	ng Fun	drais	ing or Gaming	Activi	ties	OMB No. 1545-0047				
(Form 990 or 990-EZ) Complete	e if the organization answered "Yes" organization entered more than					or if the	2020				
Department of the Treasury	Attach to Form 9	90 or Fo	rm 99	0-EZ.			Open to Public				
Internal Revenue Service	Go to www.irs.gov/Form990 for in	structior	is and	the latest informat			Inspection				
Name of the organization							entification number				
	AIN FOUNDATION INC					26-2703					
	required to complete this part.										
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e X Solicitation of non-government grants 											
b X Internet and email solicitations f Solicitation of government grants											
c Phone solicitations d In-person solicitations	g 🗴 Spec										
•	tten or oral agreement with any individ	ual (inclu	dina o	fficers directors true	stees (or					
	90, Part VII) or entity in connection wit						S X No				
	d individuals or entities (fundraisers) pu	-		-		draiser is to l	be				
compensated at least \$5,000 b	by the organization.										
(i) Name and address of individu	al	(iii)	Did	(iv) Gross receipts		mount paid retained bv)	(vi) Amount paid				
or entity (fundraiser)	(ii) Activity	have or cor	ustody ntrol of utions?	from activity) îfu	ndraiser d in col. (i)	to (or retained by) organization				
		Yes	No								
		_									
	1	I									
	nization is registered or licensed to solid			s or has been notified	d it is e	xempt from r	edistration				

or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, ME, MN, MS, NV, NJ, NM, ND, OH, OK, OR, PA RI, SC, TN, VT, VA, WA, WV, WI, LA, MO, TX, AZ, IN, ID, MT, NE, SD, UT, NY

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 US PAIN FOUNDATION INC

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributio and a n Ec orm 990-FZ, lines 1 and 6b. List events with gross n in

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	
			FIGHT GONE			(d) Total events
			BAD	FACEBOOK	5	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
eve	1	Gross receipts	11,000.	7,279.	11,782.	30,061.
щ	•			.,	,	
	2	Less: Contributions				
	-					
	3	Gross income (line 1 minus line 2)	11,000.	7,279.	11,782.	30,061.
	<u> </u>		,	.,	,	
	4	Cash prizes				
	-					
	5	Noncash prizes				
ŝ	5	Noncash prizes				
Direct Expenses	e	Popt/facility/acata				
xpe	6	Rent/facility costs				
Ш т	7					
irec	7	Food and beverages				
	~	Francisconstat				
	8	Entertainment				
	9	Other direct expenses			`	
	10	, , , , , , , , , , , , , , , , , , , ,				30,061.
Pa		Net income summary. Subtract line 10 from I II Gaming. Complete if the organization		- 000 Devt IV/ line 10 ev		50,001.
Га		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or	reported more than	
		\$13,000 011 0111 990 EZ, line da.	1	(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				singe/progreeenve singe		
Re						
	1	Gross revenue				
	~	Cash arises				
ses	Z	Cash prizes				
Direct Expenses	~					
EXP	3	Noncash prizes				
ŝĊ		Deat (celltre este				
Dir	4	Rent/facility costs				
	-	Other direct evenence				
	5	Other direct expenses	Vec 0/	Noo 0/	Noo 0/	
	~		Yes%	Yes%	Yes%	
	0	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 throug			•	
	7	Direct expense summary. Add lines 2 through				
	0	Not coming income summary. Subtract line 7	(d)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•	E.e.					
		ter the state(s) in which the organization conduce the organization licensed to conduct gaming a		atataa2		Yes No
a	П.,	No," explain:				
40.	14/	re only of the event attacks starting them			voor?	
		ere any of the organization's gaming licenses re			year?	Yes No
b	IT "	Yes," explain:				

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	nedule G (Form 990 or 990-EZ) 2020 US PAIN FOUNDATION INC 26-2	<u>2703</u>	521	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	· ,	Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	a ne organization's facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			/0
14				
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
ł	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >			
C	c If "Yes," enter name and address of the third party:			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L '	Yes	└── No
ł	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

