| I Website: ► www.paincommunity.org  |            |            |              |   | Short Form                            |           |                   |             | - 1     | OMB No. 1545-1     | 1150            |
|---|------------|------------|--------------|---|---------------------------------------|-----------|-------------------|-------------|---------|--------------------|-----------------|
| The operation of the second secon                                    | Form       | . 99       | <b>90-EZ</b> | Under section 501(c),                         | 527, or 4947(a)(1) of the Inter       | nal Reve  | nue Code          | Тах         |         | 2012               | 2               |
| Construct of the Teacer<br>intermal Research Sectory         All other organizations with grees measures than 800,000 and trail asset is as than 800,000<br>P. The exploration may have the lower of the them way and the first<br>Pressure and the sectory of t  |            |            |              | Sponsoring organizations of donor advised     | sed funds, organizations that         | operate   | one or more he    |             | lities, | Open to Pi         | ublic           |
| Interest Service         > The argenization may have to use a copy of this return is satisfy sites reporting requirements.         Image: Control of Contro Control of Control of Control of Contor Control of Cont  | Deres      |            | 6 4h - T     | All other organizations with gross r          | eceipts less than \$200,000 an        | d total a |                   |             | 15).    |                    |                 |
| A For the 2012 calendar year, or tax year beginning         0101         .2012, and ending         12/31         .201         12           B Credut approximation         D Name drags         D Name drags         D Demployer identification number         20.3015108         E Telephone number         E Telepho  |            |            |              |   |                                       |           | reportina reau    | irements.   |         | mspecu             | 511             |
| Image: strange         UNMEN NTH FAN COALTION         20-3015108           International strange         Number and strange (CPR). box, if mail is not diviewed to street address)         Formulational         E Telephone numbers           International strange         PO Box 1733         PO Box 1733         PO Box 1733         PO Box 1733           Territistal         Atamo, CA 94507-7293         PC Box 1733         PC Box 1743   | AF         | or the     | 2012 calend  |   |                                       | -         |                   |             | 2/31    | , 20               | 12              |
| Image and street (P D box, if mail is not delivered to street address)         Portunate         F Telephone number           Image and street (P D box, if mail is not delivered to street address)         Portunate         P Telephone number           Image and street (P D box, if mail is not delivered to street address)         Portunate         P Telephone number           Avanded relation sender         Chi or form, state or caunity, and ZP + 4         P Group Campiton           Avanded relation sender         Accounting Month of A 94507.7203         P Check + M If the organization is not required to sender SZ organization and is specific to S00(0) a supporting organization or a section SZ organization and the section S00(0) a supporting organization or a section SZ organization and the section S00(0) a supporting organization or a section SZ organization and the section S00(0) a supporting organization or a section SZ organization and the section S00(0) a supporting organization or a section SZ organization and section S00(0) a supporting organization or a section SZ organization section SU SU addition or a section SZ organization and Stoce SU addition or a section SZ organization section SU SU addition Stoce SU addition Stoce SU addition Stoce SU organization used Schedule O to respond to any question in this P street addition Support SU addition Stoce SU addition SU additis SU addition SU addition SU addition SU addition  | <b>В</b> с | heck if ap | pplicable:   | C Name of organization                        |                                       |           |                   | D Emplo     | yer id  | entification numbe | er              |
| Impact of the state of country, and 21P + 4       PC Box 1293       925-457-1759         Application profile       IC accounting Method:  | <i>4</i>   | Address c  | change       |   |                                       |           |                   |             | 2       | 0-3015108          |                 |
| □       Immitted       V22-407-1797         □       CDV of the state or country, and 2/P + 4       Prove the state of the state of country, and 2/P + 4         □       Arrescort return       Arrescort return       Prove the state of th   |            |            | •            | Number and street (or P.O. box, if mail is no | t delivered to street address)        |           | Room/suite        | E Teleph    | none ni | umber              |                 |
| Image: return       City or town, state or country, and 21P + 4       IF Group Exemption         Apericance privation       Calcourding Method:       Calcourding Method:       Calcourding Method:       Calcourding Method:       If the organization is not a section 5096(3) supporting organization and its gross receipts are normally not more than 50,000. A Form 990-12 or Form 990-14 (e-postcard) may be required to addinch Schedule B       Form 990, 990-EZ, or 990-PF).         K Check ►       If the organization is not a section 5096(3) supporting organization and its gross receipts are normally not more than 50,000. A Form oney. this Form 990 return is not required to addincard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.         L Add Ines 50, count (B) below jaw 5500,000 or more, if if could Balances (see the instructions). Event if the organization used Schedule O to respond to any question in this Part I       Image: total seets of the return is a set of the a complete return.         L Add Ines 50, count (B) below jaw 550,000 or more, if if could based of tom 990-EZ       Image: total seets of the return is total seets of the return is to a section for Part I)         Check If the organization used Schedule O to respond to any question in this Part I       Image: total seets of the return is total seets of the return is total seets of the return is to a section of the return is total seets of the return is total  |            |            |              |   |                                       |           |                   |             | 92      | 5-457-1759         |                 |
| c Accounting Method:       Cash   Account Other (specify) ►       H Check ► I if the organization is not a section 507 (s)(3) = 007 (c) (1) < (insert no.)   497 (s)(1) or   527  |            |            |              |   |                                       |           |                   |             |         | •                  |                 |
| I Website: ► www.paincommunity.org  |            |            |              |   |                                       |           |                   |             |         |                    |                 |
| J Tax-excempt status (check only one) - 2 501(c)(3) ≤ 001(c) 1 (meet no.) 4447(a)(1) or 527 (Form 990, 980-EZ, or 980-PF).<br>K Check ► (2) if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 980-EZ or 500 (Section and Its gross receipts are normally not more than \$50,000. A Form 980-EZ or 500 (Section and Its gross receipts are normally form 980-EZ or 500 (Section and Its gross receipts are normally form 980-EZ or 500 (Section and Its gross receipts are normally form 980-EZ or 500 (Section and Its gross receipts are normally form 980-EZ or 500 (Section and Its gross receipts are normally form 980-EZ or 500 (Section and Its gross receipts are normally form 980-EZ or 500 (Section and Its gross receipts are normally form 980-EZ or 500 (Section and Its gross receipts are normally form 980-EZ or 500 (Section and Its gross receipts are normally form 980-EZ or 500 (Section and Its gross receipts are normally form 980-EZ or 500 (Section and Its gross receipts are normally form 980-EZ or 500 (Section 11) (Section 1 |            |            | U            |   | ecify) ►                              |           | Н                 |             |         | -                  | n is <b>not</b> |
| K       Check ► <ul> <li>If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990 - E2 or Form 990 return is not required though Form 990-N (e-postard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.         L       Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, line 2b, colume). By leaving e350,000 or more, if leaving each set [Part II, line 2b, column [B) below are \$500,000 or more, if leaving each set [Part II].         L       Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets [Part II].         L       Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts are some to any question in this Part I      </li></ul>   |            |            |              |   |                                       | 7(-)(4)   |                   | •           |         |                    |                 |
| nores than \$50,000. Å Form 990-EZ or Form 990 return is not required tough Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.         L Add lines 50, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 22, column (B) below) are \$500,000 or more, file form 990 instead of form 990-EZ       > \$ 1,200         Partial       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I).       (P)         Chark lift the organization used Schedule O to respond to any question in this Part I       (P)         1       Contributions, gifts, grants, and similar amounts received.       1       1,200         2       Program service revenue including government fees and contracts       2       0         3       0       4       0       0         5a       Gross amount from sale of assets other than inventory       5a       0       0         6       Gaming and fundraising events (not including \$       0 of contributions from fundraising events (not including \$       0 of contributions from and on assets other than inventory (Subtract line 5b from line 5a)       5c       0         6       Gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       0       0       0         7a       0       0       0       0       0       0 <td< td=""><td></td><td></td><td></td><td>• • • • • • • • • • • • • • • • • • • •</td><td>· · · · · · · · · · · · · · · · · · ·</td><td>( )( )</td><td></td><td></td><td></td><td>,</td><td></td></td<>   |            |            |              | •       | · · · · · · · · · · · · · · · · · · · | ( )( )    |                   |             |         | ,                  |                 |
| the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts ar \$200,000 or more, or if total assets (Part II, line 2b, column (B) below) are \$500,000 or more, file form 900 failed of Form 900 failed failed failed of Form 900 failed failed of Form 900 failed failed of Form 900 failed f   |            |            |              |   |                                       |           |                   |             |         |                    |                 |
| L Add lines £b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200.000 or more, or if total assets (Part II,<br>line 25, column (B) below) are \$300,000 or more, file Form 990 istead of Form 990 EZ   |            |            |              |   |                                       | 990-IN (6 | e-postcard) m     | ay be requ  | urea (  | see instructions). | BUL II          |
| line 25, column (B) below) are \$500,000 or more, file Form 990 istaad of Form 990-EZ       ▶ \$       1,200         Partall       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  |            | 0          |              | ,   |                                       | or more.  | or if total asset | s (Part II. |         |                    |                 |
| Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I         1       Contributions, gifts, grants, and similar amounts received         2       Program service revenue including government fees and contracts       1       1_200         2       Program service revenue including government fees and contracts       2       0         3       0       0       3       0         4       Investment income       4       0         5a       0       5b       0       0         6       Graming and fundraising events       5b       0       0         6       Garing and fundraising events (not including \$       0       0 of contributions from fundraising events (not including \$       0       0 of contributions from fundraising events (not including \$       0       0 of contributions from fundraising events (not including \$       6b       0         of coss income from fundraising events (not including \$       0       0 of contributions from fundraising events (not including \$       0       0       0 of contributions from fundraising events (not including \$       6d       0       0         of coss sincome from fundraising events (not including \$   |            |            |              |   | <b>.</b> .                            |           |                   | •           | ▶ \$    |                    | 1 200           |
| Check if the organization used Schedule O to respond to any question in this Part I         1       Contributions, gifts, grants, and similar amounts received       1       1,200         2       Program service revenue including government fees and contracts       2       0         3       Membership dues and assessments       3       0         4       Investment income       4       0         5a       Gross amount from sale of assets other than inventory       5a       0         6       Garning and fundraising events       5b       0         a       Gross income from gaming (attach Schedule G if greater than st15,000)       5c       0         6       Gross income from fundraising events (not including \$       0 of contributions from fundraising events (not including \$       0 of contributions         a       Gross sales of inventory, less returns and allowances       17a       0         7a       Gross profitor (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7b       Less: cost of goods sold       7c       0       0       0         7b       0       7b       0       0       0       0         7c       0       7b       0       0       0       0       0 <td>Pa</td> <td>art l</td> <td>Revenu</td> <td>e. Expenses, and Changes in</td> <td></td> <td></td> <td></td> <td></td> <td>tions</td> <td>for Part I)</td> <td>1,200</td>  | Pa         | art l      | Revenu       | e. Expenses, and Changes in                   |                                       |           |                   |             | tions   | for Part I)        | 1,200           |
| I       Contributions, gifts, grants, and similar amounts received.       1       1,200         Program service revenue including government fees and contracts       2       0         3       Membership dues and assessments.       3       0         4       1       0       3       0         5       0       4       0       0         5       0       5       0       4       0         5       0       0       1       1       0         6       Garos amount from sale of assets other than inventory       5a       0       5c         6       Garning and fundraising events       5b       0       5c       0         6       Gross income from gaming (attach Schedule G if greater than s\\$15,000)       5c       0       5c       0         6       0       0       Net income or (loss) from gaming and fundraising events       6d       0       0         7       Gross income from gaming and fundraising events       6d       0       0       0         7       Gross sales of inventory, less returns and allowances       7a       7c       0       0         7       Gross sales of inventory, less returns and allowances       7a       0       7c   |            |            |              |   |                                       |           |                   |             |         |                    | . 🔽             |
| 2       Program service revenue including government fees and contracts       2       0         3       Membership dues and assessments       3       0         4       Investment income       3       0         5a       Gross amount from sale of assets other than inventory       5a       5b       0         5a       Gross from sale of assets other than inventory (Subtract line 5b from line 5a)       5c       0         6       Gaming and fundraising events       a Gross income from fundraising events (soluticat line 5b from line 5a)       5c       0         a       Gross income from fundraising events (not including \$       0 of contributions from fundraising events (not including \$       0 of contributions from fundraising events (not including \$       0 of contributions         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7a       Gross sales of inventory (less returns and allowances       7a       0       7b       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       10       0       0       0         10       Grants and similar amounts paid (list in Schedule 0)       11       0       0       11       0         11       0       0       Grants and other payments to independent contrac  |            | 1          |              |   |                                       |           |                   |             |         |                    |                 |
| 4       Investment income       4       0         5a       Gross amount from sale of assets other than inventory       5a       0         b       Less: cost or other basis and sales expenses       5b       0         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c       0         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       5c       0         b       Gross income from fundraising events (not including \$0 of contributions from fundraising events (not including \$15,000)       0       0         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       0       6d       0         c       Less: cost of goods sold       7a       0       7c       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         d       Other revenue (describe in Schedule 0)       10       0       0         11       0       0       11       0       0         12       0       11       0       12       0         13       Professional fees and other payments to independent contractors       13       0       11       0         13 <td< td=""><td></td><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td>2</td><td></td><td>0</td></td<>  |            | 2          |              |   |                                       |           |                   |             | 2       |                    | 0               |
| Sa       Gross amount from sale of assets other than inventory       5a       0         b       Less: cost or other basis and sales expenses       5b       0         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c       0         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6       6       6         b       Gross income from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       0       6c         c       Less: clirect expenses from gaming and fundraising events       6b       0       6c         d       Net income or (loss) from sale of inventory (Subtract line 7b from line 7a)       7a       0         b       Less: cost of goods sold       7b       0         c       Gross sales of inventory, less returns and allowances       7a       7c       0         gg       Other revenue (describe in Schedule 0)       10       0       8       0         10       Grants and similar amounts paid (list in Schedule 0)       10       0       11       0         12       Salaries, other compensation, and employee benefits       12       0       13       0         13       O       O       11  |            | 3          | Membersh     | ip dues and assessments                       |                                       |           |                   | [           | 3       |                    | 0               |
