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DLN: 93492201003000

2009

OMB No 1545-1150

Form 990-EZ

Department of the Treasury

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

Open to Public

Interna	ıl Revenu	ie Service		000 and total assets less than \$1,25 organization may have to use a copy of ti						Inspection
A F	or t he			tax year beginning 07-01-2009	, and ending	•	· · · ·		<i></i>	
		applicable		C Name of organization	•	J		D Empl	oyer i	dentification number
_		change u	lease se IRS	NATIONAL DENTAL BOARD OF ANESTHESION	LOGY			36-4	478666	5
	ame ch	- In	abel or rint or	Number and street (or P O box, if mail is 211 E Chicago Ave	not delivered to stre	eet address)	Room/suite	E Telepl	hone n	umber
_	nitial ret erminat	turn ty	ype. ee	Suite 780					(312	2) 238-9049
		t roturn S	pecific	City or town, state or country, and ZIP + 4	ļ			F Group	Exem	ption
		1.1	nstruc- ions.	Chicago, IL 60611				Numb		` ▶
♦ Se	ction			ons and 4947(a)(1) nonexempt char mpleted Schedule A (Form 990 or 99			counting met ther (specify)		Ca	sh Accrual
T W/	abcit o	. ▶ ndbahome o	ıra			н	Check 🕨 🔽	ıf the	orgar	nization
			_	ne)— 501(c)(6) ◄ (insert no) 4947	7(a)(1) or 52		s not required			90-EZ, or 990-PF)
		_		is not a section 509(a)(3) supporting						
				n 990 return is not required, but if the						
_				etermine gross receipts, if \$500,000 or more,				► \$		105,820
Pa	rt I			nses, and Changes in Net Ass	ets or Fund	Balance	S (See the in:	struction	ons fo	r Part I)
	1	Contributions,	gıfts, gr	rants, and similar amounts received				-	1	0
	2	Program servic	e rever	nue including government fees and coi	ntracts				2	0
	3	Membership du	ies and	assessments	• • •			L	3	96,145
	4	Investment inc	ome					.	4	9,675
	5a	Gross amount	from sa	le of assets other than inventory .		5a		0		
9	ь	Less costoro	ther ba	sıs and sales expenses		5b		0		
Revenue	С	Gain or (loss) f	rom sal	le of assets other than inventory (Sub	tract line 5b fror	m line 5a)		. L	5с	0
œ	6	Special events check here	and ac	tivities (complete applicable parts of	Schedule G) If a	any amour	nt is from gan	ning,		
	а	Gross revenue	(not ind	cluding \$ <u>0</u> of contributions						
		reported on line	e 1)			6a		0		
	Ь	Less direct ex	penses	other than fundraising expenses .		6b		0		
	_c	Net income or	· (loss) fr	rom special events and activities (Sub	btract line 6b fro	m line 6a')		6c	0
	7a			ory, less returns and allowances .		7a		اه	-	
	Ь	Less cost of g				7b		0		
		_		from sales of inventory (Subtract line 1	· · 7h from line 7a)				7c	0
	8	•			, b 110111 11110 , u ,			·	8	
	9	Other revenue	•	es 1, 2, 3, 4, 5c, 6c, 7c, and 8 .				一' 卜	9	105,820
									-	
	10			iounts paid (attach schedule)				-	10	0
	11	Benefits paid to						-	11	0
. 6.	12	,		nsation, and employee benefits				. -	12	42,400
Expenses	13			other payments to independent contra				•	13	8,349
9	14	Occupancy, re	nt, utılıt	ties, and maintenance				•	14	0
Ě	15	Printing, public	ations,	postage, and shipping				L	15	47,520
	16	•	•	ribe 🟲				<u> </u>	16	0
	17	Total expenses	Add lı	ines 10 through 16			•	•	17	98,269
Ŕ	18	Excess or (defi	ıcıt) for	the year (Subtract line 17 from line 9)			. [18	7,551
Net.Assets	19	Net assets or f	und bal	ances at beginning of year (from line 2	27, column (A))	(must agr	ee with			
ب حر		end-of-year fig	ure rep	orted on prior year's return)					19	295,728
ž	20	Other changes	ın net a	assets or fund balances (attach expla	nation)				20	0
	21	Net assets or f	und bal	ances at end of year Combine lines 1	.8 through 20				21	303,279
Pa	rt II	Balance Si	neets-	—If Total assets on line 25, column (E	B) are \$1,250,0	00 or mor	e, file Form 9	90 ınst	ead c	of Form 990-EZ
			,,,							
				ne instructions for Part II)		(A) Beg	inning of year			B) End of year
		, savings, and in					295,7	28 22	+	303,279
23		and buildings			-			0 23	1	0
24			be 🏲)			0 24	+	0
25		assets					295,7	28 25	1	303,279
		liabilities (desc	-)			0 26	+	0
27	Net a	ssets or fund ba	lances	(line 27 of column (B) must agree with	h line 21) .	1	295,7	28 27		303,279

