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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

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) | Room/suite
520 NORTH NORTHWEST HIGHWAY

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 $ 65,315,862

F Name and address of principal officer
JERRY A COHEN MD
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)(3) ☑ 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 NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
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

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	65
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	62
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	145
6	Total number of volunteers (estimate if necessary)	**6**	708
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,077,010
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	77,036	46,292
9	Program service revenue (Part VIII, line 2g)	31,396,022	32,989,905
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,425,653	3,521,145
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,426,592	3,845,014
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,325,303	40,402,356
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,497,500	4,566,276
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,579,421	12,366,304
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,285,238	18,853,244
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	33,362,159	35,785,824
19	Revenue less expenses Subtract line 18 from line 12	2,963,144	4,616,532

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	72,965,236	73,777,110
21	Total liabilities (Part X, line 26)	12,802,207	12,982,679
22	Net assets or fund balances Subtract line 21 from line 20	60,163,029	60,794,431

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.

Sign Here

****** | 2012-10-31
Signature of officer | Date

BARBARA M FOSSUM PHD INTERIM CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ LU ANN TRAPP	Date 2012-10-31	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P01506476
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PLANTE & MORAN PLLC 10 S RIVERSIDE PLAZA 9TH FLOOR CHICAGO, IL 60606			EIN ▶ 38-1357951 Phone no ▶ (312) 207-1040

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 organization's program service accomplishments for each of its three largest program services, as measured 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 48,000 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

(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

4d Other program services (Describe in Schedule O)

(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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 and IV*	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 and IV*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	307		
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, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	145		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	65		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?	4		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990				
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		Yes	
13	Did the organization have a written whistleblower policy?	13		Yes	
14	Did 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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made 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

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								2,498,528	1,830	425,235

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 20

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
FTI CONSULTING (SC) INC PO BOX 418005 BOSTON, MA 022418005	MEDIA AND MARKETING CONSULTING SERVICES	1,040,197
LAKE COUNTY PRESS PO BOX 9209 WAUKEGAN, IL 60079	PRINTING SERVICES	574,412
BRIDGEPOINT TECHNOLOGIES LLC 1111 WEST 22ND STREET SUITE 245 OAK BROOK, IL 60523	IT SERVICES AND CONSULTING	407,573
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	DATA STUDIES ON CLOSED CLAIMS	368,533
MUTUAL TARGET ASSOCIATES INC 7002 HAMILTON DRIVE GURNEE, IL 60031	E-COMMERCE	321,470

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 20

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 46,292				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	46,292			
Program Service Revenue		Business Code				
	2a	MEMBERSHIP DUES	541900	17,685,670	17,685,670		
	b	ANNUAL MEETING	541900	7,017,356	6,685,896	331,460	
	c	ANESTHESIA CONTINUING	541900	2,181,461	2,181,461		
	d	SELF-EDUCATION AND EVA	541900	1,516,027	1,516,027		
	e	OTHER PROGRAM INCOME	541900	1,425,747	1,425,747		
	f	All other program service revenue		3,163,644	2,472,688	690,956	
	g	**Total.** Add lines 2a–2f . . . . . ▶		32,989,905			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		2,624,793			2,624,793
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶		3,845,014		54,594	3,790,420
		(i) Real / (ii) Personal					
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
		(i) Securities / (ii) Other					
	7a	Gross amount from sales of assets other than inventory: 25,809,858					
	b	Less cost or other basis and sales expenses: 24,913,506					
	c	Gain or (loss): 896,352					
	d	Net gain or (loss) . . . . . ▶	896,352				896,352
Other Revenue	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 . . . ▶	40,402,356	31,967,489	1,077,010	7,311,565	

