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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

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

C
MINNESOTA SOCIETY OF ANESTHESIOLOGISTS
1821 UNIVERSITY AVENUE S256
ST. PAUL, MN 55104

D Employer identification number
41-0884371

E Telephone number
651-917-6240

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 [X] Accrual
Other (specify) ►

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

I **Website:** ► WWW.MINNESOTASOCIETYOFANESTHESIOLOGISTS.COM

J Tax-exempt status (check only one) — [X] 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 ► $ 195,171.

SCANNED DEC 20 2010

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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	13,550.
3	Membership dues and assessments		3	180,310.
4	Investment income		4	1,311.
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 ln 5b from ln 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		
b	Less direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
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 ► _____)		8	
9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	►	9	195,171.
10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 1		10	16,800.
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	125,135.
14	Occupancy, rent, utilities, and maintenance		14	
15	Printing, publications, postage, and shipping		15	
16	Other expenses (describe ► SEE STATEMENT 2)		16	58,774.
17	**Total expenses.** Add lines 10 through 16	►	17	200,709.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-5,538.
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	416,661.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3		20	-9,240.
21	Net assets or fund balances at end of year Combine lines 18 through 20	►	21	401,883.

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	416,161.	22	417,372.
23	Land and buildings		23	
24	Other assets (describe ► SEE STATEMENT 4)	500.	24	550.
25	**Total assets**	416,661.	25	417,922.
26	**Total liabilities** (describe ► SEE STATEMENT 5)	0.	26	16,039.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	416,661.	27	401,883.

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? SEE STATEMENT 6

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, or other relevant information for each program title

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

28 SEE STATEMENT 7

(Grants $) If this amount includes foreign grants, check here ► ☐ 28a

29 SEE STATEMENT 8

(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 (attach schedule)

(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 instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 9		0.	0.	0.

Part V **Other Information** (Note the statement requirements in the instrs 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		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
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		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A			
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 ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.			
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		X
41	List the states with which a copy of this return is filed ► NONE			

42a The organization's books are in care of ► NONPROFIT SOLUTIONS Telephone no ► 651-917-6240

Located at ► 1821 UNIVERSITY AVENUE, SUITE S256 ST. PAUL MN ZIP + 4 ► 55104

			Yes	No
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 ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a 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 ►	42c		X

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A			
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
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		X

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.

		Yes	No
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		
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48	Is the organization a school as 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 and 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 ►

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 11/12/2010

► David P. Martin, Treasurer MSA
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	Date 11/9/10	Check if self-employed ► ☐	Preparer's Identifying Number (See instructions) P00560855
Firm's name (or yours if self-employed), address, and ZIP + 4 ► CARPENTER EVERT & ASSOCIATES 7760 FRANCE AVE. S. #940 BLOOMINGTON, MN 55435		EIN ► 41-1534805 Phone no ► (952) 831-0085	

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

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	ANESTHESIA PATIENT SAFETY FOUNDATION	
DONEE'S ADDRESS:	8007 S. MERIDIAN STREET INDIANAPOLIS, IN 46217	
CASH AMOUNT GIVEN:		$ 3,600.
DONEE'S NAME:	FOUNDATION ANESTHESIA EDUCATION RESEARC	
DONEE'S ADDRESS:	200 FIRST STREET, SW ROCHESTER, MN 55905	
CASH AMOUNT GIVEN:		$ 12,000.
DONEE'S NAME:	WOOD LIBRARY - MUSEUM	
DONEE'S ADDRESS:	520 N NORTHWEST HWY PARK RIDGE, IL 60068	
CASH AMOUNT GIVEN:		$ 1,200.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK AND CREDIT CARD FEES	$ 2,928.
CONFERENCES, CONVENTIONS, AND MEETINGS	38,654.
INSURANCE	90.
MEETING EXPENSES	2,061.
MISCELLANEOUS	812.
OFFICE EXPENSES	1,298.
TRAVEL	12,931.
TOTAL	$ 58,774.

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CASH TO ACCRUAL ADJUSTMENT	$ -9,240.
TOTAL	$ -9,240.

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE	$ 500.	$ 550.
TOTAL	$ 500.	$ 550.

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 0.	$ 16,039.
TOTAL	$ 0.	$ 16,039.

STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

MINNESOTA SOCIETY OF ANESTHESIOLOGISTS (MSA) IS A PHYSICIAN ORGANIZATION COMMITTED TO PATIENT SAFETY, EDUCATIONAL ADVANCEMENT, AND BEST POSSIBLE ANESTHESIA CARE.