SCHEDULE L		Tra	Insaction	ıs V	Vith	Interested	d F	Persons			ON	/IB No.	1545-0	047	
(Form 990 or 990-EZ)	Complete if	the o	-			s" on Form 990, Pa -EZ, Part V, line 38			26, 27	, 28a,		2	02	20	
Department of the Treasury Internal Revenue Service		io to v	Atta	ch to	Form	990 or Form 990-Enstructions and th	EZ.					pen T spect		olic	
Name of the organization										-			on n	umber	
Part I Excess E			OUNDATIO			ion 501(c)(4), and s	ooti	on 501(0)(20) ora			035	21			
						art IV, line 25a or 2									
1 (a) Name of disquali			Relationship betv	ween o	disqua	lified) Description of tran				(d)	Corre	ected?	
			person and or	ganiza	ation		(0) [Sacin	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Y	es	No	
												-	_		
												+			
2 Enter the amount of	f tax incurred by	the o	rganization man	agers	or dise	qualified persons d	luring	g the year under							
										▶ \$					
3 Enter the amount of	f tax, if any, on li	ne 2, a	above, reimburs	ed by	the or	ganization				▶ \$					
Part II Loans to	and/or Fror	n Int	erested Per	sons	;_										
	-					, Part V, line 38a or	r For	m 990, Part IV, lin	ie 26;	or if th	ne orga	nizati	on		
reported an (a) Name of	amount on Fori (b) Relatio		, Part X, line 5, 6 (c) Purpose		2. Dan to or	(e) Original			(a)		(h) Ap	proved	(1)	Vritten	
interested person	with organi		of loan	fron	n the ization?	principal amount		(f) Balance due	(g) In default?					greement?	
				То	From				Yes	No	Yes	No	Yes	No	
							_								
															
Total Part III Grants o	r Assistance	Ber	nefiting Inter	reste	d Pe	> 3 rsons.	\$								
	the organization		-												
(a) Name of interes	sted person	((b) Relationship interested pers the organiza	son an		(c) Amount of assistance	f	(d) Type of assistance			(e) Purpose of assistance		of		
										+					
										+					

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

Schedule L (Form 990 or 990-EZ) 2020

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction (d) Description of transaction		(e) Sharing of organization's revenues?		
				Yes	No	
SMJ HOMES INC.	OWNED BY BROTHERS C	15,000.	ORGANIZATIC)	X	

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SMJ HOMES INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNED BY BROTHERS OF FORMER PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 15,000.

(D) DESCRIPTION OF TRANSACTION: ORGANIZATION HELD A NOTE RECEIVABLE FROM

THE COMPANY IN THE AMOUNT OF \$40,000 \$25,000 WAS PAID OFF IN 2020. THE

BALANCE OF \$15000 HAD BEEN RESERVED FOR IN PRIOR YEARS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O

(Form 990 or 990-EZ)

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. ▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

US PAIN FOUNDATION INC

Employer identification number 26 - 2703521

OMB No 1545-0047

Open to Public

Inspection

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

BOARD WILL RECEIVE A COPY OF 990 BY EMAIL AND HAVE THE OPPORTUNITY TO ASK

QUESTIONS PRIOR TO FILING

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

CHAIRMAN RECEIVES FORMS ON AN ANNUAL BASIS

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

ALL COMPENSATION DECISIONS INVOLVING THE PRESIDENT, CFO AND TOP MANAGEMENT

OFFICIALS ARE REVIEWED BY THE BOARD

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CT, AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN

UT,VA,WV,WI

FORM 990, PART VI, SECTION C, LINE 18:

BY REQUEST, GUIDESTAR AND ORGANIZATION'S WEBSITE

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

BY REQUEST

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

Ο.

0.

5,385.

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2 Employer identification number
US PAIN FOUNDATION INC	26-2703521
TOTAL EXPENSES	5,385.
ADVOCACY AND PROGRAM CONSULTANTS:	
PROGRAM SERVICE EXPENSES	94,170.
MANAGEMENT AND GENERAL EXPENSES	2,007.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	96,177.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	101,562.