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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$200,000 at the pend of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

Α	For the	e 2010 calendar year, or tax year beginning	and ending	-						
В	Check if applicab	C Name of organization		D Employer	identification number					
Ļ	Addre	ess change		1 40 6	0.001.00					
Ļ	Name	change IOWA SOCIETY OF ANESTHESIOLOGIS	TS		5066162					
Ļ	Initial	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephon						
F	Termi		L		282-8192					
느	Amen	City or town, state or country, and ZIP + 4		F Group Ex						
Application pending DES MOINES, IA 50309 Number										
	Website: ► WWW.IASAHQ.ORG required to attach Schedule B									
	Tax-exempt status (check only one) — 501(c)(3) X 501(c) (6) (6) (1) (1) (1) (1) (2) (1) (2) (1) (1) (1) (1) (2) (1) (2) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1									
	K Check In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or									
		90 return is not required though Form 990-N (e-postcard) may be required (see ins	structions). But if the organization	chooses to til	e a return, be sure to tile a					
		te return.	(1.11		· · · · · · · · · · · · · · · · · · ·					
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,0	100 or more, or it total assets (Par		102 770					
_		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fu	und Balances (see the inst	ruotione for Dr						
P	art I			i uctions for Fa	X					
_	т.	Check if the organization used Schedule 0 to respond to any question in this Pa	πι							
	1	Contributions, gifts, grants, and similar amounts received		1	81,000. 3,025.					
	2	Program service revenue including government-fees and contracts		2						
	3	Membership dues and assessments RECEIVED	SEE SCHEDULE O	3	99,200. 554.					
	4	Investment income Gross amount from sale of assets other-than inventory 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 _ 1	4	334.					
	5a	IO AIII M & 2011 (OI	5a							
		Less, cost of other basis and sales expenses								
	C	Gain or (loss) from sale of assets other than inventory (Subtract-line-5b-from line saming and fundraising events	oa)	5c_						
	6									
ne	a	Gross income from gaming (attach Schedule G if greater than	0-							
Revenue	١.	\$15,000)	6a							
Re) b	Gross income from fundraising events (not including \$	of contributions							
		from fundraising events reported on line 1) (attach Schedule G if the sum of such	ch							
		gross income and contributions exceeds \$15,000)	6b 6c							
	C	Less: direct expenses from gaming and fundraising events		64						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and		<u> </u>						
	7a	Gross sales of inventory, less returns and allowances	7a 7b							
	b	Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	70	7c						
	C	Other revenue (describe in Schedule O)		8						
	8	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	183,779.					
	9_	Grants and similar amounts paid (list in Schedule 0)		10	103,113.					
	10 11	Benefits paid to or for members		11						
۰,	12	Salaries, other compensation, and employee benefits		12						
Expenses	13	Professional fees and other payments to independent contractors		13	79,094.					
bell	14	Occupancy, rent, utilities, and maintenance		14	,					
Ň	15	Printing, publications, postage, and shipping		15	1,935.					
	16	Other expenses (describe in Schedule O)	SEE SCHEDULE O	16	112,903.					
	17	Total expenses. Add lines 10 through 16		▶ 17	193,932.					
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-10,153.					
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))								
ASS	.5	(must agree with end-of-year figure reported on prior year's return)		19	184,505.					
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)	SEE SCHEDULE O	20	-31,645.					
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	_	▶ 21	142,707.					
ᄔ		Paperwork Reduction Act Notice, see the separate instructions			Form 990-EZ (2010)					