| b       Less: cost or other basis and sales expenses       5b       0         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c       0         6       Gaming and fundraising events       a       Gross income from gaming (attach Schedule G if greater than \$15,000)       0       o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       0         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7a       Gross sol of opods sold       7a       0       6d       0         e       Gross profit or (loss) from sales of inventory, less returns and allowances       7a       0       7c       0         7a       Gross sol of goods sold       7a       0       7c       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       1,200         10       Grants and similar amounts paid (list in Schedule O)       10       0         11       D       10       0       11       0         12       Salaries, other compensation, and employee benefits       12       0       13       0         12       Salaries, and other payaments to inde  |            | 4          | Investment   | t income                                      |                                       |           |                   | [           | 4       |                    | 0               |
| c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c       0         6       Gaming and fundraising events       a       Gross income from gaming (attach Schedule G if greater than \$15,000)       0       0         b       Gross income from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       0         c       Less: direct expenses from gaming and fundraising events       6c       0         d       Net income or (loss) from gaming and fundraising events       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0         b       Less: cost of goods sold       7c       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         b       Less: cost of goods sold       7c       0       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         8       Other revenue (describe in Schedule 0)       10       0       0         11       0       0       11       0         12       Salaries, other compensation, and employee benefits       12       0         13   |            | 5a         | Gross amo    | ount from sale of assets other than i         | nventory                              | 5a        |                   | 0           |         |                    |                 |
| 6       Gaming and fundraising events         a       Gross income from gaming (attach Schedule G if greater than \$15,000)         b       Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       0         c       Less: direct expenses from gaming and fundraising events       6c       0         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7a       Gross scales of inventory, less returns and allowances       7a       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       1,200         10       Grants and similar amounts paid (list in Schedule O)       10       0         11       0       11       0         12       Salaries, other compensation, and employee benefits       13       0         13       0       Cher expenses (describe in Schedule O)       14       0         14       0       0       15       0         15       0       11       0       13       0         16 <td></td> <td>b</td> <td>Less: cost</td> <td>or other basis and sales expenses</td> <td></td> <td>5b</td> <td></td> <td>0</td> <td></td> <td></td> <td></td>  |            | b          | Less: cost   | or other basis and sales expenses             |                                       | 5b        |                   | 0           |         |                    |                 |
| a       Gross income from gaming (attach Schedule G if greater than<br>\$15,000)  |            | С          |              |   | ventory (Subtract line 5b             | o from I  | ine 5a)           |             | 5c      |                    | 0               |
| Set 5,000)       6a       0         b       Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       0         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         9       Total revenue. (Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       1,200         10       Grasts and similar amounts paid (list in Schedule 0)       10       0         11       Benefits paid to or for members       11       0         12       Salaries, other compensation, and employee benefits       13       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       14       0         15       0       15       0         16       33       0   |            | 6          | -            | -   |                                       |           |                   |             |         |                    |                 |
| sum of such gross income and contributions exceeds \$15,000)  | anı        | а          |              |   | -                                     | 1         |                   | 0           |         |                    |                 |
| sum of such gross income and contributions exceeds \$15,000)  | ven        | b          | Gross inco   | ome from fundraising events (not inc          | cluding \$                            | 00        | f contributio     | ns          |         |                    |                 |
| c       Less: direct expenses from gaming and fundraising events       6c       0         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0       6d       0         ress: cost of goods sold       C       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         9       Total revenue. (Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       1,200         10       Grants and similar amounts paid (list in Schedule O)       10       0         11       Benefits paid to or for members       12       0         12       Salaries, other compensation, and employee benefits       13       0         13       Professional fees and other payments to independent contractors       14       0         15       Printing, publications, postage, and shipping       15       0         16       33       17       18       1,167         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       13       0   | Re         |            |              | <b>3</b> 1 7 (                                |                                       |           |                   |             |         |                    |                 |
| d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0       7c       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         8       0       0       7c       0       8       0         9       Total revenue, (describe in Schedule O)       8       0       9       1,200         10       Grants and similar amounts paid (list in Schedule O)       10       0       0       0         11       0       11       0       11       0       0       0         12       Salaries, other compensation, and employee benefits       12       0       11       0         12       0       14       0       0       14       0       0         14       Occupancy, rent, utilities, and maintenance       17       13       0       16       18       1,1,167         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       1,167       33  |            |            | sum of suc   | ch gross income and contributions e           | exceeds \$15,000)                     | 6b        |                   | 0           |         |                    |                 |
| line 6c)       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0         b       Less: cost of goods sold       7c       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         9       Total revenue (describe in Schedule 0)       7c       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       1,200         10       Grants and similar amounts paid (list in Schedule 0)       10       0         11       0       0       0       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       0         16       Other expenses (describe in Schedule 0)       17       33         17       Total expenses. Add lines 10 through 16       17       33         18       Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       18 <td< td=""><td></td><td>С</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>  |            | С          |              |   |                                       |           |                   |             |         |                    |                 |
| 7a       Gross sales of inventory, less returns and allowances       7a       0         b       Less: cost of goods sold       7c       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         8       0       7c       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       1,200         10       Grants and similar amounts paid (list in Schedule O)       10       0         11       0       0       0       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       15       0         15       0       15       0         16       Other expenses (describe in Schedule O)       17       33         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       1,167         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       33         20       Other changes in net assets or fund balances (explain in Schedule O)  |            | d          |              |   |                                       |           |                   | btract      |         |                    |                 |
| b       Less: cost of goods sold       7b       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         8       Other revenue (describe in Schedule O)       7c       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       1,200         10       Grants and similar amounts paid (list in Schedule O)       10       0         11       Benefits paid to or for members       11       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       15       0         15       0       15       0         16       Other expenses (describe in Schedule O)       16       33         17       18       1,167         18       1,167       18       1,167         19       33       20       0       20       20       0         20       Other changes in net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       17       33         20 <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td>· ·  </td> <td>6d</td> <td></td> <td>0</td>  |            |            | -            |   |                                       |           |                   | · ·         | 6d      |                    | 0               |
| c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         8       Other revenue (describe in Schedule O)       8       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       1,200         10       Grants and similar amounts paid (list in Schedule O)       10       0         11       Benefits paid to or for members       10       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       0         16       Other expenses (describe in Schedule O)       17       33         17       Total expenses. Add lines 10 through 16       17       33         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       1,167         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       33         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0 <td></td> <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |            | _          |              |   |                                       |           |                   |             |         |                    |                 |
| 8       Other revenue (describe in Schedule O)       8       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       1,200         10       Grants and similar amounts paid (list in Schedule O)       10       0         11       Benefits paid to or for members       10       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       0         16       Other expenses (describe in Schedule O)       16       33         17       Total expenses. Add lines 10 through 16       17       33         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       1,167         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       33         20       O       0       20       0       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       12       1,200 <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td>•</td> <td>_</td> <td></td> <td></td>  |            |            |              | 0   |                                       |           |                   | •           | _       |                    |                 |
| 9Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 891,20010Grants and similar amounts paid (list in Schedule O)10011Benefits paid to or for members11012Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping15016Other expenses (describe in Schedule O)163317Total expenses. Add lines 10 through 16173318Excess or (deficit) for the year (Subtract line 17 from line 9)1811,16719Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)193320Other changes in net assets or fund balances (explain in Schedule O)192021Net assets or fund balances at end of year. Combine lines 18 through 20211,200   |            |            | •            |   |                                       | ,         |                   | -           |         |                    |                 |
| 10       Grants and similar amounts paid (list in Schedule O)       10       0         11       Benefits paid to or for members       11       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       0         16       Other expenses (describe in Schedule O)       16       33         17       Total expenses. Add lines 10 through 16       17       33         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       1,167         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       33         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       1,200   |            |            |              |   |                                       |           |                   |             | -       |                    |                 |
| 11       Benefits paid to or for members       11       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       0         16       Other expenses (describe in Schedule O)       16       33         17       Total expenses. Add lines 10 through 16       17       33         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       1,167         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       33         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       1,200  |            |            |              |   |                                       |           |                   |             | -       |                    |                 |
| Solution12Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping15016Other expenses (describe in Schedule O)163317Total expenses. Add lines 10 through 16171618Excess or (deficit) for the year (Subtract line 17 from line 9)181819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with<br>end-of-year figure reported on prior year's return)193320Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 20211,200   |            |            |              | • •   |                                       |           |                   |             |         |                    |                 |
| 13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       0         16       Other expenses (describe in Schedule O)       16       33         17       Total expenses. Add lines 10 through 16       17       33         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       18       1,167         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       33         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       1,200   | s          |            |              |   |                                       |           |                   |             |         |                    |                 |
| 16       Other expenses (describe in Schedule O)       17       16       33         17       Total expenses. Add lines 10 through 16       17       33         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       17         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       33         20       Other changes in net assets or fund balances (explain in Schedule O)       19       33         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       1,200   | Ise        |            |              |   |                                       |           |                   |             |         |                    |                 |
| 16       Other expenses (describe in Schedule O)       17       16       33         17       Total expenses. Add lines 10 through 16       17       33         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       17         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       33         20       Other changes in net assets or fund balances (explain in Schedule O)       19       33         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       1,200   | per        |            |              |   |                                       |           |                   | -           |         |                    |                 |
| 16       Other expenses (describe in Schedule O)       16       33         17       Total expenses. Add lines 10 through 16       17       33         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       17         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       33         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       1       1,200  | Ĕ          |            |              |   |                                       |           |                   |             |         |                    |                 |
| 17       Total expenses. Add lines 10 through 16       17       33         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       18       18         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       33         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       1       1,200  |            |            |              |   |                                       |           |                   |             |         |                    |                 |
| 18Excess or (deficit) for the year (Subtract line 17 from line 9)181,16719Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with<br>end-of-year figure reported on prior year's return)191920Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 20211,200  |            | 17         |              |   |                                       |           |                   |             |         |                    |                 |
| 19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       33         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       1       19  | s          |            |              |   |                                       |           |                   |             |         |                    |                 |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20  | set        | 19         | Net assets   | or fund balances at beginning of              | year (from line 27, colu              | mn (A)    | ) (must agre      | e with      |         |                    |                 |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20  | As         |            | end-of-yea   | ar figure reported on prior year's ret        | urn)                                  |           |                   | · · [       | 19      |                    | 33              |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20  | let        | 20         | Other char   | nges in net assets or fund balances           | (explain in Schedule O)               |           |                   | <u> </u>    | 20      |                    | 0               |
| For Paperwork Reduction Act Notice, see the separate instructions.Cat. No. 106421Form 990-EZ (2012)   | Z          | 21         | Net assets   | or fund balances at end of year. C            | ombine lines 18 through               | 20 .      |                   | . 🕨         | 21      |                    | <u> </u>        |
|   | For        | Paper      | work Reduct  | ion Act Notice, see the separate instr        | ructions.                             | Cat       | No. 10642I        |             |         | Form <b>990-EZ</b> | (2012)          |

