



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 01-01-2009

, and ending 12-31-2009

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization MASSACHUSETTS SOCIETY OF ANESTHESIOLOGISTS INC	D Employer identification number 04-6180165
Number and street (or P O box, if mail is not delivered to street address) 541 PLAIN STREET	E Telephone number (781) 834-9174
City or town, state or country, and ZIP + 4 MARSHFIELD, MA 02050	F Group Exemption Number ►

\* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► N/A

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

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 346,582

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	334,937
4	Investment income	4	5,395
5a	Gross amount from sale of assets other than inventory	5a	
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	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	0
b	Less direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ►)	8	6,250
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	346,582
10	Grants and similar amounts paid (attach schedule) ►	10	6,000
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	140,331
13	Professional fees and other payments to independent contractors	13	85,892
14	Occupancy, rent, utilities, and maintenance	14	17,600
15	Printing, publications, postage, and shipping	15	15,385
16	Other expenses (describe ►)	16	97,038
17	<b>Total expenses.</b> Add lines 10 through 16	17	362,246
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-15,664
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	377,670
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	362,006

## Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	377,670	22 362,006
23 Land and buildings		23
24 Other assets (describe ►)		24
25 <b>Total assets</b>	377,670	25 362,006
26 <b>Total liabilities</b> (describe ►)		26
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	377,670	27 362,006



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 <b>not</b> 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 <b>Form 990-T</b> 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 <b>Form 1120-POL</b> for this year?		37b	No
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 period covered by this return?		38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(3) organizations.</b> Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►			
b	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
d	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax on line 40c reimbursed by the organization ►			
e	<b>All organizations.</b> 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 ► <b>ORGANIZATION</b> 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)?		42b	No
	If "Yes," enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	No
	If "Yes," enter the name of the foreign country ►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► 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.

		<b>Yes</b>	<b>No</b>
<b>46</b>	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	<b>46</b>	
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
	<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	
<b>50</b>	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."		

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

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
NONE		

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

<b>Please Sign Here</b>	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 DANIEL JP O'BRIEN MD Treasurer Type or print name and title	2010-06-08 Date	

<b>Paid Preparer's Use Only</b>	Preparer's signature Mark F Nihan CPA	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Burke & Company LLC 481 Main Street Stoneham, MA 02180			EIN <input checked="" type="checkbox"/> Phone no <input checked="" type="checkbox"/> (781) 438-6700

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**

<b>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.</b>		<b>Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</b>
<b>28</b> FOUNDATION FOR ANESTHESIA EDUCATION RESEARCH \$2,000ANESTHESIA PATIENT SAFETY FOUNDATION \$2,000THE ANESTHESIA FOUNDATION \$1,000THE WOOD LIBRARY MUSEUAM \$1,000 (Grants \$ 6,000)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>28a</b>
<b>29</b> PUBLICATIONS THE MEMBERS WERE KEPT INFORMED OF EVENTS, PERSONALITIES AND ANESTHESIA TOPICS BY NEWSLETTERS (Grants \$ 15,385)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>29a</b>
<b>30</b> 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 (Grants \$ 80,313)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>30a</b>
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 (Grants \$ 84,128)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
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 O'BRIEN 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

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

## 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