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orm 990-EZ (2010) IOWA SOCIETY OF ANESTHESI	OLOGISTS		<u>42-</u>	<u>60661</u>	62	Page 2
Part II Balance Sheets. (see the instructions for Part II.)						
Check if the organization used Schedule 0 to respond to any question i	n this Part II					X
•	-	(A) Beginning of year			nd of yea	
22 Cash, savings, and investments	-	184,505	\neg		<u>152,</u>	<u> 122.</u>
23 Land and buildings	-		23			
24 Other assets (describe in Schedule 0)	}	104 505	24		150	122
25 Total assets		184,505 0	\neg	-	<u>152,</u>	$\frac{122.}{415.}$
26 Total liabilities (describe in Schedule 0) SEE SCHEDULE O		184,505			142,	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishmen	its (see the instruction		941		<u>142,</u> Denses	707.
Check if the organization used Schedule O to respond to any question	•	•		(Required	for section	
What is the organization's primary exempt purpose? SEE SCHEDULE O				501(c)(3) organization		
Describe what was achieved in carrying out the organization's exempt purp		concise manner, describ	- 1	4947(a)(1		
he services provided, the number of persons benefited, and other relevant				for others.	.)	
8 SPONSORSHIP OF SPRING CONVENTION AN	D EDUCATION	NAL SEMINARS			-	
FOR THE BENEFIT OF MEMBERS						
(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>		28a		
9 RESOURCE AND SUPPORT ORGANIZATION F	OR MEMBERS	INVOLVED IN				
THE FIELD OF ANESTHESIOLOGY		· · · ·				
 						
(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	إلــــا	29a		
			 -			
(Grants \$) If this amount includes foreign g	rants, check here			30a		
Other program services (describe in Schedule O)	ranta ahaak hara		-	31a		
(Grants \$) If this amount includes foreign g 72 Total program service expenses (add lines 28a through 31a)	rants, check here			32		
Part IV List of Officers, Directors, Trustees, and Key E	mplovees. List each	n one even if not compensated (s			or Part IV)	
Check if the organization used Schedule O to respond to any question		,				
, , , , , , , , , , , , , , , , , , , ,	(b) Title and average h	nours (c) Compensation	(d) co	ntributions	(e) Ex	<u> </u>
(a) Name and address	per week devoted t		to er	mployee fit plans &	accou	nt and
	position	-0)	de	eferred censation	other all	owances
DR. J. FRANK CASSADY, JR, 1215	PRESIDENT				1	
PLEASANT ST, STE 400, DES MOINES, IA	6.00	0.		0.		0.
	SECRETARY/				•	
STE 400, DES MOINES, IA 50309	6.00	0.		0.		0.
	DIRECTOR					
IOWA CITY, IA 52242-1009	2.00	0.		0.		0.
- <u>-</u> -	DIRECTOR			•		•
STE 400, DES MOINES, IA 50309	2.00	0.		0.		0.
	1					
·					_	
	1					
	1					
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Form **990-EZ** (2010)