|          | 90-EZ (2012)   | for Dort II)                          |   |  |             | Page 2                                    |
|----------|--|---------------------------------------|---|--|-------------|---|
| Par      |  | •                                     | augetien in this [  |  |             |   |
|          | Check if the organization used Schedule  | O to respond to ar                    |   | (A) Beginning of year  | · ·         | (B) End of year                           |
| 22       | Cash solvings, and investments   |                                       |   | (, , ,   | 22          |   |
| 22       | Cash, savings, and investments   |                                       |   |  | 22          | 1,200                                     |
| 23<br>24 | Other assets (describe in Schedule O)  |                                       |   |  | 23<br>24    | 0   |
| 24<br>25 | Total assets   |                                       |   |  | 24<br>25    | 0   |
| 25<br>26 | Total liabilities (describe in Schedule O)   |                                       |   |  | 25<br>26    | 1,200                                     |
| 20       | Net assets or fund balances (line 27 of column   |                                       |   |  | 20          |   |
| Part     |  | () 3                                  | ,   |  | 21          | 1,200                                     |
| T art    | Check if the organization used Schedule  |                                       |   | ,  |             | Expenses                                  |
| What     |  | · · ·                                 | • •   |  |             | uired for section<br>(c)(3) and 501(c)(4) |
|          |  |                                       |   |  |             | inizations and section                    |
| as me    | ribe the organization's program service accompli-<br>easured by expenses. In a clear and concise m<br>ins benefited, and other relevant information for ea | nanner, describe the                  |   |  |             | 7(a)(1) trusts; optional<br>others.)      |
| 28       | The Pain Community's (TPC) overarching goal is to  | improve the overall h                 | ealth, wellbeing, and   | quality of life  |             |   |
|          | of people with pain. Organized in 2012 by volunteers   | s (people living with p               | ain, caregivers, and j  | pain   |             |   |
|          | (Continued on Schedule O, Statement 2)   |                                       |   |  |             |   |
| (        | (Grants \$ 0) If this amount   | includes foreign gra                  | ints, check here .  | 🕨 🗌  | <b>28</b> a | 0   |
| 29       | not applicable   |                                       |   |  |             |   |
|          |  |                                       |   |  |             |   |
| -        |  |                                       |   |  |             |   |
| (        | (Grants \$ 0) If this amount   | includes foreign gra                  | ints, check here .  | 🕨 🗌  | <b>29</b> a | 0   |
| 30       |  |                                       |   |  |             |   |
| -        |  |                                       |   |  |             |   |
|          |  |                                       |   |  |             |   |
| (        | (Grants \$) If this amount   | includes foreign gra                  | ints, check here .  | 🕨 🗌  | 30a         |   |
| 31 (     | Other program services (describe in Schedule O)_   |                                       |   |  |             |   |
|          | (Grants \$ 0) If this amount   | includes foreign gra                  | ints, check here .  | 🕨 🗌  | 31a         | 0   |
| 32       | Total program service expenses (add lines 28a t  | through 31a)                          |   | 🕨  | 32          | 0   |
| Part     | IV List of Officers, Directors, Trustees, and Key  | y Employees List each                 | n one even if not comp  | pensated (see the in   | struc       | tions for Part IV)                        |
|          | Check if the organization used Schedule  | O to respond to ar                    | ny question in this <b>I</b>                                      | Part IV  |             | 🗸   |
|          |  | (b) Average                           | (c) Reportable  | (d) Health benefits,   |             |   |
|          | (a) Name and title   | hours per week<br>devoted to position | compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-) | contributions to employ<br>benefit plans, and<br>deferred compensation |             | Estimated amount of other compensation    |
| Magg     | ie Buckley   | 20                                    |   |  | ~           |   |
| Chair    |  |                                       | 0   |  | 0           | U   |
| Meg F    | Harmon   | 5                                     |   |  | ~           |   |
| Treas    | surer  |                                       | 0   |  | 0           | 0   |
| Micke    | Brown  | 20                                    |   |  | ~           |   |
| Secre    | etary  |                                       | 0   |  | 0           | 0   |
| Lenor    | re B Duensing  | 5                                     |   |  | ~           |   |
| Direct   | tor  |                                       | 0   |  | 0           | 0   |
| Sharc    | on Latson-Flemister  | 2                                     |   |  | ~           |   |
| Direct   | tor  |                                       | 0   |  | 0           | 0   |
| Lynne    | e Matallana  | 1                                     |   |  | _           |   |
| Direct   | tor  |                                       | 0   |  | 0           | 0   |
| Kathr    | yn Padgett   | 0                                     |   |  | _           |   |
| Direct   | tor  |                                       | 0   |  | 0           | 0   |
|          |  |                                       |   |  |             |   |
|          |  |                                       |   |  |             |   |
|          |  |                                       |   |  |             |   |
|          |  |                                       |   |  |             |   |
|          |  |                                       |   |  |             |   |
|          |  | -                                     |   |  |             |   |
|          |  |                                       |   |  |             |   |
| <br>     |  |                                       |   |  |             |   |
|          |  |                                       |   |  |             |   |
|          |  |                                       |   |  |             |   |