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	4,554,276			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	12,000			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,778,297			
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	7,323,148			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	754,762			
9	Other employee benefits	1,856,689			
10	Payroll taxes	653,408			
11	Fees for services (non-employees)				
a	Management				
b	Legal	337,621			
c	Accounting	62,714			
d	Lobbying	644,502			
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	180,940			
g	Other	1,965,808			
12	Advertising and promotion	1,617,398			
13	Office expenses	1,250,655			
14	Information technology	409,386			
15	Royalties . .				
16	Occupancy	737,075			
17	Travel	446,597			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,738,525			
20	Interest	59,623			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,020,629			
23	Insurance	68,579			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OTHER OUTSIDE SERVICES	2,205,832			
b	SUBSCRIPTIONS	1,042,627			
c	CREDIT CARD FEES	496,173			
d	RESEARCH SERVICE PAYMEN	398,799			
e					
f	All other expenses	1,169,761			
25	**Total functional expenses.** Add lines 1 through 24f	35,785,824			
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,719,360	1	1,525,098
	2	Savings and temporary cash investments		3,369,474	2	553,240
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,335,348	4	1,707,271
	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		283,721	9	551,817
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 17,984,995			
	b	Less accumulated depreciation	10b 8,253,149	9,353,201	10c	9,731,846
	11	Investments—publicly traded securities		52,707,195	11	59,600,478
	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		196,937	15	107,360
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		72,965,236	16	73,777,110
Liabilities	17	Accounts payable and accrued expenses		4,093,393	17	3,878,298
	18	Grants payable			18	
	19	Deferred revenue		4,522,912	19	4,919,366
	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		4,000,000	23	4,000,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		185,902	25	185,015
	26	**Total liabilities.** Add lines 17 through 25		12,802,207	26	12,982,679
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		60,163,029	27	60,794,431
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		60,163,029	33	60,794,431
	34	Total liabilities and net assets/fund balances		72,965,236	34	73,777,110

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,402,356
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,785,824
3	Revenue less expenses Subtract line 2 from line 1	3	4,616,532
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,163,029
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,985,130
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	60,794,431

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ 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?	3a		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	3b		

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

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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

2011

Open to Public Inspection

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, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
AMERICAN SOCIETY OF ANESTHESIOLOGISTS	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 on behalf of or in opposition to candidates for public office 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	▶ $	0
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ $	0
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?		☐ Yes ☐ 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?		☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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-
(1) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE	1501 M STREET NW SUITE 300 WASHINGTON,DC 20005	36-3887214	0	64,748

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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		
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-		

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

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? ☐ **Yes** ☐ **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) 2008	(b) 2009	(c) 2010	(d) 2011	(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) Yes	(a) No	(b) 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	17,685,670
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	826,168
b	Carryover from last year	2b	-954,431
c	Total	2c	-128,263
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,061,140
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	-1,189,403

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
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES	PART I-A, LINE 1	THE ORGANIZATION COLLECTS CONTRIBUTIONS ON BEHALF OF A RELATED POLITICAL ACTION COMMITTEE AND PROMPTLY AND DIRECTLY DELIVERS THE CONTRIBUTIONS TO THE POLITICAL ACTION COMMITTEE

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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 ▶ $ _____

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

		Amount
c Beginning balance	1c	550,000
d Additions during the year	1d	1,000,000
e Distributions during the year	1e	1,000,000
f Ending balance	1f	550,000

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,527,314		4,527,314
b Buildings		5,077,219	2,621,442	2,455,777
c Leasehold improvements		107,479	102,216	5,263
d Equipment		7,514,809	5,338,289	2,176,520
e Other		758,174	191,202	566,972
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				9,731,846

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED RENT	185,015
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	185,015

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	40,402,356
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,785,824
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,616,532
4	Net unrealized gains (losses) on investments	4	-4,157,552
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	172,422
9	Total adjustments (net) Add lines 4 - 8	9	-3,985,130
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	631,402

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	36,142,685
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-4,157,552		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	172,422		
e	Add lines **2a** through **2d**			2e	-3,985,130
3	Subtract line **2e** from line **1**			3	40,127,815
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	214,918		
b	Other (Describe in Part XIV)	4b	59,623		
c	Add lines **4a** and **4b**			4c	274,541
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	40,402,356

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	35,511,283
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	35,511,283
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	214,918		
b	Other (Describe in Part XIV)	4b	59,623		
c	Add lines **4a** and **4b**			4c	274,541
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	35,785,824