Part IIII Statement of Program	Service Accomplishing	nents (See the instruction	ns for Part III)		Expenses
What is the organization's primary exemp The objectives and purposes of the Natioi dental anesthesia and to advance the art optimum health care. In order to fulfill the	nal Dental Board of Anesthe and science of anesthesiolo	gy in dentistry in its eff	fort to provide	(c)(quired for section 501 3) and 501(c)(4) anizations and section 7(a)(1) trusts,
candidates for examination, shall establis be evaluated, and shall examine qualified	h those criteria of fitness ar	nd competence whereby	a candidate may		onal for others)
the examination shall be granted certifica other duties as will advance dental anesth					
Describe what was achieved in carrying o describe the services provided, the numb program title					
28 Examination of new Diplomate candida (Grants \$ 0) If th	tes iis amount includes foreign (grants chack hara	. .	20-	
29	ins amount includes loreign	grants, check here		28a	0
(Grants \$) If th	ns amount includes foreign o	grants, check here .	▶ □	29a	
30			<u> </u>		
(Grants \$) If th	ns amount includes foreign (grants, check here .	▶┌	30a	
31 O ther program services (attach sched (Grants \$)	ule) us amount includes foreign			31a	
32 Total program service expenses (add II Part IV List of Officers, Directors, Tr			mnensated (See the inc	32	o for Part IV)
List of Officers, Directors, 11	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit p deferred compens		account and other allowances
Richard Charlton 211 E Chicago Ave Suite 780	Executive Director 35	30,400		0	
Chicago, IL 60611					

the year? If Yes," complete applicable parts of Schedule N 37a hoter amount of political expenditures, direct or indexed, as described in the instructions b Did the organization fle Form 1120-POL for this year?	Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
Statish 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 (a) notice, reporting, and proxy tax requirements? bit If Yes, his thide at as return on Form 990-T for this year? 35b	33		33		No
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 (a) 17 (%) notice, reporting, and proxy tax requirements? b If Yes, is st fided a tax return on Form 990-T for this year? 50 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of not assets during the year? If Yes, "complete applicable parts of Schedule N. 510 Did the organization file Form 1120-POL for this year? 511 Did the organization file Form 1120-POL for this year? 512 If Yes, "complete Schedule L, Part II and enter the total amount involved. 513 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during this year under section 911 P. 514 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 911 P. 515 Section 501(c)(3) organizations. Enter amount of tax imposed on organization during the year under section 911 P. 516 Section 501(c)(3) 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 en any of the organization's prior Forms 990 or 990-EZ7 If Yes, "complete Schedule I, Part I 516 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under section 4912. 4955, and 4958 517 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under section 4912. 4955, and 4958 518 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization apart to a signature or	34		34		Νο
(e) notice, reporting, and proxy tax requirements? If "Yes," has it filled a tax return on Form 990-T for this year? If 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	35	others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the			
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 0 37b Did the organization file Form 1120-POL for this year? 38b Did the organization file Form 1120-POL for this year? 38c Did the organization berrow from, or make any loans to, any officer, director, trustes, 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? 38c Did the organization berrow from, or make any loans to, any officer, director, trustes, 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? 38b Did Time School (School (S	а		35a		No
the year? If "Yes," complete applicable parts of Schedule N 37a stret amount of political expenditures, direct or indirect, as described in the instructions ▶ 37b b Did the organization if e Form 1120-POL for this year?	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
b Did the organization file Form 1120-POL for this year? 37b	36		36		No
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?	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 🔭 37a			
any such loans made in a prior year and still outstanding at the end of the period covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 9 Section 501(c)(7) organizations. Enter 1 Initiation fees and capital contributions included on line 9 39a 9 Gross receipts, included on line 9, for public use of club facilities 99b 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 9 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 priory ear, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part I 5 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 1 List the states with which a copy of this return is field. 211 E Chicago Ave 212 E Chicago Ave 213 E Chicago Ave 214 Located at P Chicago, II 215 P + 4 60611 5 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. 1 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. 1 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 du	ь	Did the organization file Form 1120-POL for this year?	37b		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39ction 501(c)/7) organizations. Enter a Initiation fees and capital contributions included on line 9	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
a Initiation fees and capital contributions included on line 9		any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
a Intitation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities	Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
b Gross receipts, included on line 9, for public use of club facilities	39	Section 501(c)(7) organizations. Enter]		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 — section 4912 — section 4912 — section 4915 — section 4915 — section 4916 — 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 — dection 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 — dection 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization — 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 — 41	а	Initiation fees and capital contributions included on line 9 39a			
b Section \$51(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-E27 If "Yes," complete Schedule L, Part I	ь	Gross receipts, included on line 9, for public use of club facilities 39b			
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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 - E27 If "Yes," complete Schedule L, Part 1		section 4911, section 4912, section 4955			
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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 41 List the states with which a copy of this return is filed II. 42a The organization's books are in care of Richard Charlton 211 E Chicago Ave Located at Chicago, II. 51P + 4 60611 42b 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 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 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	c				
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The organization's books are in care of Richard Charlton 211 E Chicago Ave Located at Chicago, IL 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	е		40e		Νo
211 E Chicago Ave Located at Chicago, TL 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 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	41	· · · · · · · · · · · · · · · · · · ·			
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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	42a		(31	2) 238	-9049
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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		,	42b		No
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					
If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here					
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νo
and enter the amount of tax-exempt interest received or accrued during the tax year		If "Yes," enter the name of the foreign country 🕨			
Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ. 44 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.	43				▶ Г
Form 990-EZ. 44 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.				Yes	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-F7	44				
"Ves." Form 990 must be completed instead of Form 990-E7			44		No
45	45				
		res , roini 990 mast de completea insteau of roini 990-L2.	45		No

