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Form 990

Department of the Treasury
Internal Revenue Service

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)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

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

AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

520 NORTH NORTHWEST HIGHWAY

Room/suite

City or town, state or country, and ZIP + 4

PARK RIDGE, IL 600682573

D Employer identification number

36-2181944

E Telephone number

(847) 825-5586

G Gross receipts \$ 62,099,891

F Name and address of principal officer

ALEXANDER A HANNENBERG

520 NORTH NORTHWEST HIGHWAY

PARK RIDGE,IL 600682573

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c) (6) ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.ASAHQ.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1936

M State of legal domicile

IL

Part I	Summary
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>Advancing the practice and securing the future of anesthesiology (SEE SCHEDULE O CONTINUATION)through medical education, creation and dissemination of new knowledge, improvement of patient care, and legislative and regulatory advocacy</div></div>
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>
	<div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div><div>65</div></div>
	<div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div><div>62</div></div>
<div><div>5</div><div>Total number of employees (Part V, line 2a)</div><div>123</div></div>	
<div><div>6</div><div>Total number of volunteers (estimate if necessary)</div><div>761</div></div>	
<div><div>7a</div><div>Total gross unrelated business revenue from Part VIII, column (C), line 12</div><div>1,265,291</div></div>	
<div><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div><div>-999,818</div></div>	
Revenue	<div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div></div>
	<div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div></div>
	<div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div></div>
	<div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div></div>
	<div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div></div>
	<div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div></div>
Expenses	<div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div></div>
	<div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div></div>
	<div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div></div>
	<div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25)</div></div>
	<div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)</div></div>
	<div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div></div>
	<div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div></div>
	<div><div>20</div><div>Total assets (Part X, line 16)</div></div>
Net Assets or Fund Balances	<div><div>21</div><div>Total liabilities (Part X, line 26)</div></div>
	<div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div></div>
	<div><div>Beginning of Current Year</div></div>
	<div><div>End of Year</div></div>

Part II

Signature Block

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

JOHN A THORNER JD CAE EXECUTIVE VICE PRESIDENT

Type or print name and title

Preparer's signature

LU ANN TRAPP

Firm's name (or yours if self-employed), address, and ZIP + 4

BLACKMAN KALLICK LLP

10 S RIVERSIDE PLAZA 9TH FLOOR

CHICAGO, IL 60606

Date

2010-10-25

Check if self-employed

☐

Preparer's identifying number (see instructions)

EIN

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

Advancing the practice and securing the future of anesthesiology through medical education, creation and dissemination of new knowledge, improvement of patient care, and legislative and regulatory advocacy

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ including grants of \$) (Revenue \$)

Membership - Members of ASA include MD/Dos who are licensed physicians and have completed a training program in anesthesiology, as well as medical students interested in anesthesiology, residents enrolled in an anesthesiology training program Anesthesiologists practicing outside the US and scientists involved in anesthesia research may become affiliate members Educational members include Certified Registered Nurse Anesthetists and Anesthesiologist Assistants The Society has 45,000 members

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

PUBLICATIONS - ASA PRODUCES STATEMENTS, GUIDELINES AND STANDARDS WHICH FOCUS ON WAYS OF IMPROVING THE PRACTICE OF ANESTHESIOLOGY ADDITIONAL PUBLICATIONS PROVIDE INFORMATION ON THE VARIOUS ASPECTS OF ANESTHETIC CARE FOR BOTH MEDICAL PERSONNEL AND THE LAY PUBLIC A DISTINGUISHED SCIENTIFIC JOURNAL, 'ANESTHESIOLOGY', IS PUBLISHED MONTHLY, AS IS THE OFFICIAL NEWSLETTER WHICH PROVIDES GENERAL INFORMATION AND NEWS ON CURRENT ISSUES AFFECTING ANESTHESIOLOGY