Part XIV Supplemental 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 IV, LINE 1B	PART IV, LINE 1B ASA AND ANESTHESIA QUALITY INSTITUTE (AQI), A RELATED ORGANIZATION HAVE NEGOTIATED AN ARRANGEMENT UNDER WHICH THE FUNDS OF AQI WILL BE INVESTED WITH THE FUNDS OF ASA AND UNDER WHICH ASA MAY PROVIDE ASSISTANCE TO AQI UPON REQUEST ASA AND AQI AGREE TO HAVE FUNDS FROM THEIR RESPECTIVE FUNDS INVESTED BY, AND TO CONFER INVESTMENT RESPONSIBILITY FOR THEIR FUNDS ON, THE INVESTMENT MANAGER(S) SELECTED BY ASA WITH ASA AS AGENT FOR THE INVESTMENT MANAGER ASA AND AQI AGREE THAT THE INVESTMENT MANAGER(S) SHALL ASSUME THE MANAGEMENT OF, AND INVESTMENT RESPONSIBILITY FOR, THE FUNDS OF ASA AND AQI THAT ARE HELD AND INVESTED, AND PROVIDING THE INFORMATION THAT WILL BE THE BASIS FOR DISCLOSURE MATERIALS THE INVESTMENT MANAGER'S PERFORMANCE SHALL BE OVERSEEN BY ASA, WHICH SHALL FROM TIME TO TIME DESIGNATE, AND MAY AT ANY TIME TERMINATE THE DESIGNATION OF, INVESTMENT MANAGERS OF THE COMMONLY INVESTED FUNDS FROM TIME TO TIME, ASA SHALL REVIEW INVESTMENT PERFORMANCE, OBJECTIVES, GOALS AND FUND MANAGEMENT
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE SOCIETY WOULD ACCOUNT FOR ANY POTENTIAL INTEREST OR PENALTIES RELATED TO POSSIBLE FUTURE LIABILITIES FOR UNRECOGNIZED INCOME TAX BENEFITS AS OTHER EXPENSE THE SOCIETY IS NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR FEDERAL, STATE OR LOCAL INCOME TAXES FOR PERIODS BEFORE 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		BENEFIT PLAN CHANGES OTHER THAN NET PERIODIC POSTRETIREMENT BENEFIT COSTS 172,422
PART XII, LINE 2D - OTHER ADJUSTMENTS		BENEFIT PLAN CHANGES OTHER THAN NET PERIODIC POSTRETIREMENT BENEFIT COSTS 172,422
PART XII, LINE 4B - OTHER ADJUSTMENTS		INTEREST EXPENSE NETTED AGAINST REVENUE 59,623
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INTEREST EXPENSE NETTED AGAINST REVENUE 59,623

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Employer identification number
36-2181944

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
See Add'l Data					
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	DUES REVENUE	MEMBERSHIP DUES	
EAST ASIA AND THE PACIFIC	0	0	DUES REVENUE	MEMBERSHIP DUES	
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	DUES REVENUE	MEMBERSHIP DUES	
MIDDLE EAST AND NORTH AFRICA	0	0	DUES REVENUE	MEMBERSHIP DUES	
NORTH AMERICA	0	0	DUES REVENUE	MEMBERSHIP DUES	
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	DUES REVENUE	MEMBERSHIP DUES	
SOUTH AMERICA	0	0	DUES REVENUE	MEMBERSHIP DUES	
SOUTH ASIA	0	0	DUES REVENUE	MEMBERSHIP DUES	
SUB-SAHARAN AFRICA	0	0	DUES REVENUE	MEMBERSHIP DUES	
CENTRAL AMERICA AND THE CARIBBEAN	0	0	REGISTRATION INCOME	ANNUAL MEETING	
EAST ASIA AND THE PACIFIC	0	0	REGISTRATION INCOME	ANNUAL MEETING	
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	REGISTRATION INCOME	ANNUAL MEETING	
MIDDLE EAST AND NORTH AFRICA	0	0	REGISTRATION INCOME	ANNUAL MEETING	
NORTH AMERICA	0	0	REGISTRATION INCOME	ANNUAL MEETING	
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	REGISTRATION INCOME	ANNUAL MEETING	
SOUTH AMERICA	0	0	REGISTRATION INCOME	ANNUAL MEETING	
SOUTH ASIA	0	0	REGISTRATION INCOME	ANNUAL MEETING	
SUB-SAHARAN AFRICA	0	0	REGISTRATION INCOME	ANNUAL MEETING	
NORTH AMERICA	0	0	REGISTRATION INCOME	CERTIFICATE IN BUSINESS ADMINISTRATION MEETING	
NORTH AMERICA	0	0	REGISTRATION INCOME	TEE WORKSHOP	
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PUBLICATION SALES	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
EAST ASIA AND THE PACIFIC	0	0	PUBLICATION SALES	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PUBLICATION SALES	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
MIDDLE EAST AND NORTH AFRICA	0	0	PUBLICATION SALES	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
NORTH AMERICA	0	0	PUBLICATION SALES	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PUBLICATION SALES	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
SOUTH AMERICA	0	0	PUBLICATION SALES	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
SOUTH ASIA	0	0	PUBLICATION SALES	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
SUB-SAHARAN AFRICA	0	0	PUBLICATION SALES	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

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 listed in the line 1 table . . . . . ▶ 9