| Form 99   | 90-EZ (2012)   |        | Р      | age 3 |
|-----------|--|--------|--------|-------|
| Part      | V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this  |        | ie     | ~     |
|           |  |        | Yes    | No    |
| 33        | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  | 33     |        | v     |
| 34        | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34     | ~      |       |
| 35a       | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?   | 35a    |        | ~     |
| b         | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   | 35b    |        |       |
| с         | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   | 35c    |        | ~     |
| 36        | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  | 36     |        | ~     |
| 37a       | Enter amount of political expenditures, direct or indirect, as described in the instructions  37a 0  |        |        |       |
| b         | Did the organization file Form 1120-POL for this year?   | 37b    |        | ~     |
| 38a       | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                        | 38a    |        | V     |
| b         | If "Yes," complete Schedule L, Part II and enter the total amount involved   | -      |        |       |
| 39        | Section 501(c)(7) organizations. Enter:  |        |        |       |
| a<br>h    | Initiation fees and capital contributions included on line 9   | {      |        |       |
| b<br>40a  | Gross receipts, included on line 9, for public use of club facilities  | {      |        |       |
| 40a       | section 4911 $\triangleright$ 0; section 4912 $\triangleright$ 0; section 4955 $\triangleright$ 0  |        |        |       |
| b         | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit  |        |        |       |
| D         | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.  | 40b    |        | ~     |
| c<br>d    | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |        |        |       |
| е         | reimbursed by the organization   | 100    |        |       |
| 41        | List the states with which a copy of this return is filed <b>See Schedule O, Statement 3</b>   | 40e    |        | V     |
| 41<br>42a |  | 925-45 | 7 1750 | 0     |
|           |  |        | -7293  |       |
| b         | Located at $\blacktriangleright$ P O Box 1293, Alamo, CA 94507-7293 $ZIP + 4 \blacktriangleright$<br>At any time during the calendar year, did the organization have an interest in or a signature or other authority over                                 | 74307  | Yes    |       |
|           | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 42b    |        | V     |
|           | If "Yes," enter the name of the foreign country: ►<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank<br>and Financial Accounts.   |        |        |       |
| с         | At any time during the calendar year, did the organization maintain an office outside the U.S.?  | 42c    |        | V     |
| 43        | If "Yes," enter the name of the foreign country: ►<br>Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here  |        | . 1    | ▶□    |
| -         | and enter the amount of tax-exempt interest received or accrued during the tax year  |        |        |       |
|           |  |        | Yes    | No    |
| 44a       | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 44a    |        | V     |
| b         | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44b    |        | V     |
| с         | Did the organization receive any payments for indoor tanning services during the year?   | 44c    |        | ~     |
| d         | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 44d    |        | -     |
| 45a       | ,<br>Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 45a    |        | ~     |
| 45b       | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)         | 45b    |        | ~     |

