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Form 990-EZ

Department of the Treasury

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

The consequence was have to use a copy of this return to series state reporting requirements.



Open to Public

internal Reve			The organization may have to	use a copy of this retur	m to satisfy stat	te reportin	g requiren	nents.		mspection
_		lar year.	or tax year beginning	Juy 1	, 2008, a	and end	ing	Janua		
_	applicable	Please use IRS	C Name of organization					D Emplo	yer ide	ntification number
=	label or NC Psychoanalytic Society 56 1 1258644									
7 Initial re	-	print or type.	Number and street (or P.O.	box, if mail is not delive	red to street ad	idress) R				
Termina	tion	See	901 Paverstone Drive				11	(877	<u>') </u>	572-6778
Amende		Specific Instruc-	City or town, state or count	*				F Group		ption
Applicat	tion pending	tions.	Raleigh, NC 27615-470	<u> 18</u>				Numb		<u>, </u>
• Sec	tion 501(c)(3)		ations and 4947(a)(1) none opleted Schedule A (Form	-	ists must att	ach		unting me r (specify)		☑ Cash ☐ Accrual
			soc.org				requi	red to atta	ch Sch	organization is not nedule B (Form 990,
			nly one)- 🗹 501(c) (3) ◀					EZ, or 990	<u>-</u>	···
not rec	uired, but if th	e organi	on is not a section 509(a)(3) s ≳ation chooses to file a retur	m, be sure to file a con	mplete retum.				nore th	nan \$25,000. A return is
. Add lin	es 5b, 6b, and	7b, to lir	e 9 to determine gross receip	ots; if \$1,000,000 or mo	ore, file Form 9	990 instea	ad of Form	n 990-EZ	▶\$	93,751.32
Part I	Revenue	<u>, Expe</u>	nses, and Changes in	1 Net Assets or	Fund Bala	nces (S	See the	instructi	ons f	or Part I.)
1	Contributio	ns, gifts	, grants, and similar amou	ints received					1	6,950.00
2			evenue including govern						2	62,460.00
3			and assessments ,						3	24,505.43
4	" Investment	•							4	5794.10
5a	Gross amo	ount fro	m sale of assets other th	an inventory		5a		0.00		
b			er basis and sales expens			5lo		0.00	Į	
			sale of assets other than in			ne 5a) (at	tach sch	edule)	5c_	0.00
6 a			vities (complete applicable parts							
9 8	Gross reve	nue (no	ot including \$	0.00 of contri	hutions			_		
[]	reported o					3a		0.00		
l l	•		ises other than fundraisi			3b		0.00		
			ss) from special events a	• '		•	6a)		6c	0.00
7a			entory, less returns and	•	L .	7a	ou, .	0.00		
) 'a						7b		0.00		
		_			—				7c	0.00
8	Other reve	nue (de	ss) from sales of invento scribe insurance, w	ry (Subtract line 76 ebpage, unrealize	asins/losse	a) .			8	-5,958.21
9			dd lines 1, 2, 3, 4, 5c, 6c					′	9	93,751.32
									10	5,890.00
10			r amounts paid (attach s						11	3,730.00
0 11	Senerits pa	alo to o	r for members			· '.\			12	0.00
12			mpensation, and employ			\sim \wedge			13	58,309.00
			and other payments to it			λ'·	• • •		14	4,536.58
12 13 14 15			utilities, and maintenanc						15	5,036.84
15	Other area	ublicatio	ons, postage, and shippi describe <u>insurance,</u> 1	ng	innlies wah	hoetin		· · :	16	13,721.91
17	Total expe	EIISES ((Ansas	Add lines 10 through 16	vou, equipment,st	Philes, wer	, 11081111	5, a vo	·}	17	91,224.33
<u> </u>									18	2,526.99
2 18			for the year (Subtract lin	-					10	2,020.38
482613 18 19			d balances at beginning						10	187,388.24
			reported on prior year's						19	333.00
20			net assets or fund balan						20	190,248.23
21	Relance	Shoot	d balances at end of yea. If Total assets on line	1. Combine lines 18	ea son oon	or mar-	file Fe	m 000 :-	21	
Part II	Datance		· · · · · · · · · · · · · · · · · · ·		⊅∠,⊃∪∪,∪∪	or more				
			ee the instructions for Pa	•			(v) Re	gmning of y		(B) End of year
			estments				—	187,429.		
							—		00 23	
24 Oth	ner assets (de	escnbe	>)	 		00 24	
25 Tot	tal assets .		 .		<i>.</i>		ļ	187,429.		
26 Tot	tal liabilities	(describ	ne ►						39 26	
27 Ne	t assets or f	und ba	lances (line 27 of colum	n (B) must agree w	ith line 21)	<u> </u>		187,388.	24 27	190,248.23
or Priva	cy Act and Pa	aperwor	k Reduction Act Notice, s	ee the Instruction fo	r Form 990.		Cat. No	. 108421		Form 990-EZ (2008)

