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Form 990-EZ

# 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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

**A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011**

- B** Check if applicable
  - Address change
  - Name change
  - Initial return
  - Terminated
  - Amended return
  - Application pending

<b>C</b> Name of organization THE PAIN SOCIETY OF THE CAROLINAS	<b>D</b> Employer identification number 27-1883948
Number and street (or P O box, if mail is not delivered to street address) 145 KIMEL PARK DRIVE	<b>E</b> Telephone number (336) 765-6181
City or town, state or country, and ZIP + 4 WINSTON SALEM, NC 27103	<b>F</b> Group Exemption Number ►

**G** Accounting method  Cash  Accrual Other (specify) ► \_\_\_\_\_

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ► CAROLINAPAIN.ORG

**J** Tax-Exempt status (check only one) —  501(c)(3)  501(c)( 6 ) (insert no)  4947(a)(1) or  527

**K** Check  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-EZ or Form 990 return is not required though 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 5b, 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 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 193,015

### 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 ►

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	
	2 Program service revenue including government fees and contracts . . . . .	2	118,975
	3 Membership dues and assessments . . . . .	3	74,040
	4 Investment income . . . . .	4	
	5a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less cost or other basis and sales expenses . . . . .	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
Expenses	b Gross income from fundraising events (not including \$ _ 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	
	c Less direct expenses from gaming and fundraising events . . . . .	6c	
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) . . . . .	6d	
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	
	b Less cost of goods sold . . . . .	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
	8 Other revenue (describe in Schedule O) . . . . .	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	193,015
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	
Net Assets	11 Benefits paid to or for members . . . . .	11	
	12 Salaries, other compensation, and employee benefits . . . . .	12	
	13 Professional fees and other payments to independent contractors . . . . .	13	48,000
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	
	15 Printing, publications, postage, and shipping . . . . .	15	
	16 Other expenses (describe in Schedule O) . . . . .	16	111,892
	17 Total expenses. Add lines 10 through 16 . . . . .	17	159,892
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	33,123
	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	46,749
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	79,872

**Part II Balance Sheets**Check if the organization used Schedule O to respond to any question in this Part II 

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
<b>22 Cash, savings, and investments</b>	60,702	<b>22</b> 75,252
<b>23 Land and buildings</b>	<b>23</b>	
<b>24 Other assets (describe in Schedule O)</b>	<b>24</b>	4,620
<b>25 Total assets</b>	60,702	<b>25</b> 79,872
<b>26 Total liabilities (describe in Schedule O)</b>	13,953	<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	46,749	<b>27</b> 79,872

**Part III Statement of Program Service Accomplishments**Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

THE PAIN SOCIETY OF THE CAROLINAS WAS CREATED TO PROVIDE A FORUM FOR HEALTHCARE PROFESSIONALS WITH A MEDICAL INTEREST AND/OR CLINICAL PRACTICE IN ACUTE AND CHRONIC PAIN MANAGEMENT. IT WILL CONDUCT AN ANNUAL SCIENTIFIC EDUCATIONAL SESSION. ITS PROGRAMS ARE TO FACILITATE PROFESSIONAL DISCUSSION, DEBATE, AND CONSENSUS, PROMOTE PAIN MANAGEMENT, QUALITY OF LIFE TREATMENTS, TECHNIQUES, AND CARE.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**28 CONVENED ANNUAL MEETING IN OCTOBER, 2011 OFFERING SCIENTIFIC SESSIONS TO HEALTH PROFESSIONALS IN NORTH AND SOUTH CAROLINA WITH THE OBJECTIVE TO IDENTIFY, ANALYZE AND APPLY TREATMENT OPTIONS SPECIFIC FOR ACUTE AND CHRONIC PAIN. SPECIFIC FOCUS TO IDENTIFY AND RESOLVE MILITARY-SPECIFIC PAIN CARE ISSUES**  
 (Grants \$ ) If this amount includes foreign grants, check here

**Expenses**

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

**28a**

**29 TO PROVIDE A FORUM FOR HEALTHCARE PROFESSIONALS WITH A MEDICAL INTEREST AND/OR CLINICAL PRACTICE IN ACUTE AND CHRONIC PAIN MANAGEMENT**  
 (Grants \$ ) If this amount includes foreign grants, check here