Schedule 0 Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) If the organization had income from biseness activities, such as those reported on lines 2, 58, and 78 (among Others), but not reported on here 3 to might be organization and on reported on here 2, 58, and 78 (among Others), but not reported on here 3 to might be organization and on the organization had not reported on the 50 to (16) (s) agreements on such as the school of SCH) of most, reporting, and for reported on form 950-17. If the organization have unrelated business gross moore of \$1,000 or more or was it a section \$501(c)(4), 501(c)(5), or \$501(c)(6) (s) agreements on such as the control of the school of the complete applicable parts of \$250 (and school \$60,000) or more or was it a section \$501(c)(4), 501(c)(5), or \$501(c)(6) (s) (s) (s) (s) (s) (s) (s) (s) (s) (s	Pa	TV Other Information (Note the statement requirements in the instructions for Part V)			
33 Did the organization engage in any activity not previously reported to the IRSP II *Yes,* provide a detailed description of each activity in Schedule O Schedule O and a schedule O schedule O and a schedule O schedule		Check if the organization used Schedule O to respond to any question in this Part V			X
Schedule O Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule (0 (see instructions) If the organization had amorite from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Firm 990-1, replain in Schedule O with per organization of not report the income on Form 990-1. B off the organization have unrelated business gross income of \$1,000 or more or was it a section \$91(c)(4), 50 (c)(5), or \$501(c)(6) organization of the report tent of the come on Form 990-1. For this year? B off the organization have unrelated business gross income of \$1,000 or more or was it a section \$91(c)(4), 50 (c)(5), or \$501(c)(6) organization of the complete applicable parts of \$501(c)(6) organization of the complete applicable parts of \$501(c)(6) organization of the complete applicable parts of \$501(c)(6) organization of the complete organization of the organization of the form 120-POL for this year? B Did the organization of left parts of \$500 (c)(6) organization of the complete schedule). Part II and either the total amount modived \$300 (c)(7) organizations and schedule part II and either the total amount modived \$300 (c)(7) organizations. Either amount of tax imposed on the organization during the year under section \$100 (c)(3) and \$501(c)(4) organizations. Either amount of tax imposed on the organization and the year under section \$100 (c)(3) and \$501(c)(4) organizations. Either amount of tax imposed on the organization amount of the page in any section 4958 excess benefit transaction during the year under section \$100 (c)(3) and \$501(c)(4) organizations. Either amount of tax imposed on organization managers or displayed persons during the year under sections 4912, 4955, and 4958 Section \$501(c)(3) and \$501(c)(4) organizations. Either amount of tax imposed on organization managers or displayed persons during the year under sections 4912, 4955, and 4958 Section \$501(c)(3) and \$501(c)(4) organizations. Either amount of tax im		•		Yes	No
34	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule (0 (see instructions) 34		Schedule O	33		X_
35 If the organization had mome from business activities, such as those reported on tines 2, 6a, and 7a (among others), but not reported on Form 990-T, organization schedule 0 why the organization did not report the income on Form 990-T. 1 Dut the organization have unrelated business gross income of \$1,000 or more or was in a section 501(c)(4), 501(c)(5), or 501(c)(5), or 501(c)(6) organization subject to section 603(3)(e) notice, reporting, and proxy tax requirements? 1 If Yes, has the did as xertum or form 990-T for this year? 35 Dut the organization or form 990-T for this year? 36 Life ramount of policial expenditures, direct or indirect, as described in the instructions. 37 Enter amount of policial expenditures, direct or indirect, as described in the instructions. 38 Dut the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 Enter amount of policial expenditures, direct or indirect, as described in the instructions. 39 Dut the organization from 1120-POL for this year? 30 Section 501(c)(7) organizations. Enter and of the tax year covered by this return? 30 Section 501(c)(7) organizations. Enter amount of the instructions of the organization during the year under: 38 N/A 39 Section 501(c)(3) organizations. Enter amount of the organization during the year under: 39 Section 501(c)(3) and 501(c)(4) organizations. Dut the organization engage in any section 4912 N/A 30 Section 501(c)(3) and 501(c)(4) organizations. Dut the organization engage in any section 4912 N/A 30 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization managers or disqualfied persons during the year under: 30 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax or interest that so or the preparation of the organization and the organization managers or disqualfied persons during the year under: 31 Section 501(c	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
reported on Form 990-T, explain in Schedule O why the organization and not report the income on Form 990-T. Did the organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 501 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 32 Enter amount of political expenditures, direct or indirect, as described in the instructions. 50 bit the organization of political expenditures, direct or indirect, as described in the instructions. 50 bit the organization of political expenditures, direct or indirect, as described in the instructions. 51 bit "Yes," complete Schedule N 32 bit the organization of the tax year covered by this return? 51 bit "Yes," complete Schedule L, Part II and either the total amount involved an a prory year and still outstanding at the end of the tax year covered by this return? 51 bit "Yes," complete Schedule L, Part II and either the total amount involved and section 4911 bit is a section 4911 bit is a section 4912 bit i		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
a. Did the organization have unrelated business grass income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
501(c)(6) organization subject to section 603(4) notice, reporting, and proxy tax requirements? 50 If Yes,* has it fied a tax return on Form 990-1 for this year? 50 If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N 50 If the organization or political expenditures, direct or indirect, as described in the instructions. 50 If the organization form or more, or make any bioastic, and such as the profit of the year? 51 If Yes,* complete Schedule I, Part II and enter the total amount involved 52 Section 501(c)(7) organizations. Enter: 53 In If Yes, complete Schedule I, Part II and enter the total amount involved 54 Section 501(c)(7) organizations. Enter: 55 In If Yes, complete Schedule I, Part II and enter the total amount involved 55 Section 501(c)(3) organizations. Enter: 55 In If Yes, complete Schedule I, Part II and enter the total amount of the ximposed on the organization during the year under: 55 In If Yes, complete Schedule I, Part II and enter the total amount of the ximposed on the organization during the year under: 55 Section 501(c)(3) and 501(c)(4) organizations. Both the organization engage in any section 4955 excess benefit transaction during the year, or did tengage in an excess benefit transaction of the organization organization engage in any section 4956 excess benefit transaction during the year, or did tengage in an excess benefit transaction organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 56 Senters 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and full organizations. Enter amount of tax on line 40c reimbursed by the organization of the year organization in the part of the complete form 8886. 57 A Jack School 491 Section 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization organization in a foregin country. 58 A The T		reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			İ
b if Yes,* has it filed a tax return on Form 990-T for this year? 35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete a policial parts of Schedule N 37 a first amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. □ Did the organization of Parm 1120-POL for this year? 38b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b If "Yes," complete Schedule I, Part II and enter the total amount involved 38c Section 501(c)(2) organizations. Enter: 38a IN/A 38b IN/A 38c Section 501(c)(3) organizations. Enter: 38a IN/A 38b IN/A 38b IN/A 38b IN/A 38b IN/A 38c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 38c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-€27 38b IN/A 38c IN/A 38c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 38c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year year, did the organization of tax imposed on organization managers 38c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers 38c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization with the properties of the foreign country (such as a bank account, secretical section of the foreign country (such		501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
x = their amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	ļ	<u>X</u>
The Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization like Form 1120-POL for this year?	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
Did the organization file Form 1120-POL for this year? 8a Did the organization form, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If Yes," complete Schedule I, Part II and enter the total amount involved 88a N/A 88				<u> </u>	<u> </u>
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If 'Yes,' complete Schedule (1, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities Initiation fees and capital contributions included on line 9 B Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) granizations. Enter amount of tax imposed on the organization during the year under: section 4011 ► N/A ; section 4955 ► N/A Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If Yes,' complete Schedule (1, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqual/find persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqual/find persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization should are in case of ▶ DIVERSIFIED MANAGMENT SERVIC Located at ▶ 525 SW 5TH ST, STE A, DES MOINES, IA 2/IP+4 ▶ 503.09 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: ▶ See the instructions for exceptions and filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts. 42b X Yes No Yes No Yes No 17 'Yes' enter the name of the f	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	•		
a prior year and still outstanding at the end of the tax year covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A 3	b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 98 Section 501(c)(7) organizations. Enter: Inhitation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 190 N/A 99 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A; section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ► N/A b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? if "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, was the organization and aprily to a prohibited tax shelter transaction? If Yes, complete Form 8886-T 40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization? If Yes, the organizations? If Yes, Somblete Form 8886-T 41 List the states with which a copy of this return is filed. ► NONE 42 The organization is blooks are in care of ▶ DIVERSIFIED MANAGMENT SERVIC 14 Telephone no. ▶ 515 - 282 - 8192 25 Liph A Telephone no. ▶ 515 - 282 - 8192 25 Liph A Telephone no. ▶ 515 - 282 - 8192 25 Liph A Telephone no. ▶ 515 - 282 - 8192 26 Liph A Telephone no. ▶ 515 - 282 - 8192 26 Liph A Telephone no. ▶ 515 - 282 - 8192 27 Liph A Telephone no. ▶ 515 - 282 - 8192 28 Liph A Te	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4915 ▶ N/A Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4915 ▶ N/A Section 501(c)(3) and 501(c)(4) organizations. Dot the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I i Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations and 501(c)(4) organizations 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations and 501(c)(4) organizations 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(4) organizations 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Seties amount of tax imposed on organization analyses by the organization and 501(c)(4) organizations 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Seties amount of tax imposed on organization analyses by the organization analyses are care of ▶ DIVERSIFIED MANAGMENT SERVIC Telephone no. ▶ 515 – 282 – 81.92 Located at ▶ 525 SW 5TH ST, STE A, DES MOTNES, IA Privational Privation Analyses and tax organization and tax organization analyses are care of ▶ DIVERSIFIED MANAGMENT S			38a	ļ	<u> </u>
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that any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 144 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization filed a Form 720 to report these payments? If "No," provide an explanation Form 1446 Did the Organization filed a Form 720 to report these payments? If "No," provide an explanation Form 1446 Did the Organization Form 1446 Did	42 a	•			<u> </u>
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account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation In Schedule O	b			Voc	No
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c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 1					
If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 1			420		v
A3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year A3 N/A Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	С		420	1	<u> </u>
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d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d	_			+	
ın Schedule O 44d			440	1	+^
	a		1444		
		III Scriedule C		1F7	(2010)