V7

ron	n 990-E2 (2008)					Page ∠
Pa	art III Statement of Program Service Accom	plishments (See the inst	ructions for Part	111.)]	Expenses
Wh	at is the organization's primary exempt purpose?	ociety for Psychoanalytic	ally oriented Pro	fessionals	(Red	quired for 501(c)(3) (4) organizations
Des	scribe what was achieved in carrying out the organiz	ation's exempt ourposes, in	n a clear and cond	cise manner.	and	4947(a)(1) trusts;
des	cribe the services provided, the number of persons be	nefited, or other relevant info	rmation for each p	rogram title.	opti	onal for others.)
28	To support psychoanalyst and psychotherapist	through continueing educ	ation in scientific	meetings.		
	and study groups. Reached over 300 people	1				
	**************************************	****			l	
	(Grants \$ 0) If this amount incl	udes foreign grants, check	here	. ▶ □	28a	3,700
29	Provide professional training in psychoanalysis				1	
23	Pagehad over 100 seeds				1	
					1	
	(Grants \$ 1,250) If this amount incl	udes foreign grants, check	horo	▶ □	29a	58,522
	Reached out to the community to offer discussion		nere , , , ,		1200	00,022
30		ins after the local plays.	•••••			
	Reachered over 300 people					
	10				1	0.500
		udes foreign grants, check	here	<u>. ▶ ⊔</u>	30a	2,500
37	Other program services (attach schedule)					
		udes foreign grants, check	here	<u>. ▶ 🛄</u>	31a	
	Total program service expenses (add lines 28a th		 	<u> </u>	32	64,722
Pa	rt IV List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution (d) Co	ons to plans &	(e) Expense account and
		devoted to position	enter -0)	deterred compe	nsation	other allowances
	ul Brinich, PhD	President (10)	_	}	_	
320	Glendale Drive, Chapel Hill, NC 27514		0		0	0
Pe	ter Perault, MD	Treasurer/Secretary (5)				
10	Cloister Court Suite A, Chapel Hill, NC 27514	1100001011011011011011	0		. 0	0
Da	vid Moore, PhD	President-Elect (5)				
90	2 Christopher Road, Chapel Hill, NC 27514	riesident Licot (o)	0	1	0	0
	la Jeck, MD	PECC Director (10)				
15	02 W. Hwy. 54, Suite 302, Durham, NC 27707	PECC Director (10)	3,200	1	0	0
	rgaret Willner, MSW	Contitionto Discotos (E)		1		
	Providence Road, Chapel Hill, NC 27514	Certificate Director (5)	4,000	İ	0	o
	rid Pisetsky, MD	O- different Discount (5)				
	01 Hermitage COurt, Durham, NC 27707	Certificate Director (5)	0		0	0
	ni Cohen, PhD					
	Cloister Court Suite A, Chapel Hill, NC 27514	Society Board Director	o		0	0
	lia Danik, MD					
		Society Board Director	0		0	o
	9 Conner Drivc, Bldg. 3, Suite 106, Chapel Hill, NC			ļ	<u>-</u>	
	rold Kudler, MD	Society Board Director	0	1	0	o
	5 Churchill Drive, Chapel Hill, NC 27517-2506			 		
	rrie Baker, MSW	Society Board Director	0		0	o
	1 Cloister Court Suite F, Chapel Hill, NC 27514					<u> </u>
	ile Braasch, MD	Society Board Director	1		_	o
	26 Camley Avenue, Raleigh, NC 27612-4320		0	 -	0	<u> </u>
	Williams, PhD	Society Board Director			_	
	10 Inverness Way, Chapel Hill, NC 27516		0		0	0
	an Maltbie, MD	Society Board Director			_	
46	09 Troy's Mountain Road, Durham, NC 27705-855		0	<u> </u>	0	0
				1		
				1		[
_				<u> </u>		
				[
	· · · · · · · · · · · · · · · · · · ·					
			İ	1		
			} -	 		
			1			

Pai	t V Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓,
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		—
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		<u> </u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	/		هر ا
b	Did the organization file Form 1120-POL for this year?	37b		—
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	Name of the last	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule	40ь	!	1
	L, Part I			
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			:
	Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		1
41	List the states with which a copy of this return is filed. ► North Carolina The books are in care of ► Sarah Stiegler Telephone no. ► (877)	57	2-67	78
	Located at ▶ 901 Paverstone Drive, Sulte 11, Raleigh, NC ZIP + 4 ▶	7615-		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	[Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b		1
	account)?			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	, ,		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		! ✓ _
Ĭ	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year			0
	•	1	34:	T S.F.
		-	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		اکمر	
	Form 990-EZ	44	_	┵
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			1
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		
	Fo	ım 99 (J-EZ	. (2008)