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

CONTINUING EDUCATION - ASA SPONSORS CONTINUING MEDICAL EDUCATION DESIGNED TO PROVIDE ANESTHESIOLOGISTS WITH CURRENT INFORMATION ON NEWEST CLINICAL DEVELOPMENTS, TECHNOLOGY ADVANCEMENTS AND RESEARCH ASA IN-PERSON EDUCATION PROGRAMS INCLUDE AN ANNUAL MEETING, THE WORLD'S LARGEST EDUCATION PROGRAM FOR ANESTHESIOLOGISTS, OFFERING A VARIETY OF SESSIONS AND WORKSHOPS THAT COVER THE CURRENT TOPICS AND EMERGING SCIENCE OTHER ANNUAL PROGRAMS INCLUDE CONFERENCE ON PRACTICE MANAGEMENT, LEGISLATIVE CONFERENCE AND THE CERTIFICATION IN BUSINESS ADMINISTRATION SELF STUDY COURSES INCLUDE TWO BASED ON A QUESTION AND ANSWER FORMAT ANESTHESIOLOGY CONTINUING EDUCATION (ACE) AND THE SELF EDUCATION AND EVALUATION (SEE) THAT ARE USED TO ASSESS PROFESSIONAL KNOWLEDGE AND PREPARE FOR MAINTENANCE OF CERTIFICATION AND LICENSURE OTHER SELF -STUDY COURSES INCLUDE A JOURNAL CME PROGRAM USING ARTICLES FROM "ANESTHESIOLOGY, REFRESHER COURSES IN ANESTHESIOLOGY" AN EXPANSION OF ANNUAL MEETING COURSES, PATIENT SAFETY AND ANNUAL MEETING HIGHLIGHTS, RECORDED SESSIONS FROM EACH ANNUAL MEETING IN ADDITION, ASA ACTS AS THE SECRETARIAT FOR THE ABA (AMERICAN BOARD OF ANESTHESIOLOGY) - ASA JOINT COUNCIL ON IN-TRAINING EXAMINATIONS THE JOINT COUNCIL IS RESPONSIBLE FOR THE PREPARATION AND ADMINISTRATION OF THE YEARLY IN-TRAINING EXAMINATION TO APPROXIMATELY 5000 RESIDENTS IN ANESTHESIA RESIDENCY PROGRAMS IN THE UNITED STATES AND CANADA THE IN-TRAINING EXAMINATION PROVIDES AN EVALUATION OF EACH RESIDENT'S KNOWLEDGE AND SKILL DURING HIS OR HER TRAINING PERIOD IN ANESTHESIOLOGY, AND ALLOWS THE RESIDENT'S SUPERVISING PHYSICIAN TO TAILOR FUTURE TRAINING IN SPECIFIC AREAS IN WHICH THE RESIDENT NEEDS ADDITIONAL ASSISTANCE BEFORE COMPLETING HIS OR HER RESIDENCY AND APPLYING FOR BOARD CERTIFICATION THE ABA USES A SUBSET OF QUESTIONS FROM THE IN-TRAINING EXAMINATION AS AN ENTRY EXAMINATION INTO ITS CERTIFICATION PROCESS

4d

Other program services (Describe in Schedule O)

See also Additional Data for Description















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

\$

Part IV Checklist of Required Schedules

		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No				
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes				
3	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 	3	Yes				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4					
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 	5	Yes				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes				
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.						
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td></td><td>12A Yes</td></tr></table>	Yes	No		12A Yes		
Yes	No						
	12A Yes						
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No				
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No				

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	300		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	123		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes	
4a	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)?		4a		No
	b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a	Yes	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	Yes	
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		
d If "Yes," indicate the number of Forms 8282 filed during the year			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	65	
b	Enter the number of voting members that are independent	1b	62	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ steve lothary 520 NORTH NORTHWEST HIGHWAY PARK RIDGE,IL 60068 (847) 268-9150

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)

1b	Total	2,202,321	3,656	343,768
----	-------	-----------	-------	---------

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization17

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
FINANCIAL DYNAMICS INTERNATIONAL PO BOX 630391 BALTIMORE, MD 21263	MARKETING CONSULTING FOR BRANDING INITIA	809,852
STRATEGIC ALLIANCE SERVICES 440 west 62nd street kansas city, MO 64113	ANNUAL MEETING LOGISTICS CONSULTING	390,774
PROJECT EXCELLENCE GROUP 2021 Midwest rd ste 200 OAK BROOK, IL 60523	IT CONSULTING	269,345
WEXCELL 5400 Patton Drive ste 4a lisle, IL 60532	IT CONSULTING	220,581
BLACKMAN KALLICK LLP 10 S RIVERSIDE PLAZA CHICAGO, IL 60606	FINANCIAL SERVICES	219,944