Form 990-E2	(2010)	IOWA	SOCIETY	OF	ANEST	HESI	OLOGISTS		•	42-606	5162	2	Page 4
								•		_		Yes	No
			itrolled entity of th							5.10.0.1.1.10.0	45	 	X
								ity within the	e meaning of section	512(0)(13)?	45a		x
			R may need to be					n opposition	to candidates for pu	blic office?	438	 	
	complete S	chedule C, P	art I								46		X
Part VI	Section	n 501(c)(3) organizati						charitable tru				
	-							ns 47-49b a	and 52, and complete	the tables for	lines 5	0 and 5	1
	Check if th	e organizatio	on used Schedule	o to res	spond to any	question	in this Part VI	-	<u></u>			Yes	No
47 Did the	organization	n engage in l	obbying activities?	If "Ye	s." complet	te Sched	lule C. Part II				47	1.55	
48 Is the o	organization a	a school as c	lescribed in section	n 1 70(l	o)(1)(A)(ii)? i	If "Yes,"	complete Sched	dule E			48		
			ransfers to an exer			related org	janization?				49a	+	
			ition a section 527			mplayage	other than officer	re directore	, trustees and key en	nlovees) who	49b		more
			from the organiza					15, 111661015	, irusiees and key en	ipioyees) wiio	Cacilli	SCEIVEU	more
<u></u>	100,000 01 00	omponou.on	TOTAL GOOD CONTROL			9, 0,11,11	(b) Title and aver	rage hours	(c) Compensation	(d) Contribution		(e)Expe	ense
	(a) Name		s of each employe	-	more		per week dev			to employee benefit plans deferred	8 '	account ner allov	
		tha	n \$100,000 <u>1</u>	1/A			positioi		: :	compensation		ici alluv	
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											\dashv		
	-												
f Total n	umber of oth	er employee	s paid over \$100,0	000				·		200 (
			_	est cor 1/A	npensated in	idependen	it contractors who	each receiv	ved more than \$100,	UUU of comper	isation	irom in	е
Oryam.	zation If ther		ss of each indepen		ntractor paid	d more tha	an \$100.000		(b) Type of ser	/ice	(c) Co	mpensa	tion
		•							1 1 2				
													