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 9

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
(1) EDUCATIONAL GRANTS - POLICY RESEARCH ROTATION IN POLITICAL AFFAIRS PROGRAM	6	12,000			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ASA ISSUES GRANTS TO ITS RELATED ORGANIZATIONS WHICH, IN TURN, ADHERE TO THEIR PARTICULAR GUIDELINES FOR REVIEWING GRANT APPLICATIONS, THE DISBURSEMENT OF AWARDS AND THE MONITORING OF GRANT FUNDS ASA ALSO AWARDS GRANTS TO OUTSIDE ENTITIES, WHO ARE THEN REQUIRED TO PROVIDE WRITTEN REPORTS ON THE PROGRESS OF THE INITIATIVE

Additional Data

Return to Form

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)	2,000,000				OPERATING SUPPORT
ANESTHESIA PATIENT SAFETY FOUNDATION520 N NORTHWEST HIGHWAY PARK RIDGE,IL 60068	51-0287258	501(C)(3)	500,500				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
WOOD LIBRARY MUSEUM520 N NORTHWEST HIGHWAY PARK RIDGE,IL 60068	36-3573324	501(C)(3)	773,500				OPERATING SUPPORT
ANESTHESIA QUALITY INSTITUTE520 N NORTHWEST HIGHWAY PARK RIDGE,IL 60068	26-3848288	501(C)(3)	1,000,000				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
IOWA SOCIETY OF ANESTHESIOLOGISTS 1215 PLEASANT ST 400 DES MOINES,IA 50309	42-6066162	501(C)(6)	61,526				OPERATING SUPPORT
CALIFORNIA SOCIETY OF ANESTHESIOLOGISTS 951 MARINERS ISLAND BLVD SUITE 270 SAN MATEO,CA 944041590	94-6076499	501(C)(6)	50,000				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
AMERICAN MEDICAL ASSOCIATION - CPT ROYALTY75 REMITTANCE DRIVE SUITE 6968 CHICAGO,IL 60675	36-0727175	501(C)(6)	25,000				OPERATING SUPPORT
HOPE FOR THE WARRIORS44 WATER STREET NEW YORK,NY 10041	20-5182295	501(C)(3)	20,000				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
MALIGNANT HYPERTHERMIA ASSOCIATION11 E STATE ST PO BOX 1069 SHERBURNE,NY 13460	06-1076301	501(C)(3)	20,000				OPERATING SUPPORT
OKLAHOMA SOCIETY OF ANESTHESIOLOGISTS PO BOX 4087 EDMOND,OK 73083	73-0739936	501(C)(6)	20,000				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
KENTUCKY SOCIETY OF ANESTHESIOLOGISTS PO BOX 935 FLORENCE,KY 410220935	61-1045678	501(C)(6)	20,000				OPERATING SUPPORT
VERMONT SOCIETY OF ANESTHESIOLOGISTS PO BOX 1457 MONTPELIER,VT 05601	03-0355411	501(C)(6)	10,000				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
IDAHO SOCIETY OF ANESTHESIOLOGISTS PO BOX 140357 BOISE,ID 83714	82-0462987	501(C)(6)	10,000				OPERATING SUPPORT
JOHNS HOPKINS ANESTHESIOLOGY600 N WOLFE STREET BLALOCK 906A BALTIMORE,MD 21287	52-0595110	501(C)(3)	7,500				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
NEW MEXICO SOCIETY OF ANESTHESIOLOGISTS 7770 JEFFERSON ST NE SUITE 400 ALBUQUERQUE,NM 87109	85-0352129	501(C)(6)	6,000				OPERATING SUPPORT
OCHSNER CLINIC FOUNDATION1514 JEFFERSON HIGHWAY MEDICAL CENTER NEW ORLEANS,LA 70121	72-0502505	501(C)(3)	5,000				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
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON,MA 02114	04-1564655	501(C)(3)	5,000				OPERATING SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Employer identification number
36-2181944