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization13

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	114,355				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			114,355			
Program Service Revenue			Business Code					
	2a	MEMBERSHIP DUES	541,900	16,792,815	16,792,815			
	b	ANNUAL MEETING AND REF	541,900	6,460,111	6,226,516	233,595		
	c	OTHER PROGRAM INCOME	541,900	1,862,198	1,262,616	599,582		
	d	ANESTHESIA Continuing	541,900	1,395,144	1,395,144			
	e	SELF-EDUCATION AND EVA	541,900	1,327,141	1,327,141			
	f	All other program service revenue		1,459,038	1,026,924	432,114		
	g	Total. Add lines 2a-2f			29,296,447			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			1,537,525		1,537,525	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties			3,277,611		3,277,611	
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		27,873,953						
		30,072,692						
		-2,198,739						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)			-2,198,739		-2,198,739	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a						
b	Less direct expenses		b					
c	Net income or (loss) from fundraising events . . .							
9a	Gross income from gaming activities See Part IV, line 19							
	a							
b	Less direct expenses		b					
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances		a					
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			32,027,199	28,031,156	1,265,291	2,616,397	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,643,000			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	2,250			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,679,738			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,044,831			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	537,915			
9	Other employee benefits	1,603,925			
10	Payroll taxes	491,212			
11	Fees for services (non-employees)				
a	Management				
b	Legal	134,942			
c	Accounting	153,860			
d	Lobbying	583,027			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	122,488			
g	Other	1,923,215			
12	Advertising and promotion	1,065,853			
13	Office expenses	1,408,468			
14	Information technology	317,370			
15	Royalties				
16	Occupancy	665,327			
17	Travel	350,928			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,414,089			
20	Interest	19,333			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,216,450			
23	Insurance	89,963			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Other Outside Services	1,622,015			
b	Consulting	798,285			
c	Subscriptions	778,345			
d	Credit Card Fees	379,776			
e	Research Service paymen	354,908			
f	All other expenses	697,713			
25	Total functional expenses. Add lines 1 through 24f	31,099,226			
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing					1	803,955
	2	Savings and temporary cash investments				1,992,537	2	615,854
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				2,468,575	4	3,197,513
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				348,825	9	533,734
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	14,736,685				
	b	Less accumulated depreciation	10b	6,325,911	4,913,477	10c	8,410,774	
	11	Investments—publicly traded securities				33,730,562	11	47,694,585
	12	Investments—other securities See Part IV, line 11					12	
	13	Investments—program-related See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11				16,207	15	108,473
16	Total assets. Add lines 1 through 15 (must equal line 34)				43,470,183	16	61,364,888	
Liabilities	17	Accounts payable and accrued expenses				2,335,415	17	4,117,838
	18	Grants payable					18	
	19	Deferred revenue				1,688,548	19	1,941,728
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	4,000,000
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities Complete Part X of Schedule D				325,983	25	174,305
	26	Total liabilities. Add lines 17 through 25				4,349,946	26	10,233,871
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				39,120,237	27	51,131,017
	28	Temporarily restricted net assets					28	
	29	Permanently restricted net assets					29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				39,120,237	33	51,131,017
	34	Total liabilities and net assets/fund balances				43,470,183	34	61,364,888

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Employer identification number 36-2181944
-------------------------------------------------------------------	----------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ 0
3	Volunteer hours	0

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ 0
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$ 0
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE	1501 M STREET NW SUITE 300 WASHINGTON DC,IL 20005	36-3887214	0	47,075

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV			
	j Total lines 1c through 1i			
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	16,792,815
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	1,057,644
b	Carryover from last year	2b	579,882
c	Total	2c	1,637,526
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	2,015,138
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-377,612

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part I-A, Line 1	Organizations Direct and Indirect Political Campaign Activities	THE ORGANIZATION COLLECTS CONTRIBUTIONS ON BEHALF OF A RELATED POLITICAL ACTION COMMITTEE AND PROMPTLY AND DIRECTLY DELIVERS THE CONTRIBUTIONS TO THE POLITICAL ACTION COMMITTEE

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Employer identification number 36-2181944
--------------------------------------------------------------------------	-----------------------------------------------------

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,420,193		4,420,193
b Buildings		4,852,780	2,162,940	2,689,840
c Leasehold improvements				
d Equipment		4,029,653	3,460,928	568,725
e Other		1,434,059	702,043	732,016
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				8,410,774