Form 990-EZ (2012)

| Form 99        | 0-EZ (2      | 012)   |  |                                       |   |                      |            | Pa                  | age 4 |
|----------------|--------------|--|--|---------------------------------------|---|----------------------|------------|---------------------|-------|
|                |              |  |  |                                       |   |                      | _          | Yes                 | No    |
| 46             |              | he organization engage, directly or in   |  |                                       |   |                      |            |                     | ,     |
| Part           |              | ndidates for public office? If "Yes," c<br>Section 501(c)(3) organizations   |  | , Part I                              |   |                      | 46         |                     | 1     |
| Fart           |              | All section 501(c)(3) organizations  |  | stions 47-49b and                     | 52 and compl  | ete the tal          | oles fo    | or line             | 24    |
|                |              | 50 and 51  | o muor anonor que                                  | otiono in ino ana                     | oz, and comp  |                      | 01001      |                     |       |
|                |              | Check if the organization used Sch   | nedule O to respond                                | to any question in the                | his Part VI .   |                      |            |                     |       |
|                |              |  |  |                                       |   |                      |            | Yes                 | No    |
| 47             |              | he organization engage in lobbying   |  |                                       |   |                      |            |                     |       |
|                |              | If "Yes," complete Schedule C, Part  |  |                                       |   |                      | 47         |                     | 1     |
| 48             |              | organization a school as described in  |  |                                       |   | · · ·                | 48         |                     | 1     |
| 49a            |              | he organization make any transfers to<br>es," was the related organization a se  |  | -                                     |   |                      | 49a<br>49b |                     | *     |
| 50             |              | plete this table for the organization's  | -  |                                       |   |                      |            | es and              | d kev |
|                |              | oyees) who each received more than   |  |                                       |   |                      |            |                     |       |
|                | (-)          | Name and title of each ampleums  | (b) Average  | (c) Reportable                        | (d) Health benef  |                      |            |                     |       |
|                | (a)          | Name and title of each employee<br>paid more than \$100,000  | hours per week<br>devoted to position              | compensation<br>(Forms W-2/1099-MISC) | contributions to em<br>benefit plans, and d<br>compensation | eferred ot           |            | d amour<br>pensatio |       |
| None           |              |  |  |                                       |   |                      |            |                     |       |
|                |              |  |  |                                       |   |                      |            |                     |       |
|                |              |  |  |                                       |   |                      |            |                     |       |
|                |              |  |  |                                       |   |                      |            |                     |       |
|                |              |  |  |                                       |   |                      |            |                     |       |
|                |              |  |  |                                       |   |                      |            |                     |       |
|                |              |  |  |                                       |   |                      |            |                     |       |
|                |              |  |  |                                       |   | 1                    |            |                     |       |
| f<br>51<br>(a) | Com<br>\$100 | number of other employees paid over<br>plete this table for the organization's<br>,000 of compensation from the organ<br>nd address of each independent contractor pai | s five highest compen-<br>nization. If there is no | ensated independent                   |   | each rec             |            |                     | than  |
| None           |              |  |  |                                       |   |                      |            |                     |       |
|                |              |  |  |                                       |   |                      |            |                     |       |
|                |              |  |  |                                       |   |                      |            |                     |       |
|                |              |  |  |                                       |   |                      |            |                     |       |
|                |              |  |  |                                       |   |                      |            |                     |       |
|                |              |  |  |                                       |   |                      |            |                     |       |
|                |              |  |  |                                       |   |                      |            |                     | -     |
|                |              |  |  |                                       |   |                      |            |                     |       |
| d              | Total        | number of other independent contra   | otors and receiving                                | over \$100.000                        |   |                      |            |                     |       |
| 52             |              | he organization complete Schedule A  |  |                                       | and 4947(a)(1)  |                      |            |                     |       |
| JE             |              | xempt charitable trusts must attach a  |  |                                       |   |                      | Yes        |                     | lo    |
|                |              | of perjury, I declare that I have examined this r<br>d complete. Declaration of preparer (other than   |  |                                       |   | of my knowled        | dge and    | belief, it          | tis   |
|                |              | Signature of officer   | 1  |                                       | 5   | 19/13                |            |                     |       |
| Sign           |              |  | T  |                                       | Date  |                      |            |                     |       |
| Here           |              | Maggie Buckley, President Type or print name and title   |  |                                       |   |                      | _          |                     |       |
|                |              |  | Preparer's signature                               | Da                                    | te  |                      | PTIN       |                     |       |
| Paid           |              | Print/Type preparer's name   | in opener a signature                              | Da                                    | Ch  | eck if if f-employed |            |                     |       |
| Prep           |              | Firm's name  |  |                                       | Firm's EIN  |                      |            |                     |       |
|                |              |  |  |                                       | THIT O LI   |                      |            |                     |       |
| Use            |              | Firm's address ►<br>discuss this return with the preparer  |  |                                       | Phone no  |                      |            |                     |       |