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☑ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	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?	**2**	Yes	
3	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 ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	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			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," to line 5a or 5b, describe in Part III			
6	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			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," to line 6a or 6b, describe in Part III			
7	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	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) JERRY A COHEN MD	(i) (ii)	156,250 0	0 0	0 0	0 0	0 0	156,250 0	0 0
(2) MARK A WARNER MD	(i) (ii)	187,500 0	0 0	0 563	0 0	0 0	187,500 563	0 0
(3) JOHN A THORNER JD CAE	(i) (ii)	360,114 0	37,179 0	5,370 0	31,850 0	22,216 0	456,729 0	0 0
(4) RONALD SZABAT JD LLM	(i) (ii)	296,479 0	23,491 0	2,822 0	30,326 0	28,768 0	381,886 0	0 0
(5) THOMAS CONWAY MBA CPA	(i) (ii)	209,252 0	22,934 0	1,042 0	30,736 0	31,268 0	295,232 0	0 0
(6) KAREN BUEHRING	(i) (ii)	181,583 0	21,720 0	886 0	26,893 0	28,108 0	259,190 0	0 0
(7) MARY KUFFNER	(i) (ii)	168,672 0	18,298 0	549 0	25,442 0	35,768 0	248,729 0	0 0
(8) SARA MOSER	(i) (ii)	155,915 0	16,424 0	473 0	22,631 0	28,767 0	224,210 0	0 0
(9) MANUEL BONILLA	(i) (ii)	156,221 0	14,936 0	486 0	22,711 0	29,488 0	223,842 0	0 0
(10) ROBERT FINE	(i) (ii)	144,453 0	14,117 0	662 0	20,652 0	9,611 0	189,495 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 ASA ALLOWS DOMESTIC FIRST-CLASS TRAVEL FOR THE SPEAKER AT THE JOHN W SEVERINGHAUS LECTURE ON TRANSLATIONAL SCIENCE THE EXECUTIVE VICE-PRESIDENT'S CONTRACT INCLUDES THAT ASA WILL ALLOW FOUR PAID TRIPS FOR SPOUSE, ANNUALLY

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Employer identification number
36-2181944

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE FOLLOWING CHANGES WERE MADE TO THE ORGANIZATION'S BYLAWS THE ASA BOARD CREATED THE SPECIAL BOARD COMMITTEE ON EXPERT WITNESS TESTIMONY REVIEW, TO ACT UPON SANCTIONS OF AN ASA MEMBER DUE TO VIOLATIONS OF ASA GUIDELINES FOR EXPERT WITNESS QUALIFICATIONS AND TESTIMONY ASA ESTABLISHED AN EDITORIAL BOARD FOR PRACTICE PERFORMANCE ASSESSMENT AND IMPROVEMENT MODULES THE BOARD WILL CONSIST OF AN EDITOR-IN-CHIEF AND FIVE EDITORS THE BOARD SHALL PLAN, RECOMMEND AND IMPLEMENT PPAI MODULES AND ISSUE CME CREDIT FOR PARTICIPANTS WHO HAVE COMPLETED MODULES THE BOARD WILL WORK WITH ASA EDUCATION STAFF TO DEVELOP A FEE STRUCTURE FOR NEW EDUCATION PRODUCTS THAT IS SUFFICIENT TO EXCEED ANTICIPATED DEVELOPMENT AND OPERATIONAL EXPENSES THE ADMINISTRATIVE COUNCIL REDUCED THE NUMBER OF ASA-FUNDED DELEGATES TO THE WFSA TO THREE MEMBERS, BEING THE PRESIDENT, PRESIDENT-ELECT AND CHAIR OF THE GLOBAL HUMANITARIAN OUTREACH THE REMAINING WFSA DELEGATES WILL BE SUPPORTED BY $1,000 TRAVEL ALLOWANCE OR BE COVERED BY STANDARD ASA TRAVEL REIMBURSEMENT POLICY CHANGES REQUIRING A BYLAW AMENDMENT OR CHANGE IN POLICY WILL BE SUBMITTED TO THE BOARD OR HOUSE IN A REPORT ORIGINATING FROM THE SECTION ON BOARD ADMINISTRATIVE AFFAIRS AN "ALL MEMBER SURVEY" WILL BE PERFORMED AT LEAST ONCE EVERY FIVE YEARS TO DETERMINE MEMBER PREFERENCES REGARDING THE ANNUAL MEETING SITE THE SECTION ON BOARD ADMINISTRATIVE AFFAIRS AND THE GOVERNANCE SUPPORT UNIT SHALL UNDERTAKE TO COMPREHENSIVELY REVISE THE ADMINISTRATIVE PROCEDURES EVERY FIVE YEARS BEGINNING IN 2013 THE PRESIDENT'S DUTIES WERE AMENDED TO EXCLUDE THE ROLE OF CHIEF EXECUTIVE OFFICER THE CHIEF EXECUTIVE OFFICER SHALL BE RESPONSIBLE FOR THE MANAGEMENT AND PERFORMANCE OF THE SOCIETY IN ACCORDANCE WITH THE POLICIES AND DIRECTIVES OF THE BOARD OF DIRECTORS AND HOUSE OF DELEGATES THE CHIEF EXECUTIVE OFFICER SHALL BE BOTH THE LEADER OF THE ASA STAFF AND THE LIAISON BETWEEN THE SOCIETY STAFF MANAGEMENT AND THE BOARD OF DIRECTORS THE CHIEF EXECUTIVE OFFICER SHALL MANAGE AND DIRECT THE DAY-TO-DAY STAFF OPERATIONS OF THE SOCIETY, AS OUTLINED IN THE ADMINISTRATIVE PROCEDURES THE CHIEF EXECUTIVE OFFICER SHALL BE EVALUATED BY THE BOARD OF DIRECTORS AND SHALL BE UNDER THE DIRECTION AND SUPERVISION OF THE PRESIDENT AND ADMINISTRATIVE COUNCIL THE BOARD OF DIRECTORS SHALL APPROVE THE SELECTION OF THE CHIEF EXECUTIVE OFFICER, REQUIRING 3/4 VOTE THE PRESIDENT-ELECT SHALL PRESIDE IN THE ABSENCE OF THE PRESIDENT THIS RESPONSIBILITY WAS CHANGED FROM THAT OF FIRST VICE-PRESIDENT BOTH THE PRESIDENT-ELECT AND FIRST VICE-PRESIDENT SHALL ASSIST THE PRESIDENT IN ADMINISTERING THE AFFAIRS OF THE SOCIETY ACCORDING TO POLICIES AND DIRECTIVES OF THE BOARD OF DIRECTORS AND HOUSE OF DELEGATES