**29a****30**

(Grants \$ ) If this amount includes foreign grants, check here

**30a****31 Other program services (describe in Schedule O)**

(Grants \$ ) If this amount includes foreign grants, check here

**31a****32 Total program service expenses** (add lines 28a through 31a)**32****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation <b>(If not paid, enter -0-.)</b>	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

**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

**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)

**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, explain in Schedule O why the organization did not report the income on Form 990-T

**a** 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)?

**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

**c** 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

**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

**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions

**37a**

**b** Did the organization file **Form 1120-POL** for this year?

**38a** 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 outstanding at the end of the tax year covered by this return?

**b** If "Yes," complete Schedule L, Part II and enter the total amount involved

**38b** 4,620

**39** *Section 501(c)(7) organizations.* Enter

**a** Initiation fees and capital contributions included on line 9

**39a**

**b** Gross receipts, included on line 9, for public use of club facilities

**39b**

**40a** *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under

section 4911, section 4912, section 4955

**b** *Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit 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

**c** *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

**d** *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization

**e** *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

	Yes	No
<b>33</b>		No
<b>34</b>		No
<b>35a</b>		No
<b>35b</b>		
<b>35c</b>		No
<b>36</b>		No
<b>37b</b>		No
<b>38a</b>	Yes	
<b>38b</b>	4,620	
<b>39a</b>		
<b>39b</b>		
<b>40b</b>		
<b>40e</b>		No

**41** List the states with which a copy of this return is filed

NC

**42a** The organization's books are in care of

ROBIN HOYLE Telephone no (336) 765-6181

145 KIMEL PARK DRIVE

Located at WINSTON SALEM, NC

ZIP + 4

27103

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country

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.?

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

**43**

	Yes	No
<b>42b</b>		No

**44a** Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

**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*

**c** Did the organization receive any payments for indoor tanning services during the year?

**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

**45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?

**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)*

	Yes	No
<b>44a</b>		No
<b>44b</b>		No
<b>44c</b>		No
<b>44d</b>		
<b>45a</b>		No
<b>45b</b>		

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
<b>46</b>		No

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
<b>47</b>		

**48** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
<b>48</b>		

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
<b>49a</b>		

**b** If "Yes," was the related organization a section 527 organization?

	Yes	No
<b>49b</b>		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer <b>WILLIAM SPILLANE MD PRESIDENT</b> Type or print name and title	2012-08-13 Date		
	Preparer's signature <b>SUE S COX</b>	Date 2012-11-09	Check if self-employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
<b>Paid Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>PAUL COX &amp; TODD PLLC</b> 3411 HEALY DRIVE SUITE B WINSTONSALEM, NC 27103	EIN <input type="checkbox"/>		
		Phone no <input type="checkbox"/> (336) 794-0041		

May the IRS discuss this return with the preparer shown above? See instructions   Yes  No

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 27-1883948  
**Name:** THE PAIN SOCIETY OF THE CAROLINAS

**Form 990-EZ, Special Condition Description:****Special Condition Description****Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAMES CREWS MD <sup>5</sup> WAKE FOREST UNIV BAPTIST MEDICAL CT MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	DIRECTOR 0 50	0		
JAMES NORTH MD <sup>5</sup> CAROLINAS PAIN INSTITUTE 145 KIMEL PARK DRIVE WINSTON SALEM, NC 27103	DIRECTOR 0 50	0		
PAUL LAFOVORE MD <sup>5</sup> 415 N CENTER ST STE 201 HICKORY, NC 28601	TREASURER 0 50	0		
JEFFREY W FOLK MD <sup>5</sup> ANESTHESIA ASSOCIATES OF CHARLESTON 125 DOUGHTY ST STE 420 CHARLESTON, SC 29403	VICE PRESIDE 0 50	0		
RICHARD RAUCK MD <sup>5</sup> CAROLINAS PAIN INSTITUTE 145 KIMEL PARK DRIVE WINSTON SALEM, NC 27103	DIRECTOR 0 50	0		
RICHARD L BOORTZ-MARX MD <sup>5</sup> UNC CHAPEL HILL 101 MANNING DRIVE CP 7010 CHAPEL HILL, NC 27599	DIRECTOR 0 50	0		
WILLIAM SPILLANE MD <sup>5</sup> JOHNSON NEUROLOGICAL ASSOCIATES 606 NORTH ELM STREET HIGH POINT, NC 27262	PRESIDENT 2 00	0		
JOHN R SATTERTHWAITE MD <sup>5</sup> CAROLINA CENTER FOR ADV MGMT OF PAI 220 ROPER MOUNTAIN RD GREENVILLE, SC 29615	DIRECTOR 0 50	0		
THOMAS E BUCHHEIT MD <sup>5</sup> DUKE UNIVERSITY MEDICAL CENTER DURHAM VAMC DURHAM, NC 27710	SECRETARY 0 50	0		
EZRA RIBER MD <sup>5</sup> PALMETTO PAIN MANAGEMENT 2601 LAUREL STREET SUITE 130 COLUMBIA, SC 29204	DIRECTOR 0 50	0		