								-					
					·								
						•							
d Total n	umber of oth	er indenend	ent contractors ea	ch rece	iving over \$1	100 000	· · -			<u> </u>			
		-	chedule A? Note:		•		itions and 4947(a))(1) nonexe	mpt	. —			
charita	ble trusts mu	ist attach a c	ompleted Schedul	e A						>	Deller, 1t	∕es 🗆	□ No
			aration of preparer (ot	ner than	officer) is base	d on all info	rmation of which pre	parer has any	ts, and to the best of my knowledge	Knowledge and	far.	is aue,	
Sign	Signature	of officer (<u> </u>					Date O/	<u> </u>		
Here		SHERLI 1	= TEWF	K	Presi	Land				9/3	2/1/		
	Type or p	rint name and	title		1,51	ac) vi							
	Print/Ty	pe preparer'	s name	ĺ	Preparer's s	ignature		Date	Check	_if PTIN			
Paid	. KTOTT	7 TOT 147	MONTOU) T C	4T (113 T)	T 7.7	MONITORIO		self- emplo	yea			
Prepare Use Only			MCNICHO			_			Firm's EIN	<u> </u>			
200 0111			1601 WES						Phone no	(515) 28	38-3	279
			WEST DES						· <u> </u>				
May the IRS	discuss this	return with t	the preparer show	above	? See ınstru	ctions				•	X)		No
032174 03-04-11											Form	990-EZ	(2010)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	itions Complete Part III	_		
	ne of organization	 -		Empl	oyer identification number
	IOWA SO	CIETY OF ANESTH	ESIOLOGISTS		42-6066162
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c	or is a section 527 o	rganization.
2	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities	ın Part IV. ▶\$	
Pá	art I-B Complete if the or	ganization is exempt un	der section 501(c	1(3).	ī
	Enter the amount of any excise tax			▶ \$	
	Enter the amount of any excise tax	, ,			
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	o for this year?		Yes No
48	Was a correction made?				Yes No
k	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the or	ganization is exempt un	der section 501(c), except section 501	c)(3).
1	Enter the amount directly expende	d by the filing organization for s	ection 527 exempt fund	ction activities > \$	·
2	Enter the amount of the filing orga	nization's funds contributed to c	ther organizations for s	_	
	exempt function activities				
3	Total exempt function expenditure	s Add lines 1 and 2 Enter here	and on Form 1120-PO		
	line 17b	AARR DOL COULD CO O		> \$	
	Did the filing organization file Form		TINN -4 -4	alitical areas maticas to which	Yes No
5	Enter the names, addresses and e made payments For each organiz contributions received that were p political action committee (PAC) It	ation listed, enter the amount pa romptly and directly delivered to	aid from the filing organ a separate political or	ization's funds Also enter th ganization, such as a separa	ne amount of political
	(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-
	_				