Schedule D (Form 990) 2009

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	32,027,199
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,099,226
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	927,973
4	Net unrealized gains (losses) on investments	4	11,196,401
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-113,594
9	Total adjustments (net) Add lines 4 - 8	9	11,082,807
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,010,780

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	42,968,185
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	11,196,401
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-113,594
e	Add lines 2a through 2d	2e	11,082,807
3	Subtract line 2e from line 1	3	31,885,378
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	122,488
b	Other (Describe in Part XIV)	4b	19,333
c	Add lines 4a and 4b	4c	141,821
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	32,027,199

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	30,957,405
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	30,957,405
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	122,488
b	Other (Describe in Part XIV)	4b	19,333
c	Add lines 4a and 4b	4c	141,821
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	31,099,226

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	The Society's adoption of the Income Tax Topic regarding uncertain tax positions of GAAPUSA on January 1, 2009 had no effect on its financial position as management believes the Society has no material unrecognized income tax benefits, including any potential risk of loss of its not-for-profit tax status. The Society would account for any potential interest or penalties related to possible future liabilities for unrecognized income tax benefits as income tax expense. The Society is no longer subject to examination by federal, state or local tax authorities for periods before 2006. Prior to adoption of the Income Tax Topic, the Society accounted for tax positions under a contingent loss model, requiring recognition of a tax liability when it was both (1) probable that it had been incurred as of year-end and (2) the amount could be reasonably estimated.
Part XI, Line 8 - Other Adjustments		BENEFIT PLAN CHANGES OTHER THAN NET PERIODIC POSTRETIREMENT BENEFIT COSTS
Part XII, Line 2d - Other Adjustments		BENEFIT PLAN CHANGES OTHER THAN NET PERIODIC POSTRETIREMENT BENEFIT COSTS
Part XII, Line 4b - Other Adjustments		INTEREST EXPENSE NETTED AGAINST REVENUE
Part XIII, Line 4b - Other Adjustments		INTEREST EXPENSE NETTED AGAINST REVENUE

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
36-2181944

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

10

3

Enter total number of other organizations

3

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Employer identification number

36-2181944

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div> <div><div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div><div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div><div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div><div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div>	1bYes	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div>	2Yes	
<div>3</div> <div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div> <div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div><div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div><div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		
<div></div> <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div>		
<div>a</div> <div>The organization?</div>	5a	
<div>b</div> <div>Any related organization?</div>	5b	
<div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		
<div>6</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div>		
<div>a</div> <div>The organization?</div>	6a	
<div>b</div> <div>Any related organization?</div>	6b	
<div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		
<div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div>	7	
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div>	8	
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div>	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ALEXANDER A HANNENBERG MD	(i) (ii)	156,250 0	0 0	0 0	0 0	0 0	156,250 0	0 0
Roger A Moore MD	(i) (ii)	188,000 0	0 0	0 0	0 0	0 0	188,000 0	0 0
John A Thorner JD CAE	(i) (ii)	317,818 0	40,254 0	0 0	50,422 0	17,625 0	426,119 0	0 0
Ronald Szabat JD LLM	(i) (ii)	293,081 0	50,270 0	0 0	39,904 0	25,261 0	408,516 0	0 0
Thomas Conway MBA CPA	(i) (ii)	179,238 0	254 0	0 0	17,195 0	24,723 0	221,410 0	0 0
Karen Buehring	(i) (ii)	157,845 0	262 0	0 0	20,540 0	8,866 0	187,513 0	0 0
Robert Fine	(i) (ii)	138,240 0	256 0	0 0	13,110 0	8,116 0	159,722 0	0 0
Manuel Bonilla	(i) (ii)	137,307 0	254 0	0 0	18,204 0	23,973 0	179,738 0	0 0
Mary Kuffner	(i) (ii)	136,572 0	256 0	0 0	18,640 0	26,223 0	181,691 0	0 0
JASON BYRD	(i) (ii)	126,466 0	254 0	0 0	14,556 0	16,410 0	157,686 0	0 0

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1a	The ASA Administrative Procedures allow domestic first-class airfare for President, President-Elect, First VP, Rovenstine Lecturer, recipient of the Distinguished Service Award, recipient of the Excellence in Research Award and the Legislative Conference Keynote Speaker, along with the spouses of each.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Employer identification number 36-2181944
-------------------------------------------------------------------	----------------------------------------------