	t VI	All section 501(c)(3) organ 46-49b and complete the t	nizations and section 4		-			-	stions
46	Dıd the	e organization engage in direct o	or indirect political campa	aign activities on behal	f of or in opp	osition to		Yes	No
	candid	ates for public office? If "Yes,"	complete Schedule C, Pa	rt I			46		
47	Did the	e organization engage in lobbyir	ng activities? If "Yes," co	mplete Schedule C, Pa	rt II		47		
48	Is the	organization a school described	d ın section 170(b)(1)(A)((II)? If "Yes," complete S	Schedule E		48		
49a	Did the	e organization make any transfe	rs to an exempt non-char	ritable related organiza	tion?		49a		
b	If"Yes	s," was the related organization	a section 527 organization	on?			49b		
		ete this table for the organization (ees) who each received more t							
(a) 1		and address of each employee I more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee	tributions to benefit plans & compensation	ac	Experior allowa	ınd
50(f)	Total	I number of other employees pa	ıd over \$100,000 .				<u> </u>		
51	Comple of com	I number of other employees pa ete this table for the organization pensation from the organization me and address of each indeper	on's five highest compens n Ifthere is none, enter "I	None "	T	each received m		an \$10 ompen	
51	Comple of com	ete this table for the organization pensation from the organization	on's five highest compens n Ifthere is none, enter "I	None "	T				
51	Comple of com (a) Nar	ete this table for the organization pensation from the organization	on's five highest compens If there is none, enter "I ndent contractor paid mor	None " Te than \$100,000	T				
51 51(d)	Comple of com (a) Nar) Total	ete this table for the organization pensation from the organization me and address of each indeper	on's five highest compens If there is none, enter "I Indent contractor paid more ontractors each receiving hat I have examined this return plete Declaration of preparer (or	none " The than \$100,000 The open state of the state of	(b) Type	atements, and to the	(c) C	ompen	sation
51 51(d)	Comple of com (a) Nar Total	ete this table for the organization pensation from the organization me and address of each independent of the independent of th	on's five highest compens If there is none, enter "I Indent contractor paid more ontractors each receiving hat I have examined this return plete Declaration of preparer (or	g over \$100,000 In, including accompanying so ther than officer) is based of the companying so the co	chedules and ston all information Date	atements, and to the	(c) C	ompen of my knowle	sation