## Schedule L

## Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2011

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

## THE PAIN SOCIETY OF THE CAROLINAS

**Employer identification number**

27-1883948

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. \_\_\_\_\_ \$ \_\_\_\_\_

## **Part II      Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

<b>(a)</b> Name of interested person and purpose	<b>(b)</b> Loan to or from the organization?		<b>(c)</b> Original principal amount	<b>(d)</b> Balance due	<b>(e)</b> In default?		<b>(f)</b> Approved by board or committee?		<b>(g)</b> Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) RICHARD RAUCK MD ACCIDENTAL OVERPAYMENT OF ADVANCES		X	4,620	4,620		No	Yes			No
Total . . . . .			► \$	4,620						

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2011****Open to Public  
Inspection**

Name of the organization

THE PAIN SOCIETY OF THE CAROLINAS

**Employer identification number**

27-1883948

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	ANNUAL MTNG/SCIENTIFIC SESS CONFERENCES/MEETINGS 108,602 EXPENSES TELEPHONE 41 WEB-SITE COSTS 460 DUES & SUBSCRIPTIONS 2,315 TRAVEL 474 TOTAL 111,892
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	RECEIVABLES DUE FROM OFFICERS 0 4,620 TOTAL 0 4,620
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	LOANS FROM OFFICERS 13,953 0
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE PAIN SOCIETY OF THE CAROLINAS WAS CREATED TO PROVIDE A FORUM FOR HEALTHCARE PROFESSIONALS WITH A MEDICAL INTEREST AND/OR CLINICAL PRACTICE IN ACUTE AND CHRONIC PAIN MANAGEMENT IT WILL CONDUCT AN ANNUAL SCIENTIFIC EDUCATIONAL SESSION ITS PROGAMS ARE TO FACILITATE PROFESSIONAL DISCUSSION, DEBATE, AND CONSENSUS, PROMOTE PAIN MANAGMANT QUALITY OF LIFE TREATMENTS, TECHNIQUES, AND CARE
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	CONVENED ANNUAL MEETING IN OCTOBER, 2011 OFFERING SCIENTIFIC SESSIONS TO HEALTH PROFESSIONALS IN NORTH AND SOUTH CAROLINA WITH THE OBJECTIVE TO IDENTIFY, ANALYZE AND APPLY TREATMENT OPTIONS SPECIFIC FOR ACUTE AND CHRONIC PAIN SPECIFIC FOCUS TO IDENTIFY AND RESOLVE MILITARY-SPECIFIC PAIN CARE ISSUES
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	TO PROVIDE A FORUM FOR HEALTHCARE PROFESSIONALS WITH A MEDICAL INTEREST AND/OR CLINICAL PRACTICE IN ACUTE AND CHRONIC PAIN MANAGEMENT

## TY 2011 Compensation Explanation

**Name:** THE PAIN SOCIETY OF THE CAROLINAS

**EIN:** 27-1883948

Person Name	Explanation
JAMES CREWS MD	
JAMES NORTH MD	
PAUL LAFOVORE MD	
JEFFREY W FOLK MD	
RICHARD RAUCK MD	
RICHARD L BOORTZMARX MD	
WILLIAM SPILLANE MD	
JOHN R SATTERTHWAITE MD	
THOMAS E BUCHHEIT MD	
EZRA RIBER MD	