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		THE BYLAWS WERE CHANGED AS FOLLOWS- THE BOARD OF DIRECTORS CLARIFIED ADMINISTRATIVE PROCEDURES REGARDING APPROVAL OF EXPENDITURES
Form 990, Part VI, Section A, line 7a		THE HOUSE OF DELEGATES MEETS ON AN ANNUAL BASIS TO AFFIRM THE MANAGEMENT OF THE ORGANIZATION BY THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS EXERCISES FINAL AUTHORITY OVER AND MANAGES THE BUSINESS AND FINANCIAL AFFAIRS OF THE SOCIETY , INCLUDING, BUT NOT LIMITED TO, THE ACQUISITION, MANAGEMENT, CONTROL AND DISPOSITION OF ITS PROPERTY AND THE AUTHORIZATION OF ALL CONTRACTS ON ITS BEHALF, THE BOARD OF DIRECTORS MAY DELEGATE PORTIONS OF SUCH AUTHORITY TO THE OFFICERS, COUNCILS, SECTIONS OR COMMITTEES AND PERFORM SUCH OTHER DUTIES AS ARE PROVIDED FOR IN THE BYLAWS CERTAIN MEMBERS OF THE HOUSE OF DELEGATES ARE MEMBERS OF THE BOARD OF DIRECTORS UNDER THE ORGANIZATION'S BYLAWS OFFICERS ARE ELECTED BY THE HOUSE OF DELEGATES AT THE ANNUAL MEETING
Form 990, Part VI, Section A, line 7b		The House of Delegates has the authority to change the organization's bylaw s and modify select decisions of the Board of Directors
Form 990, Part VI, Section B, line 11		The Section on Fiscal Affairs, which is a sub-committee of the Board of Directors, during the course of the August annual Board meeting, review s the Form 990 with the independent CPA firm that prepared the return A report of this review and a full copy w ill be posted to the "members only" portion of the w ebsite, w w w asahq org, as soon as possible follow ing the meeting with the CPA firm
Form 990, Part VI, Section B, line 12c		ON AN ANNUAL BASIS, ASA BOARD MEMBERS AND OFFICERS ARE REQUIRED TO DISCLOSE WHETHER OR NOT THEY HAVE ANY POTENTIAL CONFLICTS OF INTEREST, AND IF SO, ARE REQUIRED TO DISCLOSE THEM THE GOVERNANCE UNIT SHALL MONITOR COMPLIANCE WITH THE POLICY THE ASA OFFICE OF GENERAL COUNSEL, IN CONSULTATION WITH THE ADMINISTRATIVE COUNCIL, SHALL HAVE PRIMARY RESPONSIBILITY TO MONITOR AND ENFORCE THE CONFLICT OF INTEREST POLICY AS IT PERTAINS TO THE ADMINISTRATIVE COUNCIL ON OR BEFORE COMMENCEMENT OF A NEW TERM OF OFFICE OR SERVICE, THE INCOMING COMMITTEE CHAIRS, ADMINISTRATIVE COUNCIL, AND THE OFFICE OF GENERAL COUNSEL SHALL INITIATE REVIEW OF THE POTENTIAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS AND COMPLETE INITIAL REVIEW OF SUCH STATEMENTS WITHIN 30 DAYS OF THE COMMENCEMENT OF THE TERM THE SECRETARY SHALL BE NOTIFIED IN THE EVENT OF AN ALLEGED FAILURE TO CONFORM TO THE STANDARDS THE SECRETARY SHALL REFER THE EXCEPTION OR FAILURE TO THE ADMINISTRATIVE COUNCIL THE ADMINISTRATIVE COUNCIL MAY DETERMINE THAT A CONFLICT DOES NOT EXIST, DETERMINE THAT A CONFLICT DOES EXIST BUT GRANT A WAIVER, DETERMINE THAT THE MATTER SHOULD BE HEARD BY THE JUDICIAL COUNCIL, OR IN THE CASE OF ALLEGED CONFLICT BY A DIRECTOR OR ALTERNATE DIRECTOR, REFER THE MATTER TO THE COMPONENT SOCIETY NOMINATING THE DIRECTOR OR ALTERNATE DIRECTOR FOR APPROPRIATE ACTION THESE REQUIREMENTS SHALL APPLY EQUALLY TO THE MEMBERS OF THE ASA EXECUTIVE STAFF IN THE CASE OF SUCH INDIVIDUALS, THE EXECUTIVE COMMITTEE OF THE ADMINISTRATIVE COUNCIL SHALL BE RESPONSIBLE FOR MONITORING AND ENFORCING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AS IT PERTAINS TO THE THE ASA EXECUTIVE STAFF, INCLUDING THE DETERMINATION OF ANY WAIVER OR FOR THE APPLICATION OF SANCTIONS IN THE EVENT OF ANY VIOLATIONS OF THE POLICY THE COI STATEMENT AND FORMS ARE AVAILABLE ON THE ASA WEBSITE IN THE MEMBERS ONLY SECTION HARD COPIES MAY BE OBTAINED FROM THE ASA EXECUTIVE OFFICE
Form 990, Part VI, Section B, line 15		OUTSIDE COMPENSATION EXPERTS ARE UTILIZED REGARDING BENCHMARKED POSITIONS OF THE EXECUTIVE VICE PRESIDENT, PARK RIDGE AND EXECUTIVE VICE PRESIDENT, WASHINGTON D C OUTSIDE COMPENSATION EXPERTS ARE UTILIZED FOR RECOMMENDATIONS ON COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES PRESIDENT AND PRESIDENT ELECT MAKE DECISIONS ON ANY MERIT INCREASES FOR THE EVP
Form 990, Part VI, Section C, line 19		CONFLICT OF INTEREST POLICY , FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI - LINE 2C	COMMITTEE OVERSIGHT OF AUDIT	THE ORGANIZATION HAS DELEGATED AUTHORITY AND RESPONSIBILITY TO ASA SECTION ON FISCAL AFFAIRS COMMITTEE FOR OVERSIGHT OF THE CONSOLIDATED AUDIT, OF THE ORGANIZATION AND ITS RELATED ORGANIZATIONS, AND THE SELECTION OF AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM TO PERFORM THE AUDIT