032041 02-02-11

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Schedule C (Form 990 or 990-EZ) 2010

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010	IOWA SOCIE	TY OF ANES	THESIOLOGISTS	3 42-	6066162 Page 2		
Part II-A Complete if the org		npt under secti	on 501(c)(3) and file	ed Form 5/68			
(election under sec							
	tion belongs to an affi						
B Check Lifthe filing organiza	tion checked box A ar	nd "limited control" p	rovisions apply.		T		
	ts on Lobbying Exper ditures" means amou		d.)	(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to infli	uence public opinion (grass roots lobbying)					
b Total lobbying expenditures to influ	uence a legislative boo	dy (direct lobbying)					
c Total lobbying expenditures (add li		<u> </u>					
d Other exempt purpose expenditure							
e Total exempt purpose expenditure	s (add lines 1c and 1c	i)	<u>l</u>				
f Lobbying nontaxable amount Enter	er the amount from the	e following table in be	oth columns				
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable ar	mount is:				
Not over \$500,000	20% of	the amount on line 1	e				
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the ex	cess over \$500,000.				
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the ex	cess over \$1,000,000.				
Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exc	cess over \$1,500,000.				
Over \$17,000,000	\$1,000,	000					
g Grassroots nontaxable amount (er	nter 25% of line 1f)		_				
h Subtract line 1g from line 1a If zer	o or less, enter -0-		Ļ				
i Subtract line 1f from line 1c If zero	o or less, enter -0-		Į.				
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organ	ızatıon file Form 4720				
reporting section 4911 tax for this	year?				Yes No		
		eraging Period Unde	• •				
, -		• •	on do not have to comp				
CC			nes 2a through 2f on page	ge 4.)			
	Lobbying Exper	altures During 4-1	ear Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures		<u> </u>					
d Grassroots nontaxable amount		_			 		
e Grassroots ceiling amount							
(150% of line 2d, column (e))					 		
f Grassroots lobbying expenditures							
i diassippis iosbying expenditures	<u></u>						

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 IOWA SOCIETY OF ANESTHESIOLOGISTS 42-6066162 Page 3

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

circadio o_ti	01111 000 01 000 EE/ 20 10	TO 1111 DO CT T	* ^		<u> </u>
Part II-B	Complete if the org	anization is exem	pt under section	on 501(c)(3) and ha	s NOT filed Form 5768
	(election under sec	tion 501(h)).			