Form 990-EZ (2012)

SCHEDULE A (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. ► See separate instructions. OMB No. 1545-0047

#### Name of the organization

WOMEN WITH PAIN COALITION

Department of the Treasury

Internal Revenue Service

h

Employer identification number

20-3015108

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ✓ An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

|   | a 🗌 Type I       | <b>b</b> 🗌 Type II     | c 🗌 Type III–Functio       | onally integrated        | d 🗌 Type III–Non-fun     | ctionally integrated    |
|---|------------------|------------------------|----------------------------|--------------------------|--------------------------|-------------------------|
| е | By checking this | is box, I certify that | the organization is not co | ontrolled directly or in | ndirectly by one or more | e disqualified persons  |
|   | other than found | dation managers a      | nd other than one or mor   | e publicly supported     | d organizations describe | ed in section 509(a)(1) |
|   | or section 509(a | a)(2).                 |                            |                          |                          |                         |

- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- **g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

| (iii) A 35% controlled entity of a person described in (i) or (ii) above? . |  |
|---|--|
| Provide the following information about the supported organization(s).      |  |

|                                    |          |  |   | ( ) |   |    |  |    |                                  |
|------------------------------------|----------|--|---|-----|---|----|--|----|----------------------------------|
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization<br>(described on lines 1–9<br>above or IRC section<br>(see instructions)) | (iv) Is the organization<br>in col. (i) listed in your<br>governing document? |     | (v) Did you notify<br>the organization in<br>col. (i) of your<br>support? |    | (vi) Is the<br>organization in col.<br>(i) organized in the<br>U.S.? |    | (vii) Amount of monetary support |
|                                    |          |  | Yes   | No  | Yes   | No | Yes  | No |                                  |
| (A)                                |          |  |   |     |   |    |  |    |                                  |
| (B)                                |          |  |   |     |   |    |  |    |                                  |
| (C)                                |          |  |   |     |   |    |  |    |                                  |
| (D)                                |          |  |   |     |   |    |  |    |                                  |
| (E)                                |          |  |   |     |   |    |  |    |                                  |
| Total                              |          |  |   |     |   |    |  |    |                                  |

| Sched  | ule A (Form 990 or 990-EZ) 2012  |                 |                 |                 |               |                | Page <b>2</b> |
|--------|--|-----------------|-----------------|-----------------|---------------|----------------|---------------|
| Par    |  | e box on line   | e 5, 7, or 8 of | Part I or if th | e organizatio | n failed to qu | i)            |
| Sect   | ion A. Public Support  |                 |                 |                 | •             | ,              |               |
| Cale   | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2008 | <b>(b)</b> 2009 | (c) 2010        | (d) 2011      | (e) 2012       | (f) Total     |
| 1      | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |                 |                 |                 |               |                |               |
| 2      | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                 |                 |                 |               |                |               |
| 3      | The value of services or facilities furnished by a governmental unit to the organization without charge  |                 |                 |                 |               |                |               |
| 4      | Total. Add lines 1 through 3   |                 |                 |                 |               |                |               |
| 5      | The portion of total contributions by<br>each person (other than a<br>governmental unit or publicly<br>supported organization) included on<br>line 1 that exceeds 2% of the amount<br>shown on line 11, column (f) |                 |                 |                 |               |                |               |
| 6      | Public support. Subtract line 5 from line 4.   |                 |                 |                 |               |                |               |
|        | ion B. Total Support   | ()              | <i>(</i> )      | ( ) 22/2        | ( )) = = ( (  | ( )            | (0            |
|        | ndar year (or fiscal year beginning in)  | <b>(a)</b> 2008 | <b>(b)</b> 2009 | (c) 2010        | (d) 2011      | (e) 2012       | (f) Total     |
| 7<br>8 | Amounts from line 4  |                 |                 |                 |               |                |               |
| 9      | Net income from unrelated business activities, whether or not the business is regularly carried on   |                 |                 |                 |               |                |               |
| 10     | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part IV.)  |                 |                 |                 |               |                |               |

# Section C. Computation of Public Support Percentage

| 14  | Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))   | 14                      |                           | % |
|-----|--|-------------------------|---------------------------|---|
| 15  | Public support percentage from 2011 Schedule A, Part II, line 14   | 15                      |                           | % |
| 16a | 331/3% support test-2012. If the organization did not check the box on line 13, and line 14 is 331,  | /3 <b>% 0</b>           | r more, check this        |   |
|     | box and <b>stop here.</b> The organization qualifies as a publicly supported organization  |                         | 🕨                         |   |
| b   | <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .   |                         |                           |   |
| 17a | <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box an Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies organization         | nd <b>sto</b><br>as a p | <b>p here.</b> Explain in |   |
| b   | <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check th Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization supported organization | is bo                   | ox and stop here.         |   |
| 18  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, chec instructions  | k this                  | box and see               |   |