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
-------------------------------------------------------	-------------------------	-----------------------------------------------------------	-------------------------------------	--------------------------------------------------------	---------------------------------	------------------------------------------	--------------------------------

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

No

1p

Yes

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Software ID:

Software Version:

EIN: 36-2181944

Name: AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	wood library-museum of anesthesiology	B	200,000
(2)	wood library-museum of anesthesiology	P	239,103
(3)	FOUNDATION FOR ANESTHESIA EDUCATION & RESEARCH	B	1,750,000
(4)	FOUNDATION FOR ANESTHESIA EDUCATION & RESEARCH	K	11,000
(5)	FOUNDATION FOR ANESTHESIA EDUCATION & RESEARCH	P	116,662
(6)	AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE	P	1,050
(7)	ANESTHESIA QUALITY INSTITUTE	B	750,000
(8)	ANESTHESIA QUALITY INSTITUTE	P	127,207
(9)	ANESTHESIA PATIENT SAFETY FOUNDATION	B	400,000
(10)	ANESTHESIA PATIENT SAFETY FOUNDATION	K	12,500
(11)	ANESTHESIA PATIENT SAFETY FOUNDATION	P	12,678

Additional Data

Software ID:
Software Version:
EIN: 36-2181944
Name: AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code) (Expenses \$	including grants of \$) (Revenue \$
OFFICE OF GOVERNMENTAL AFFAIRS - ASA'S OFFICE OF GOVERNMENTAL AFFAIRS (OGA), LOCATED IN WASHINGTON, D C , MONITORS LEGISLATIVE AND REGULATORY ACTIVITIES AT THE STATE AND FEDERAL LEVEL, PARTICULARLY THOSE ISSUES THAT AFFECT THE PRACTICE OF ANESTHESIOLOGY AND THE DELIVERY OF QUALITY MEDICAL CARE IN THE UNITED STATES			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALEXANDER A HANNENBERG PRESIDENT OF BOARD	37 50	X		X				156,250	0	0
Mark A Warner MD PRESIDENT-ELECT OF BOARD	28 00	X		X				68,750	1,275	0
Roger A Moore MD IMMED PAST PRES OF BOA	29 00	X		X				188,000	0	0
Jerry A Cohen MD FIRST VICE PRES OF BOAR	11 00	X		X				15,775	600	0
Arnold J Berry MD BOARD VP - SCIENTIFIC AF	3 00	X		X				4,000	0	0
ROBERT JOHNSTONE MD BOARD VP - PROF AFFAIRS	13 00	X		X				20,400	0	0
Arthur M Boudreaux MD SECRETARY OF BOARD	2 00	X		X				2,250	0	0
John M Zerwas MD Treasurer of Board	4 00	X		X				5,916	0	0
Linda J Mason MD Asst Secretary of Board	2 00	X		X				2,250	0	0
JAMES GRANT MD ASST TREASURER OF BOARD	3 00	X		X				5,000	0	0
JEFFREY L APFELBAUM MD IMMED PAST PRES -PRIOR	1 00	X		X				500	0	0
GREGORY K UNRUH MD SECRETARY - PRIOR	4 00	X		X				5,500	0	0
Jeffrey S Plagenhoef M DIRECTOR	2 00	X						2,538	0	0
Brion Beerle MD DIRECTOR	1 00	X						750	0	0
Daniel Cole MD DIRECTOR	2 00	X						3,500	0	0
Michael J Vollers MD DIRECTOR	1 00	X						750	0	0
Mark A Singleton MD Director	1 00	X						1,250	0	0
Randall M Clark MD Director	2 00	X						2,750	0	0
Jan Ehrenwerth MD Director	4 00	X						4,750	500	0