	Yes	No	Ar	nount
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				
		ì		
D. L. M. C.				
Paid staπ or management (include compensation in expenses reported on lines 1c through 11)? Media advertisements?		 		
Mailings to members, legislators, or the public?		_		
Publications, or published or broadcast statements?		1		
Grants to other organizations for lobbying purposes?				
Direct contact with legislators, their staffs, government officials, or a legislative body?				
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
Other activities? If "Yes," describe in Part IV				
Total Add lines 1c through 1i				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
If "Yes," enter the amount of any tax incurred under section 4912				
; If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		 		
the ming organization included a section 4912 tax, did to the form 1/20 to this year.	on 501(c)	(5), or se	ction	
rt m=A: Complete II the organization is exempt under section buildies. Sectio		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
501(c)(6).			Yes	No
501(c)(6).	 .	1	Yes	
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?		1	Yes	х
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part		2 3)(5), or se	ection	No X X X
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."		2 3)(5), or se ne 3 is a	ection nswere	X X X
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501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? It III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	rt III-A, li	2 3)(5), or se ne 3 is a 1 2a 2b 2c	ection	X X ed 99,20 27,69 -46 27,23
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Schedule C (Form 990 or 990-EZ) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization IOWA SOCIETY OF ANESTHESIOLOGISTS 42-6066162 FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: **DESCRIPTION OF PROPERTY:** AMOUNT: 554. INTEREST INCOME FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: 44,156. MANAGEMENT FEES MEETINGS AND CONVENTION EXPENSE 34,220. CONTRIBUTIONS 2,250. 1,161. OFFICE SUPPLIES 27,694. LEGISLATIVE EXPENSES 732. WEB EXPENSES 775. INSURANCE 106. **MISCELLANEOUS** 1,809. TELEPHONE TOTAL TO FORM 990-EZ, LINE 16 112,903. FORM 990-EZ, PART I, LINE 21, CHANGES IN NET ASSETS: AMOUNT: CHANGES IN NET ASSETS OR FUND BALANCES: -31,645. SECTION 481(A) ADJUSTMENT FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: BEG. OF YEAR END OF YEAR DESCRIPTION ACCRUED EXPENSES 0. 7,915. 0. 1,500. PREPAID INCOME 9,415. TOTAL TO FORM 990-EZ, LINE 26 Schedule O (Form 990 or 990-EZ) (2010) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization IOWA SOCIETY OF ANESTHESIOLOGISTS	Employer identification number 42-6066162
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROF	ESSIONAL ORGANIZATION
FOR ANESTHESIOLOGISTS INTERESTED IN THE BETTERMENT (F THE FIELD OF
ANESTHESIOLOGY THROUGH EDUCATION AND PROFESSIONAL AI	VOCACY.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL	BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE A	NY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT	CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY	PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
•	
	100 - 100 to 100

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

 \triangleright X

If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box		>	X
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form)		
	omplete Part II unless you have already been granted a				m 8868.	
	c filing (e-file). You can electronically file Form 8868 if y					oration
	to file Form 990-T), or an additional (not automatic) 3-more					
•	file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap					
	urs.gov/efile and click on e-file for Chanties & Nonprofits		(000		gg	,
Part I	Automatic 3-Month Extension of Time		bmit original (no copies needed)			
	ation required to file Form 990-T and requesting an autor			nlete		
Part I only		natio o me	The same of the sea and con	.p.010	•	
All other o	r corporations (including 1120-C filers), partnerships, REM ome tax returns	IICs, and t	rusts must use Form 7004 to request ar	exten	sion of time	
Type or Name of exempt organization Employer identification						number
print	IOWA SOCIETY OF ANESTHESION	LOGIS	rs	4	2-6066162	
File by the due date for filing your	Number, street, and room or suite no. If a P O box, s 525 SW 5TH STREET, STE A	ee instruc	tions			
return See instructions	City, town or post office, state, and ZIP code For a for DES MOINES, IA 50309	oreign add	lress, see instructions			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 3
Applicati	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990)	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 990		03	Form 4720			09
Form 990		04	Form 5227			10
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	O-T (trust other than above)	06	Form 8870		`	12
101111000	DIVERSIFIED MAI					
• The h	poks are in the care of \triangleright 525 SW 5TH ST,			030	9	
	none No ► 515-282-8192	<u> </u>	FAX No D		-	
•	organization does not have an office or place of business	s in the Ur				
	is for a Group Return, enter the organization's four digit			is is fo	r the whole group, c	check this
box ►	If it is for part of the group, check this box	-	· · · · · · · · · · · · · · · · · · ·		• .	
	quest an automatic 3-month (6 months for a corporation					
, ,,,			ition return for the organization named a		The extension	
ie f	or the organization's return for					
	X calendar year 2010 or					
	tax year beginning	ar	nd endina			
		,				
2 If ti	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	check reas	on Initial return Fina	al retur	n	
	his application is for Form 990·BL, 990·PF, 990·T, 4720, nrefundable credits. See instructions	or 6069, e	enter the tentative tax, less any	3a	\$	0.
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	, Ça	*	
				3b	s	0.
	umated tax payments made Include any prior year over			30		
	lance due. Subtract line 3b from line 3a. Include your pausing EFTPS (Electronic Federal Tax Payment System)			3c	 \$	0.
	If you are going to make an electronic fund withdrawal					
-	or Paperwork Reduction Act Notice, see Instructions				Form 8868 (R	