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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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, 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 **07/01**, 2011, and ending **06/30**, 20 **12**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☒ Amended return
☐ Application pending

C Name of organization
NATIONAL DENTAL BOARD OF ANESTHESIOLOGY INC
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
211 E Chicago Ave Suite 780
 City or town, state or country, and ZIP + 4
Chicago, IL 60611

D Employer identification number
36-4478666

E Telephone number
312-238-9049

F Group Exemption Number ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ► **ndbahome.org**

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 92,649**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	89,540
	4	Investment income	4	3,109
	5a	Gross amount from sale of assets other than inventory	5a	0
	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	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
Expenses	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c	Less: direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	0
	b	Less: cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	92,649
	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	60,800
	13	Professional fees and other payments to independent contractors	13	0
14	Occupancy, rent, utilities, and maintenance	14	0	
15	Printing, publications, postage, and shipping	15	14,059	
16	Other expenses (describe in Schedule O) See Schedule O, Statement 1	16	72,040	
17	Total expenses. Add lines 10 through 16	17	146,899	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-54,250
	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	361,790
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-14,443
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	293,097

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2011)

4 95

Part II

☒

22	Cash, savings, and investments	361,790	22	293,097
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	Total assets	361,790	25	293,097
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	361,790	27	293,097

Part III

☐	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
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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	The National Dental Board of Anesthesiology funds the travel of up to 10 dental school finalists to the American Dental Society of Anesthesiology's Annual Session each year, and awards \$5,000 in prizes to the (Continued on Schedule O, Statement 3)		
	(Grants \$ 0) If this amount includes foreign grants, check here ▶ ☐	28a	34,095
29			
	(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)	31a	
	(Grants \$ 0) If this amount includes foreign grants, check here ▶ ☐	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	34,095

Part IV

7

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract 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	☐	☒
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)	☐	☒
35a 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)?	☐	☒
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	☐	☐
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	☐	☒
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 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?	☐	☒
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?	☐	☒
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	☐	☐
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 ▶ ; 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 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	☐	☐
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.	☐	☒
41 List the states with which a copy of this return is filed. ▶	☐	☐
42a The organization's books are in care of ▶ Richard Charlton Telephone no. ▶ 312-238-9049 Located at ▶ 211 E Chicago Ave Suite 780, Chicago, IL 60611 ZIP + 4 ▶ 60611	☐	☐
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 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 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43	☐	☐
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	☐	☒
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	☐	☒
c Did the organization receive any payments for indoor tanning services during the year?	☐	☒
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	☐	☐
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	☐	☒
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)	☐	☒

- 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

	Yes	No
46		☒

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, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 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

	Yes	No
47		
48		
49a		
49b		

- 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?

- b** 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

- f** Total number of other employees paid over \$100,000 ▶

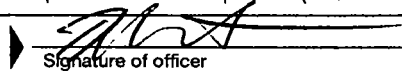
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

- 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 ☐ Yes ☐ 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		7/17/12
	Signature of officer	Date
	Richard Charlton, Executive Director	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

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 990-EZ 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

NATIONAL DENTAL BOARD OF ANESTHESIOLOGY INC

Employer identification number

36-4478666

Form 990-EZ, Header, Line B - NDBA's 990 EZ was efiled before it was finished. Three organization are housed in the same office. The main organization is ADSA (EIN 34-6570356). The smaller two are the ARF (16-6071126), and the NDBA (36-4478666). Our accountant finished the ADSA 2010 return and filed it in May 2012, and we are working with them on the 2011 return now. The ARF 990 was finalized on 7/9/2012 and was sent and accepted. By mistake, the NDBA 990 was also sent and accepted that day, though it was an incomplete working draft. The following represents the final 2011 990 EZ of the NDBA.

Form 990-EZ, Part I, Line 3 - Includes dues income.

Form 990-EZ, Part I, Line 4 - Includes dividend income.

Form 990-EZ, Part I, Line 9 - Updated total.

Form 990-EZ, Part I, Line 12 - 2011 stipend paid in 2011 and 2012 annual stipend paid before end of fiscal year so total is 2x.

Form 990-EZ, Part I, Line 13 - None. See Schedule O details and line 16.

Form 990-EZ, Part I, Line 14 - Updated information.

Form 990-EZ, Part I, Line 15 - Updated information.

Form 990-EZ, Part I, Line 17 - Updated Total.

Form 990-EZ, Part I, Line 18 - Updated Total.

Form 990-EZ, Part I, Line 20 - Decrease in mutual fund investments.

Form 990-EZ, Part I, Line 21 - Updated fund balance.

Supplemental Information (Continued)

Form 990-EZ, Part II, Line 22 - Updated fund balance.

Form 990-EZ, Part II, Line 25 - Updated fund balance.

Form 990-EZ, Part II, Line 27 - Updated fund balance.

Other Expenses Structured Explanation

Description	Amount
Advertising	7,000
Board Meeting Expenses	13,642
Computer Hardware	2,674
Computer Software	4,430
Insurance	9,251
Meals	2,019
Office Supplies	1,395
Student Poster Contest	27,095
Telephone	4,534
Total:	72,040

Primary Exempt Purpose

Primary Exempt Purpose

The mission of the National Dental Board of Anesthesiology is to provide for recognition of achievement in order to promote safe and effective patient care for all qualified dentists who have an interest in anesthesiology, sedation and the control of anxiety and pain. Achieving Diplomate Status assures the public that you are committed to offering high quality anesthesia services to your patients.

First Program Service Accomplishments Description**Description**

top three finishers Publicity and advertising helped attract a high number of finalists this year, though this also led to higher than average expenses due to high travel costs to the ADSA/International meeting in Hawaii. Awards totaled \$5,000, Student flights \$6,344 (hotel rooms are complimentary, from hotel contract which provides complimentary rooms for certain thresholds of total room attendance), Advertising \$7,000, judges/examiner travel \$12,389, and judge/examiner travel left unpaid from 2010 \$3,362