Chris A Kittle MD Director	1 00	X						750	0	0
John F Dombrowski MD Director	3 00	X						3,560	0	0
David Varlotta DO Director	0 00	X						0	0	0
Peggy G Duke MD Director	3 00	X						3,525	0	0
William H Montgomery M Director	11 00	X						17,250	0	0
Matthew J Wood MD Director	1 00	X						750	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kenneth J Tuman MD Director	1 00	X						1,750	0	0
Gerard T Costello MD Director	1 00	X						1,500	0	0
John R Moyers MD Director	1 00	X						1,500	0	0
James D Kindscher MD Director	1 00	X						1,500	0	0
Linda F Lucas MD Director	1 00	X						1,500	0	0
David M Broussard MD Director	0 00	X						0	0	0
Gary E Palman DO Director	0 00	X						0	0	0
Murray A Kalish MD Director	1 00	X						1,500	0	0
Michael H Entrup MD Director	2 00	X						3,250	0	0
Kenneth Elmassian DO Director	0 00	X						0	0	0
Brian P McGlinch MD Director	1 00	X						1,500	0	0
Claude D Brunson MD Director	2 00	X						2,000	0	0
Donald E Arnold MD Director	2 00	X						2,625	0	0
Mike P Schweitzer MD Director	1 00	X						750	0	0
Sheila J Ellis MD Director	1 00	X						1,500	0	0
Johnathan R Zucker MB Director	2 00	X						2,000	0	0
Steven J Hattamer MD Director	12 00	X						18,556	0	0
Kenneth I Mirsky MD Director	2 00	X						3,000	0	0
John H Wills MD Director	1 00	X						750	0	0
Kenneth J Freese MD Director	0 00	X						0	0	0
Gerald A Maccioli MD Director	2 00	X						2,000	0	0
John C Chatelain MD Director	2 00	X						2,666	0	0
Ronald L Harter MD Director	3 00	X						3,686	0	0
Jane CK Fitch MD Director	4 00	X						5,560	0	0
Norman A Cohen MD Director	4 00	X						6,533	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Donald E Martin MD Director	2 00	X						2,000	0	0
Andres Melendez-Dedos M Director	0 00	X						0	0	0
Richard A Browning MD Director	1 00	X						750	0	0
Christopher A Yeakel M Director	1 00	X						1,500	0	0
Robert G Allen Jr MD Director	1 00	X						750	0	0
James M West MD Director	2 00	X						2,250	0	0
Mary Dale Peterson MD Director	2 00	X						2,538	0	0
Paul N Clayton MD Director	1 00	X						1,500	0	0
Joel H Mumford MD Director	2 00	X						2,000	0	0
Stephen P Long MD Director	2 00	X						2,666	0	0
Peter J Dunbar MD Director	2 00	X						3,500	0	0
Paul A Skaff MD Director	1 00	X						1,500	0	0
Robert E Kettler MD Director	2 00	X						2,750	0	0
Todd M Witzeling MD Director	1 00	X						750	0	0
Steven J Barker PhD M Director	1 00	X						1,500	0	0
Farooq A Khan MD Director	1 00	X						750	0	0
Corry J Kucik MD Director	2 00	X						1,500	1,281	0
Charles W Otto MD DIRECTOR	4 00	X						5,900	0	0
Christopher W Cary MD DIRECTOR	0 00	X						0	0	0
Darin K Via MD DIRECTOR	0 00	X						0	0	0
Erica J Stein MD DIRECTOR	3 00	X						3,750	0	0
Patricia J Davidson MD DIRECTOR	2 00	X						2,000	0	0
Mack A Thomas MD DIRECTOR	1 00	X						1,500	0	0
John A Thorner JD CAE Executive Vice-President	37 50			X				358,072	0	68,047
Ronald Szabat JD LLM Executive Vice-President	37 50			X				343,351	0	65,165