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE HOUSE OF DELEGATES HAS THE AUTHORITY TO CHANGE THE ORGANIZATION'S BYLAWS AND MODIFY SELECT DECISIONS OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	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, REVIEWS THE FORM 990 WITH THE INDEPENDENT CPA FIRM THAT PREPARED THE RETURN A REPORT OF THIS REVIEW AND A FULL COPY WILL BE POSTED TO THE "MEMBERS ONLY" PORTION OF THE WEBSITE, WWW ASAHQ ORG, AS SOON AS POSSIBLE FOLLOWING THE MEETING WITH THE CPA FIRM

Identifier	Return Reference	Explanation
	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 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

Identifier	Return Reference	Explanation
	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 THE EXECUTIVE COMPENSATION COMMITTEE MAKES DECISIONS ON ANY MERIT INCREASES FOR THE EVP BASED ON DATA PROVIDED BY AN EXTERNAL COMPENSATION CONSULTANT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -4,157,552 BENEFIT PLAN CHANGES OTHER THAN NET PERIODIC POSTRETIREMENT BENEFIT COSTS 172,422 TOTAL TO FORM 990, PART XI, LINE 5 -3,985,130

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Employer identification number
36-2181944

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization Yes	(g) No
(1) WOOD LIBRARY-MUSEUM OF ANESTHESIOLOGY 520 N NORTHWEST HIGHWAY PARK RIDGE, IL 60068 36-3573324	COLLECTION OF ANESTHESIA LITERATURE	IL	501(C)(3)	LINE 11A, I		Yes	
(2) FOUNDATION FOR ANESTHESIA EDUCATION & RESEARCH 520 N NORTHWEST HIGHWAY PARK RIDGE, IL 60068 52-1494164	ANESTHESIA CARE EDUCATION AND RESEARCH	DE	501(C)(3)	LINE 7		Yes	
(3) ANESTHESIA PATIENT SAFETY FOUNDATION 520 N NORTHWEST HIGHWAY PARK RIDGE, IL 60068 51-0287258	ANESTHESIA PATIENT SAFETY EDUCATION	DE	501(C)(3)	LINE 7		Yes	
(4) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 520 N NORTHWEST HIGHWAY PARK RIDGE, IL 60068 36-3887214	POLITICAL CAMPAIGN ACTIVITIES	IL	527				No
(5) ANESTHESIA QUALITY INSTITUTE 520 N NORTHWEST HIGHWAY PARK RIDGE, IL 60068 26-3848288	ADVANCES IN QUALITY OF CARE MEASUREMENT AND DELIVERY IN ANESTHESIA CARE	DC	501(C)(3)	LINE 11A, I		Yes	

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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, 35A, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