Schedule A (Form 990 or 990-EZ) 2012

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

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

| Secti  | on A. Public Support   |   |   |  |   |  |   |  |  |  |  |
|--|--|---|---|--|---|--|---|--|--|--|--|
| Calen  | dar year (or fiscal year beginning in) 🕨   | (a) 2008  | <b>(b)</b> 2009   | (c) 2010   | <b>(d)</b> 2011   | (e) 2012   | (f) Total   |  |  |  |  |
| 1  | Gifts, grants, contributions, and membership fees  |   |   |  |   |  |   |  |  |  |  |
|  | received. (Do not include any "unusual grants.")   | 0   | 0   | 0  | 0   | 1,200  | 1,200   |  |  |  |  |
| 2  | Gross receipts from admissions, merchandise  |   |   |  |   |  |   |  |  |  |  |
|  | sold or services performed, or facilities furnished in any activity that is related to the   |   |   |  |   |  |   |  |  |  |  |
|  | organization's tax-exempt purpose  | 0   | 0   | 0  | 0   | 0  | 0   |  |  |  |  |
| 3  | Gross receipts from activities that are not an   |   |   |  |   |  |   |  |  |  |  |
|  | unrelated trade or business under section 513  | 0   | 0   | 0  | 0   | 0  | 0   |  |  |  |  |
| 4  | Tax revenues levied for the  |   |   |  |   |  |   |  |  |  |  |
|  | organization's benefit and either paid   |   |   |  |   |  |   |  |  |  |  |
|  | to or expended on its behalf   | 0   | 0   | 0  | 0   | 0  | 0   |  |  |  |  |
| 5  | The value of services or facilities  |   |   |  |   |  |   |  |  |  |  |
|  | furnished by a governmental unit to the  |   |   |  |   |  |   |  |  |  |  |
|  | organization without charge  | 0   | 0   | 0  | 0   | 0  | 0   |  |  |  |  |
| 6  | Total. Add lines 1 through 5   | 0   | 0   | 0  | 0   | 1,200  | 1,200   |  |  |  |  |
| 7a   | Amounts included on lines 1, 2, and 3  |   |   |  |   |  |   |  |  |  |  |
|  | received from disqualified persons .   | 0   | 0   | 0  | 0   | 0  | 0   |  |  |  |  |
| b  | Amounts included on lines 2 and 3  |   |   |  |   |  |   |  |  |  |  |
|  | received from other than disqualified  |   |   |  |   |  |   |  |  |  |  |
|  | persons that exceed the greater of \$5,000   |   |   |  |   |  |   |  |  |  |  |
|  | or 1% of the amount on line 13 for the year  | 0   | 0   | 0  | 0   | 0  | 0   |  |  |  |  |
| С  | Add lines 7a and 7b  | 0   | 0   | 0  | 0   | 0  | 0   |  |  |  |  |
| 8  | Public support (Subtract line 7c from  |   |   |  |   |  |   |  |  |  |  |
|  | line 6.)   |   |   |  |   |  | 1,200   |  |  |  |  |
|  | Section B. Total Support   |   |   |  |   |  |   |  |  |  |  |
| Calen  | dar year (or fiscal year beginning in) 🕨   | (a) 2008  | <b>(b)</b> 2009   | (c) 2010   | <b>(d)</b> 2011   | (e) 2012   | (f) Total   |  |  |  |  |
| 9  | Amounts from line 6  | 0   | 0   | 0  | 0   | 1,200  | 1,200   |  |  |  |  |
| 10a  | Gross income from interest, dividends,   |   |   |  |   |  |   |  |  |  |  |
|  | payments received on securities loans, rents,  |   |   |  |   |  |   |  |  |  |  |
|  |  |   |   | 0  | 0   | 0  | 0   |  |  |  |  |
|  | royalties and income from similar sources .  | 0   | 0   | v  | •   | •  |   |  |  |  |  |
| b  | Unrelated business taxable income (less  | 0   | 0   |  |   |  |   |  |  |  |  |
| b  | Unrelated business taxable income (less section 511 taxes) from businesses   |   |   |  |   |  |   |  |  |  |  |
|  | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  | 0   | 0   | 0  | 0   | 0  | 0   |  |  |  |  |
| с  | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b  |   |   |  |   |  |   |  |  |  |  |
|  | Unrelated business taxable income (less<br>section 511 taxes) from businesses<br>acquired after June 30, 1975<br>Add lines 10a and 10b<br>Net income from unrelated business   | 0   | 0   | 0  | 0   | 0  | 0   |  |  |  |  |
| с  | Unrelated business taxable income (less<br>section 511 taxes) from businesses<br>acquired after June 30, 1975<br>Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included in line 10b, whether   | 0   | 0   | 0  | 0   | 0  | <u>0</u><br>0   |  |  |  |  |
| с<br>11  | Unrelated business taxable income (less<br>section 511 taxes) from businesses<br>acquired after June 30, 1975<br>Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included in line 10b, whether<br>or not the business is regularly carried on  | 0   | 0   | 0  | 0   | 0  | 0   |  |  |  |  |
| с  | Unrelated business taxable income (less<br>section 511 taxes) from businesses<br>acquired after June 30, 1975<br>Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included in line 10b, whether<br>or not the business is regularly carried on<br>Other income. Do not include gain or  | 0   | 0   | 0  | 0   | 0  | <u>0</u><br>0   |  |  |  |  |
| с<br>11  | Unrelated business taxable income (less<br>section 511 taxes) from businesses<br>acquired after June 30, 1975<br>Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included in line 10b, whether<br>or not the business is regularly carried on<br>Other income. Do not include gain or<br>loss from the sale of capital assets  | 0   | 0   | 0  | 0   | 0  | 0<br>0<br>0   |  |  |  |  |
| с<br>11<br>12  | Unrelated business taxable income (less<br>section 511 taxes) from businesses<br>acquired after June 30, 1975<br>Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included in line 10b, whether<br>or not the business is regularly carried on<br>Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part IV.)   | 0   | 0   | 0  | 0   | 0  | <u>0</u><br>0   |  |  |  |  |
| с<br>11  | Unrelated business taxable income (less<br>section 511 taxes) from businesses<br>acquired after June 30, 1975<br>Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included in line 10b, whether<br>or not the business is regularly carried on<br>Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part IV.)<br><b>Total support.</b> (Add lines 9, 10c, 11,   | 0<br>0<br>0   | 0<br>0<br>0   | 0<br>0<br>0  | 000000000000000000000000000000000000000   | 0 0 0  | 0<br>0<br>0   |  |  |  |  |
| c<br>11<br>12<br>13  | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  | 0 0 0 0 0 0 0 0 0   | 0<br>0<br>0   | 0<br>0<br>0  | 0<br>0<br>0   | 0<br>0<br>0<br>0<br>1,200  | 0<br>0<br>0<br>0<br>1,200   |  |  |  |  |
| с<br>11<br>12  | Unrelated business taxable income (less<br>section 511 taxes) from businesses<br>acquired after June 30, 1975<br>Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included in line 10b, whether<br>or not the business is regularly carried on<br>Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part IV.)<br><b>Total support.</b> (Add lines 9, 10c, 11,<br>and 12.)   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | 0<br>0<br>0<br>0<br>0<br>'s first, second   | 0<br>0<br>0<br>0<br>0<br>d, third, fourth  | 0<br>0<br>0<br>0<br>0<br>, or fifth tax ye  | 0<br>0<br>0<br>1,200<br>ear as a sectio  | 0<br>0<br>0<br>1,200<br>n 501(c)(3)   |  |  |  |  |
| с<br>11<br>12<br>13<br>14  | Unrelated business taxable income (less<br>section 511 taxes) from businesses<br>acquired after June 30, 1975<br>Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included in line 10b, whether<br>or not the business is regularly carried on<br>Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part IV.)<br><b>Total support.</b> (Add lines 9, 10c, 11,<br>and 12.)   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>7<br>0                               | 0<br>0<br>0<br>0<br>'s first, second  | 0<br>0<br>0<br>0<br>0<br>d, third, fourth  | 0<br>0<br>0<br>0<br>0<br>, or fifth tax ye  | 0<br>0<br>0<br>0<br>1,200  | 0<br>0<br>0<br>1,200<br>n 501(c)(3)   |  |  |  |  |
| c<br>11<br>12<br>13<br>14<br><u>Secti</u>  | Unrelated business taxable income (less<br>section 511 taxes) from businesses<br>acquired after June 30, 1975<br>Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included in line 10b, whether<br>or not the business is regularly carried on<br>Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part IV.)<br><b>Total support.</b> (Add lines 9, 10c, 11,<br>and 12.)<br><b>First five years.</b> If the Form 990 is for th<br>organization, check this box and <b>stop he</b><br><b>on C. Computation of Public Suppor</b>   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>'s first, second<br>  | 0<br>0<br>0<br>0<br>0<br>0, third, fourth<br>  | 0<br>0<br>0<br>0<br>, or fifth tax yo   | 0<br>0<br>0<br>1,200<br>ear as a sectio  | 0<br>0<br>0<br>1,200<br>n 501(c)(3)<br>▶□   |  |  |  |  |
| c<br>11<br>12<br>13<br>14<br><u>Secti</u><br>15  | Unrelated business taxable income (less<br>section 511 taxes) from businesses<br>acquired after June 30, 1975<br>Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included in line 10b, whether<br>or not the business is regularly carried on<br>Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part IV.)<br><b>Total support.</b> (Add lines 9, 10c, 11,<br>and 12.)   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>2<br>3 first, second<br>2<br>2<br>2<br>2<br>2<br>2  | 0<br>0<br>0<br>0<br>0<br>0, third, fourth<br><br>3, column (f))  | 0<br>0<br>0<br>0<br>0<br>, or fifth tax yo  | 0<br>0<br>0<br>1,200<br>ear as a sectio<br>  | 0<br>0<br>0<br>1,200<br>n 501(c)(3)<br>► □<br>100 %   |  |  |  |  |
| c<br>11<br>12<br>13<br>14<br><u>Secti</u><br>15<br>16                                    | Unrelated business taxable income (less<br>section 511 taxes) from businesses<br>acquired after June 30, 1975<br>Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included in line 10b, whether<br>or not the business is regularly carried on<br>Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part IV.)<br><b>Total support.</b> (Add lines 9, 10c, 11,<br>and 12.)<br><b>First five years.</b> If the Form 990 is for th<br>organization, check this box and <b>stop he</b><br><b>on C. Computation of Public Suppor</b><br>Public support percentage for 2012 (line<br>Public support percentage from 2011 Sci  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>2<br>3 first, second<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3<br>3   | 0<br>0<br>0<br>0<br>0<br>0, third, fourth<br><br>3, column (f))  | 0<br>0<br>0<br>0<br>0<br>, or fifth tax yo  | 0<br>0<br>0<br>1,200<br>ear as a sectio  | 0<br>0<br>0<br>1,200<br>n 501(c)(3)<br>▶□   |  |  |  |  |
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| c<br>11<br>12<br>13<br>14<br><u>Secti</u><br>15<br>16<br><u>Secti</u><br>17<br>18        | Unrelated business taxable income (less<br>section 511 taxes) from businesses<br>acquired after June 30, 1975<br>Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included in line 10b, whether<br>or not the business is regularly carried on<br>Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part IV.)<br><b>Total support.</b> (Add lines 9, 10c, 11,<br>and 12.)   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0<br>3 first, second<br>1<br>1, line 15<br>1<br>1, line 15<br>0<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1   | 0<br>0<br>0<br>0<br>0<br>0<br>0, third, fourth<br><br>3, column (f))<br><br>y line 13, colur   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>1,200<br>ear as a sectio<br><br>15<br>16<br>17<br>18  | 0<br>0<br>0<br>1,200<br>n 501(c)(3)<br>· · ► □<br>100 %<br>0 %  |  |  |  |  |
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Schedule A (Form 990 or 990-EZ) 2012