	•••		1 ''		1 ''	
none						
			••••			
Total numb	per of other independent contractors	each receiving over \$100,000 .	. ▶			
Sign Here	Under penalties of perfury, I declare that I had and belief, it is true, complete, and penalties of officer Signature of officer Peter Perault, MD, Treasurer Type or point name and title.	ave examined this return, including accompa Declaration of preparer (other than officer)	nying schedules an is based on all info	ad statements, and to ormation of which pr 2/9//0 Date	o the best of meparer has an	ıy knowledge y knowledge.
Paid Preparer's	Preparer's signature	Date	Check if self- employed	اص	tifying Number (See instructions)
Use Only	Firm's name (or yours If self-employed), address, and ZIP + 4			EIN ► Phone no. ► ()	
May the IR	IS discuss this return with the prepar	rer shown above? See instructions			. ▶ □ Y	es 🗌 No
					50m QQ	0-FZ (2009)

Total

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization 1258844 NC Psychoanalytic Society Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i)-☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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: 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An organization that normally receives: (1) more than 331/4 % 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% 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.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 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. b ☐ Type II c Type III-Functionally integrated e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Nο (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? |11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the organizations the organization supports. (vi) is the (vii) Amount of (iv) is the organization (v) Did you notify (i) Name of supported (ii) EIN (iii) Type of organization organization in col. support organization the organization in (described on lines 1-9) in col. (i) listed in your (i) organized in the governing document? col. (i) of your above or IRC section support? U.S? (see instructions)) Yes No Yes Yes No

Par	(Complete only if you chec	anizations ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	'0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)
	tion A. Public Support		,				
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	Ļ		<u> </u>		L	L
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
		(a) 2004	(0) 2005	(C) 2008	(4) 2007	(8) 2000	(1) 10181
7	Amounts from line 4		 			 	
8	Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		1	<u></u> .	l		<u></u>
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				on 501(c)(3)
<u>Sec</u>	tion C. Computation of Public Su	pport Perce	ntage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2008 (line	6, column (f) d	ivided by line 1	1, column (f))		14	%_
15	Public support percentage from 2007 Sci					15	<u>%</u>
16a	33% % support test-2008. If the organiand stop here. The organization qualifies	as a publicly	supported orga	nization			▶ □
	33% % support test—2007. If the organization quality box and stop here. The organization quality	lifies as a pub	licly supported	organization .			▶ ⊔
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, o organization qua	check this box alifies as a public	and stop here. cly supported or	Explain in Part ganization .	IV how the

Schedule A (Form 990 or 990-EZ) 2008

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.)

	(Complete only if you checke	d die box oi	I IIII J OI F a	1 (1.)					
<u>Sec</u>	tion A. Public Support								
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21150	21368	23392	28125	31455	125490		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	58756	68829	39437	59940	62460	289422		
3	organization's tax-exempt purpose	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 1-5	79906	90197	62829	88065	93915	414912		
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 1% of the total of lines 9, 10c, 11, and 12 for the	0	0	0	0	o	0		
	year or \$5,000	0	0	0	0	0			
	Add lines 7a and 7b	<u>_</u>							
8	Public support (Subtract line 7c from line 6.)			•	1		414912		
Sec	tion B. Total Support								
Ca	llendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
9	Amounts from line 6	79906	90197	62829	88065	93915	414912		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6981	6017	7059	7620	5794	33471		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0		
С		6981	6017	7059	7620	5794	33471		
11	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	o	0	0	0	0	0		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	o	0	0	0	0	0		
13	Total support. (Add lines 9, 10c, 11, and 12.)						448383		
14	First five years. If the Form 990 is for toganization, check this box and stop		n's first, secor				n 501(c)(3) ▶ □		
Sec	tion C. Computation of Public Su	pport Percei	ntage						
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S	Schedule A, Pa	art IV-A, Ilne 27		(f)) 	15 16	93 % 90 %		
Sec	tion D. Computation of Investmer						7 0/		
17 18	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . 17 7 %								
	Investment income percentage nonzero Scriedule A, Fait IV-A, inte 2711								
19a	17 is not more than 331/3 %, check this b	ox and stop he	ere. The organi	zation qualifies	as a publicly s	supported orga	nization 🕨 🗹		
20 D	33½ % support tests – 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ✓								

NC Psychoanalytic Society

EI Number: 56-1258644

2008 990-EZ (Attachments)

Part 1 Line 20

\$333.00 - Due to reclaiming of un-cashed checks