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► 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.*

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

F Group Exemption
Number

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

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

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	
22	Cash, savings, and investments	60,702	22	75,252
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	4,620
25	Total assets	60,702	25	79,872
26	Total liabilities (describe in Schedule O)	13,953	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	46,749	27	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 PROGAMS ARE TO FACILITATE PROFESSIONAL DISCUSSION, DEBATE, AND CONSENSUS, PROMOTE PAIN MANAGMENT 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 ☐

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 (If not paid, enter -0-.)	(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 ☐

		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	No
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	No
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)?	35a	No
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	
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	35c	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a <input type="text"/>		
b	Did the organization file Form 1120-POL for this year?	37b	No
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?	38a	Yes
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="checkbox"/> 38b <input type="text"/> 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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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	40b	
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 . . . <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
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	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> NC		
42a	The organization's books are in care of <input type="checkbox"/> ROBIN HOYLE Telephone no <input type="checkbox"/> (336) 765-6181 145 KIMEL PARK DRIVE Located at <input type="checkbox"/> WINSTON SALEM, NC ZIP + 4 <input type="checkbox"/> 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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
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 <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 <input type="text"/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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	

		Yes	No
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		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

		Yes	No
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		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

Sign Here	***** Signature of officer		2012-08-13 Date		
	WILLIAM SPILLANE MD PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	SUE S COX	Date	2012-11-09	
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN	
	PAUL COX & TODD PLLC 3411 HEALY DRIVE SUITE B WINSTONSALEM, NC 27103			Phone no (336) 794-0041	
May the IRS discuss this return with the preparer shown above? See instructions					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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  WAKE FOREST UNIV BAPTIST MEDICAL CT MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	DIRECTOR 0 50	0		
JAMES NORTH MD  CAROLINAS PAIN INSTITUTE 145 KIMEL PARK DRIVE WINSTON SALEM, NC 27103	DIRECTOR 0 50	0		
PAUL LAFOVORE MD  415 N CENTER ST STE 201 HICKORY, NC 28601	TREASURER 0 50	0		
JEFFREY W FOLK MD  ANESTHESIA ASSOCIATES OF CHARLESTON 125 DOUGHTY ST STE 420 CHARLESTON, SC 29403	VICE PRESIDE 0 50	0		
RICHARD RAUCK MD  CAROLINAS PAIN INSTITUTE 145 KIMEL PARK DRIVE WINSTON SALEM, NC 27103	DIRECTOR 0 50	0		
RICHARD L BOORTZ-MARX MD  UNC CHAPEL HILL 101 MANNING DRIVE CP 7010 CHAPEL HILL, NC 27599	DIRECTOR 0 50	0		
WILLIAM SPILLANE MD  JOHNSON NEUROLOGICAL ASSOCIATES 606 NORTH ELM STREET HIGH POINT, NC 27262	PRESIDENT 2 00	0		
JOHN R SATTERTHWAITE MD  CAROLINA CENTER FOR ADV MGMT OF PAI 220 ROPER MOUNTAIN RD GREENVILLE, SC 29615	DIRECTOR 0 50	0		
THOMAS E BUCHHEIT MD  DUKE UNIVERSITY MEDICAL CENTER DURHAM VAMC DURHAM, NC 27710	SECRETARY 0 50	0		
EZRA RIBER MD  PALMETTO PAIN MANAGEMENT 2601 LAUREL STREET SUITE 130 COLUMBIA, SC 29204	DIRECTOR 0 50	0		

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization THE PAIN SOCIETY OF THE CAROLINAS	Employer identification number 27-1883948
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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 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)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.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

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
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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.**

OMB No 1545-0047

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 MANAGMENT 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	