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas Conway MBA CPA Chief Financial Officer	37 50			X				179,492	0	41,918
Karen Buehring Director of Human Resour	37 50					X		158,107	0	29,406
Robert Fine Director of Subspecialty	37 50					X		138,496	0	21,226
Manuel Bonilla Director-Congressional &	37 50					X		137,561	0	42,177
Mary Kuffner Associate General Counse	37 50					X		136,828	0	44,863
JASON BYRD DIRECTOR - PRACTICE MGMT	37 50					X		126,720	0	30,966

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
MEMBERSHIP DUES	541,900	16,792,815	16,792,815		
ANNUAL MEETING AND REF	541,900	6,460,111	6,226,516	233,595	
OTHER PROGRAM INCOME	541,900	1,862,198	1,262,616	599,582	
ANESTHESIA CO ntinuing	541,900	1,395,144	1,395,144		
SELF-EDUCATION AND EVA	541,900	1,327,141	1,327,141		

Software ID:

Software Version:

EIN: 36-2181944

Name: AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR ANESTHESIA EDUCATION & RESEARCH520 N NORTHWEST HIGHWAY PARK RIDGE,IL 60068	52-1494164	501(C)(3)	1,750,000				OPERATING SUPPORT
ANESTHESIA PATIENT SAFETY FOUNDATION520 N NORTHWEST HIGHWAY PARK RIDGE,IL 60068	51-0287258	501(C)(3)	400,000				OPERATING SUPPORT
WOOD LIBRARY MUSEUM 520 N NORTHWEST HIGHWAY PARK RIDGE,IL 60068	36-3573324	501(C)(3)	200,000				OPERATING SUPPORT
COUNCIL ON SURGICAL PERIOPERATIVE SAFETY 633 N SAINT CLAIR STREET CHICAGO,IL 60611	01-0902773	501(C)(3)	10,000				OPERATING SUPPORT
MALIGNANT HYPERTHERMIA ASSOCIATION11 e state st PO BOX 1069 SHERBURNE,NY 13460	06-1076301	501(C)(3)	20,000				OPERATING SUPPORT
ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE5250 OLD ORCHARD ROAD SUITE 200 skokie,IL 60077	36-3016881	501(C)(3)	12,000				OPERATING SUPPORT
ANESTHESIA QUALITY INSTITUTES520 N NORTHWEST HIGHWAY PARK RIDGE,IL 60068	26-3848288	501(C)(3)	750,000				OPERATING SUPPORT
ANESTHESIA FOUNDATION 520 N NORTHWEST HIGHWAY PARK RIDGE,IL 60068	34-6527631	501(C)(3)	300,000				OPERATING SUPPORT
OKLAHOMA SOCIETY OF ANESTHESIOLOGISTSP O BOX 4087 EDMOND,OK 73083	73-0739936	501(C)(6)	32,000				OPERATING SUPPORT
IOWA SOCIETY OF ANESTHESIOLOGISTS1215 PLEASANT ST 400 DES MOINES,IA 50309	42-6066162	501(c)(6)	82,000				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA SOCIETY OF ANESTHESIOLOGISTS951 MARINERS ISLAND BLVD STE 270 SAN MATEO, CA 94404	94-6076499	501(c)(6)	50,000				OPERATING SUPPORT
NATIONAL QUALITY FORUM601 THIRTEENTH STREET SUITE 500 NORTH WASHINGTON, DC 20005	52-2175544	501(c)(3)	17,000				OPERATING SUPPORT
MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA)104 INVERNESS TERRACE EAST ENGLEWOOD, CO 80112	84-0647139	501(c)(3)	7,500				OPERATING SUPPORT

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Other Outside Services	1,622,015			
Consulting	798,285			
Subscriptions	778,345			
Credit Card Fees	379,776			
Research Service paymen	354,908			