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 ($)	(d) Method of determining amount involved
(1)	WOOD LIBRARY-MUSEUM OF ANESTHESIOLOGY	B	773,500	MAINTAINED RECORDS AT FMV
(2)	WOOD LIBRARY-MUSEUM OF ANESTHESIOLOGY	P	446,566	MAINTAINED RECORDS AT FMV
(3)	FOUNDATION FOR ANESTHESIA EDUCATION & RESEARCH	B	2,000,000	MAINTAINED RECORDS AT FMV
(4)	FOUNDATION FOR ANESTHESIA EDUCATION & RESEARCH	K	14,000	MAINTAINED RECORDS AT FMV
(5)	FOUNDATION FOR ANESTHESIA EDUCATION & RESEARCH	P	347,622	MAINTAINED RECORDS AT FMV
(6)	ANESTHESIA PATIENT SAFETY FOUNDATION	B	500,500	MAINTAINED RECORDS AT FMV
(7)	ANESTHESIA PATIENT SAFETY FOUNDATION	K	14,000	MAINTAINED RECORDS AT FMV
(8)	ANESTHESIA PATIENT SAFETY FOUNDATION	P	28,009	MAINTAINED RECORDS AT FMV
(9)	ANESTHESIA QUALITY INSTITUTE	B	1,000,000	MAINTAINED RECORDS AT FMV
(10)	ANESTHESIA QUALITY INSTITUTE	P	322,054	MAINTAINED RECORDS AT FMV
(11)	ANESTHESIA QUALITY INSTITUTE	K	37,928	MAINTAINED RECORDS AT FMV

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			
JERRY A COHEN MD PRESIDENT OF BOARD	37 50	X		X				156,250	0	0
MARK A WARNER MD IMMEDIATE PAST PRESIDENT OF BOARD	29 00	X		X				187,500	563	0
ALEXANDER A HANNENBERG MD IMMEDIATE PAST PRESIDENT OF BOARD	6 00	X		X				9,291	250	0
JOHN M ZERWAS MD PRESIDENT-ELECT OF BOARD	28 00	X		X				68,750	0	0
JANE CK FITCH MD FIRST VICE PRESIDENT OF BOARD	11 00	X		X				6,014	0	0
ARNOLD J BERRY MD BOARD VP-SCIENTIFIC AFFAIRS	4 00	X		X				5,996	0	0
NORMAN A COHEN MD BOARD VP-PROF AFFAIRS	4 00	X		X				7,035	0	0
ROBERT E JOHNSTONE MD BOARD VP-PROF AFFAIRS	5 00	X		X				7,698	0	0
ARTHUR M BOUDREAUX MD SECRETARY OF BOARD	1 00	X		X				1,942	0	0
JAMES D GRANT MD TREASURER OF BOARD	3 00	X		X				4,607	0	0
LINDA J MASON MD ASST SECRETARY OF BOARD	2 00	X		X				3,748	0	0
MARY DALE PETERSON MD ASST TREASURER OF BOARD	3 00	X		X				4,892	0	0
JEFFREY S PLAGENHOEF MD DIRECTOR	1 00	X						1,910	0	0
BRION J BEERLE MD DIRECTOR	0 00	X						0	0	0
DANIEL J COLE MD DIRECTOR	2 00	X						3,410	100	0
MICHAEL J VOLLERS MD DIRECTOR	1 00	X						1,500	0	0
MARK A SINGLETON MD DIRECTOR	5 00	X						8,146	0	0
RANDALL M CLARK MD DIRECTOR	2 00	X						3,495	0	0
JEFFREY B GROSS MD DIRECTOR	2 00	X						2,500	250	0
CHRIS A KITTLE MD DIRECTOR	1 00	X						1,500	0	0
JOHN F DOMBROWSKI MD DIRECTOR	2 00	X						2,825	0	0
DAVID VARLOTTA DO DIRECTOR	1 00	X						1,500	0	0
PEGGY G DUKE MD DIRECTOR	2 00	X						3,500	0	0
WILLIAM H MONTGOMERY MD DIRECTOR	6 00	X						10,661	0	0
PHILIP G SCHMID III MD DIRECTOR	0 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						1,500	0	0
GERARD T COSTELLO MD DIRECTOR	1 00	X						1,500	0	0
JOHN R MOYERS MD DIRECTOR	1 00	X						2,000	0	0
JAMES D KINDSCHER MD DIRECTOR	1 00	X						2,000	0	0
RAYMOND J SULLIVAN MD DIRECTOR	1 00	X						1,500	0	0
DAVID M BROUSSARD MD DIRECTOR	1 00	X						1,955	0	0
GARY E PALMAN DO DIRECTOR	1 00	X						1,500	0	0
MURRAY A KALISH MD DIRECTOR	2 00	X						3,000	0	0
BEVERLY K PHILIP MD DIRECTOR	3 00	X						5,188	0	0
KENNETH ELMASSIAN DO DIRECTOR	0 00	X						0	0	0
BRIAN P MCGLINCH MD DIRECTOR	1 00	X						2,250	0	0
CLAUDE D BRUNSON MD DIRECTOR	2 00	X						2,835	0	0
DONALD E ARNOLD MD DIRECTOR	2 00	X						3,101	0	0
MIKE P SCHWEITZER MD DIRECTOR	0 00	X						750	0	0
SHEILA J ELLIS MD DIRECTOR	1 00	X						1,500	0	0
JONATHAN R ZUCKER MB DIRECTOR	1 00	X						1,500	0	0
STEVEN J HATTAMER MD DIRECTOR	11 00	X						18,332	0	0
KENNETH I MIRSKY MD DIRECTOR	1 00	X						2,410	0	0
JOHN H WILLS MD DIRECTOR	1 00	X						1,500	0	0
KENNETH J FREESE MD DIRECTOR	0 00	X						0	0	0
GERALD J MACCIOLI MD DIRECTOR	1 00	X						2,000	0	0
JOHN C CHATELAIN MD DIRECTOR	1 00	X						1,500	0	0
RONALD L HARTER MD DIRECTOR	3 00	X						5,305	0	0
DONALD E MARTIN MD DIRECTOR	1 00	X						2,250	250	0
RICHARD A BROWNING MD DIRECTOR	0 00	X						750	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER A YEAKEL MD DIRECTOR	1 00	X						2,000	0	0
ROBERT G ALLEN JR MD DIRECTOR	1 00	X						1,500	0	0
JAMES M WEST MD DIRECTOR	1 00	X						1,500	0	0
SCOTT E KERCHEVILLE MD DIRECTOR	20 00	X						32,118	0	0
PAUL N CLAYTON MD DIRECTOR	0 00	X						955	0	0
JOEL H MUMFORD MD DIRECTOR	1 00	X						2,000	0	0
STEPHEN P LONG MD DIRECTOR	0 00	X						0	0	0
PETER J DUNBAR MD DIRECTOR	9 00	X						14,601	0	0
PAUL A SKAFF MD DIRECTOR	1 00	X						1,500	0	0
ROBERT E KETTLER MD DIRECTOR	2 00	X						3,716	0	0
TODD M WITZELING MD DIRECTOR	1 00	X						1,500	0	0
STEVEN J BARKER PHD MD DIRECTOR	1 00	X						2,373	0	0
ZACH W CHAMBERS MD DIRECTOR	2 00	X						4,300	0	0
CORRY J KUCIK MD DIRECTOR	1 00	X						750	417	0
VERNON HILL MD DIRECTOR	0 00	X						0	0	0
JOSEPH F CASSADY MD DIRECTOR	0 00	X						0	0	0
BRIAN E HARRINGTON MD DIRECTOR	0 00	X						0	0	0
BRETT E WINTHROP MD DIRECTOR	0 00	X						0	0	0
ARYEH SHANDER MD DIRECTOR	0 00	X						0	0	0
SCOTT GROUDINE MD DIRECTOR	0 00	X						0	0	0
VIJAY GABA MD DIRECTOR	0 00	X						0	0	0
JAY D CUNNINGHAM MD DIRECTOR	0 00	X						0	0	0
CHARLES K ANDERSON MD DIRECTOR	1 00	X						1,091	0	0
LUIS E CUMMINGS JR MD DIRECTOR	0 00	X						0	0	0
DEBORAH CAHILL MD DIRECTOR	0 00	X						0	0	0