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

General Explanation - TPC plans to build a solid and diverse funding base, which will be developed strategically in phases. Once the organization is well-established, funding will include: membership dues; gifts from private individuals; foundation grants; government grants; and corporate support. In 2012 funding was received as gifts from private individuals, volunteer hours and in-kind service donations. -----

| SCHEDULE O                                     | Supplemental Information to Form 990 or 9   | 90_F7            | OMB No. 1545-0047              |  |  |
|--|---|------------------|--------------------------------|--|--|
| (Form 990 or 990-EZ)                           |   |                  |                                |  |  |
| Department of the Treasury                     | Complete to provide information for responses to specific questior<br>Form 990 or 990-EZ or to provide any additional information.                            | is on            | 20 <b>12</b><br>Open to Public |  |  |
| Internal Revenue Service                       | ► Attach to Form 990 or 990-EZ.   |                  | Inspection                     |  |  |
| Name of the organization                       |   | Employer identif |                                |  |  |
| WOMEN WITH PAIN CO                             |   |                  | 0-3015108                      |  |  |
|  | ine C - The Women With Pain Coalition adopted the doing business as (DBA) r   |                  |                                |  |  |
| CA.  | Business Name Statement on October 01, 2012 with the County Clerk-Recorder  | , Contra Costa ( | Sounty, Martinez,              |  |  |
|  |   |                  |                                |  |  |
|  |   |                  |                                |  |  |
| Form 990-EZ, Header, I<br>was secured in 2012. | ine J - Preliminary work was underway in 2012 to launch a website in 2013. The  | e domain name    | paincommunity.org              |  |  |
|  |   |                  |                                |  |  |
|  |   |                  |                                |  |  |
|  | In 1 - The Women With Pain Coalition (WWPC) was started in 2004 to raise awa<br>of competing priorities and parallel missions of board members, this organiza |                  |                                |  |  |
|  | sure of the American Pain Foundation, the Board approved a proposal to adop   |                  |                                |  |  |
|  | and established a steering committee to continue this work.   |                  |                                |  |  |
|  | ~   |                  |                                |  |  |
|  |   |                  |                                |  |  |
| Form 990-EZ, Part I, Lir                       | e 16 - Bank Service Fees  |                  |                                |  |  |
|  |   |                  |                                |  |  |
| Form 990-EZ, Part IV -                         | Kathryn Padgett formally resigned from the Board of Directors in June 2012. Ly  | nne Matallana f  | ormally resigned               |  |  |
| from the Board of Direc                        | tors in December 2012.  |                  |                                |  |  |
|  |   |                  |                                |  |  |
| Form 000 E7 Dort V Li                          | ne 34 - The organization adopted the Doing Business As (DBA) name "The Pail   | n Communitu" a   | nd filed the required          |  |  |
|  | unty Clerk-Recorder, Contra Costa County, Martinez, California. Bylaws were re  |                  |                                |  |  |
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## **Primary Exempt Purpose**

### **Primary Exempt Purpose**

The Women With Pain Coalition (WWPC) was started in 2005 to raise awareness of gender disparity in pain management. Because of competing priorities and parallel missions of board members, this organization remained dormant until 2011. In June 2012, the Board approved a proposal to adopt the DBA (doing business as) The Pain Community (TPC) and established a steering committee to continue this work. The WWPC board discussed the importance of emphasizing the integrative approach to pain management, which has been mandated by the Department of Defense and the Veterans Administration, as well as the integrated bio-psycho-social approach recommended in the IOM report; "Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research" published in June 2011. TPC's overarching goal is to improve the overall health, wellbeing, and quality of life of people with pain.

## First Program Service Accomplishments Description

#### Description

management professionals) TPC is a much needed organization that has took initial steps in 2012 to: 1) Build an informed virtual community in which people with pain, their family members and friends can receive information, education, advocacy, and above all, generous and compassionate support. 2) Join with others to advocate for access to quality care for all people with pain. Our Mission: To build and strengthen an active and energized community of people affected by pain by providing a foundation of support where education, wellness information and advocacy are promoted. TPC plans to accomplish this primarily through a resource-rich, user-friendly website that includes (but is not limited to): an around-the-clock support community that offers live chats, discussion boards, and blogs; pain referral services; consumer educational materials; advocacy information; and information for health care providers and others. In addition, TPC members will play an active role advocating for quality care in the medical and policy arenas. What we stand for and what sets us apart: What differentiates TPC from other organizations is that TPC embraces, promotes, and educates people with pain about an integrative approach to care, which is positive, hopeful, and empowering. The caveat: it requires an understanding that there are no quick fixes for pain, particularly when chronic. To heal and become well again takes work by both the person with pain and the health care provider(s). Based on this model of pain management, TPC will communicate the following key messages to people with pain: As much as possible: a) Take control of your overall health and the management of your pain. Start by making healthful lifestyle changes such as eating well, moving/exercising, reducing stress, etc. b) Insist on a thorough assessment and a treatment plan that includes options. c) Insist on care that is person-centered and tailored to your individual needs. The plan should consider who you are-in mind, body, and spirit, and in the context of your environment, not just what condition you may have. Insist on care in which there is open communication between you and your health care providers. d) Understand that there is no single medication or procedure that will make you better. Learn about and consider all appropriate modalities (both conventional and complementary and alternative), approaches, and clinicians to achieve wellness (including your physical and mental health, function, and meaning and purpose). e) Get engaged. Get active. As much as possible, start doing things that bring pleasure and meaning to your life. f) Above all, understand that there is hope-that you can get better. You can become stronger and healthier in your body and mind, and with that, regain function, reduce your pain, and restore meaning and pleasure to your life.

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