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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? The purposes of this Society are 2 1 1 To advance the science and art of anesthesiology and to stimulate interest and promote progress in the scientific, and social aspects of the specialty of anesthesiology, 2 1 2 To seek the betterment of the individual member of this Society, and to protect his/her interest within the structure of the Bylaws of this Society and of The American Society of Anesthesiologists, Inc 2 1 3 To uphold, adhere to and promote the aims, principles and purposes of The American Society of Anesthesiologists, Inc as set forth in the bylaws of that organization			
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	185,826

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for 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

Part V Other Information (Note the statement requirements in the instructions for Part V.)		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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	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, attach a statement explaining 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 or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	Yes
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	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 ▶	37a	
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 period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-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 ▶ _____		
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	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ ORGANIZATION Telephone no ▶ (781) 834-9174 541 PLAIN STREET Located at ▶ MARSHFIELD, MA ZIP + 4 ▶ 02050		
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.	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 ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	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 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? 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
NONE				

50(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
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	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.				
	Signature of officer		Date		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no
	Burke & Company LLC				(781) 438-6700
	481 Main Street				
		Stoneham, MA 02180			
May the IRS discuss this return with the preparer shown above? See instructions					
Yes No					

Additional Data

Software ID:

Software Version:

EIN: 04-6180165

Name: MASSACHUSETTS SOCIETY OF ANESTHESIOLOGISTS INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<div>28 FOUNDATION FOR ANESTHESIA EDUCATION RESEARCH \$2,000ANESTHESIA PATIENT SAFETY FOUNDATION \$2,000THE ANESTHESIA FOUNDATION \$1,000THE WOOD LIBRARY MUSEUAM \$1,000</div> <div>(Grants \$ 6,000)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	28a	
<div>29 PUBLICATIONS THE MEMBERS WERE KEPT INFORMED OF EVENTS, PERSONALITIES AND ANESTHESIA TOPICS BY NEWSLETTERS</div> <div>(Grants \$ 15,385)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	29a	
<div>30 CONFERENCES THE MEMBERS WERE REPRESENTED ON A LOCAL, STATE AND NATIONAL LEVEL BY THE OFFICERS AT MEETINGS IN MASSACHUSETTS, WASHINGTON D C , CHICAGO AND SAN FRANCISCO</div> <div>(Grants \$ 80,313)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	30a	
<div>LEGAL FEES THE ATTORNEY ACTS AS GENERAL COUNSEL MASS SOCIETY OF ANESTHESIOLOGISTS AND IS AVAILABLE FOR CONSULTATION WITH OFFICERS AND MEMBERS AND ACTS AS A LEGISLATIVE AGENT</div> <div>(Grants \$ 84,128)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		

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
MICHAEL ENTRUP MD PO BOX 5178 FRAMINGHAM,MA 01701	Director 0	0		
SELINA A LONG 19 INDEPENDENCE DR WALPOLE,MA 02081	Secretary 0	0		
RUBEN AZOCAR MD 50 SNAKE HILL LANE BELMONT,MA 02478	VICE PRESIDENT 0	0		
DANIEL JP OBRIEN MD 79 ELMWOOD ROAD LUNENBURG,MA 01462	Treasurer 0	0		
DAVID L HEPNER 30 NARDELL RD NEWTON,MA 02459	PRESIDENT 0	0		
BEVERLY K PHILIP MD 70 SHAW RD CHESTNUT HILL,MA 02467	PAST PRESIDENT 0	0		
FRED E SHAPIRO 330 BEACON ST C86 BOSTON,MA 02116	PRESIDENT ELECT 0	0		

TY 2009 Grants and Similar Amounts Paid Schedule

Name: MASSACHUSETTS SOCIETY OF
ANESTHESIOLOGISTS INC

EIN: 04-6180165

Software ID: 09000047

Software Version: 2009v1.3

Item No.	1
Class of Activity	
Donee's Name	
Donee's Address	
Amount (FMV)	6,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule

Name: MASSACHUSETTS SOCIETY OF
ANESTHESIOLOGISTS INC

EIN: 04-6180165

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
TELEPHONE	2,674
PETTY CASH & MISC	15
OFFICE EXPENSES	8,908
INSURANCE	1,095
Conferences, Conventions, and Meetings	80,313
COMPUTER EXPENSE	2,825
BANK CHARGES	1,208

TY 2009 Other Revenues Schedule

Name: MASSACHUSETTS SOCIETY OF
ANESTHESIOLOGISTS INC

EIN: 04-6180165

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
	6,250