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(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			
MICHAEL CAHALAN MD DIRECTOR	0 00	X						750	0	0
GRANVILLE WORK MD DIRECTOR	0 00	X						0	0	0
LESLIE SIMS MD DIRECTOR	1 00	X						2,250	0	0
JOHN A THORNER JD CAE EXECUTIVE VICE-PRESIDENT	37 50			X				402,663	0	54,066
RONALD SZABAT JD LLM EXECUTIVE VICE-PRESIDENT	37 50			X				322,792	0	59,094
THOMAS CONWAY MBA CPA CHIEF FINANCIAL OFFICER	37 50			X				233,228	0	62,004
KAREN BUEHRING CHIEF MEMBER & ORGANIZATIONAL OFFICER	37 50					X		204,189	0	55,001
MARY KUFFNER ASSOCIATE GENERAL COUNSEL	37 50					X		187,519	0	61,210
SARA MOSER DIRECTOR OF DEVELOPMENT & SPONSORSHIPS	37 50					X		172,812	0	51,398
MANUEL BONILLA DIRECTOR-CONGRESSIONAL & POLITICAL AFFAIRS	37 50					X		171,643	0	52,199
ROBERT FINE DIRECTOR OF SUBSPECIALTY SOCIETIES	37 50					X		159,232	0	30,263