STATEMENT 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE MSA SERVES AS A FORUM OF IDEAS FOR ITS DOCTORS AS WELL AS OTHER PROFESSIONALS. ALONG WITH A SCHEDULE OF CONTINUING EDUCATION PROGRAMS FOR ITS MEMBERS, THE MSA PROVIDES REPRESENTATIVES TO THE GOVERNOR, INDIVIDUAL LEGISLATORS, BOTH THE HOUSE AND THE SENATE OF MINNESOTA. THE MSA PARTICIPATES IN NATIONAL AND STATE GOVERNMENT DAYS. IT ALSO PROVIDES EDUCATIONAL SPEAKERS FOR SCHOOLS AND OTHER MEDICAL SPECIALTIES. THE MEMBERS PROVIDE LEGAL EVALUATIONS ON AN INDIVIDUAL BASIS.

STATEMENT 8
FORM 990-EZ, PART III, LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE MSA PROVIDES INFORMATIONAL TO HELP INDIVIDUALS BECOME MORE INFORMED PATIENTS REGARDING THE MEDICAL CARE THEY RECEIVE BEFORE, DURING AND AFTER SURGICAL, DIAGNOSTIC AND PAIN MANAGEMENT PROCEDURES.

STATEMENT 9
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPENSATION	CONTRIBUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JAMES HEBL 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	PRESIDENT 2.00	$ 0.	$ 0.	$ 0.

STATEMENT 9 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPENSATION	CONTRIBUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ANDREW HOULTON 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	PRESIDENT ELECT 2.00	$ 0.	$ 0.	$ 0.
RICHARD PRIELIPP 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	VICE PRESIDENT 2.00	0.	0.	0.
MARK DESTACHE 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	PAST PRESIDENT 2.00	0.	0.	0.
MICHAEL WALSH 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	TREASURER 2.00	0.	0.	0.
JOHN ABENSTEIN 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
DIANE AHLERS 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
JOEL ARNEY 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
DOUGLAS BACON 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
CRAWFORD BARNETT 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
DAVID BEEBE 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
KUMAR BELANI 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
PETER BOOSALIS 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.

STATEMENT 9 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PHILIP BOYLE 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	$ 0.	$ 0.	$ 0.
RANDY BUSCH 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
DAVID BYER 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
RICHARD CARR 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
MICHAEL EBBERT 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
MARK EGGEN 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
ROBERT FRIEDHOFF 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
RYAN GASSIN 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
MARK GUJER 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
CRAIG JOHNSON 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
YUL KIM 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
DOUGLAS KOEHNTOP 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.

STATEMENT 9 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LISA KOENIG 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	$ 0.	$ 0.	$ 0.
THOMAS LABERGE 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
THOMAS LOSASSO 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
DAVID MARTIN 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
BRIAN MCGLINCH 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
MICHAEL MONTGOMERY 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
BRADLEY NARR 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
ADAM NIESEN 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
BRYAN PERSHING 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
MATTHEW RADUE 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
CHARLES RICH 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
JOHN ROSEBERG 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.

STATEMENT 9 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPENSATION	CONTRIBUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
THOMAS SANNEMAN 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	$ 0.	$ 0.	$ 0.
ALAN SESSLER 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
DONALD STENZEL 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
CHRISTOPHER SYKES 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
PATRICK TESTERMAN 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
MARK WARNER 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
MARY ELLEN WARNER 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
ROBERT WEBB 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
TOBY WEINGARTEN 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
RUSSELL WELCH 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
DAVID YASMINEH 1821 UNIVERSITY AVE. W., S256 ST. PAUL, MN 55104	DIRECTOR 2.00	0.	0.	0.
	TOTAL	$ 0.	$ 0.	$ 0.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ► ☐

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print

File by the extended due date for filing the return See instructions

Name of Exempt Organization
MINNESOTA SOCIETY OF ANESTHESIOLOGISTS

Number, street, and room or suite number If a P O box see instructions
CARPENTER EVERT & ASSOCIATES
7760 FRANCE AVE. S. #940

City, town or post office, state and ZIP code For a foreign address, see instructions
BLOOMINGTON, MN 55435

Employer identification number
41-0884371

For IRS use only

Check type of return to be filed (File a separate application for each return)

☒ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (section 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- *The books are in care of* ► NONPROFIT SOLUTIONS
  Telephone No ► 651-917-6240 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► ☐ If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15, 20 10

5 For calendar year 2009, or other tax year beginning _____, 20__, and ending _____, 20__

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension THE AUDIT FOR THE ORGANIZATION IS NOT COMPLETE. AUDIT IS NECESSARY FOR A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**8a**	$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	**8b**	$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	**8c**	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements and to the best of my knowledge and belief, it is true correct, and complete and that I am authorized to prepare this form

Signature ► Title ► CPA Date ► 8/12/10