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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	e 2011 calend	dar year, or tax	year begii	nning 7/0	1	, 20	011, and	d endın	g 6/	30	,	2012
		applicable	С								D Emplo	yer Identifi	cation Number
	Add	dress change	PA Assoc	lation	of Nurse	Anesth	etists				23-	72414	42
	Nar	me change	401 N Sec								E Teleph	one numbe	er
	Init	tial return	Harrisbu:	rg, PA	17101								
	\vdash	rminated											
	Am	nended return									G Gross	receipts \$	1,294,415.
	\vdash	plication pending	F Name and ad	dress of princ	pal officer					H(a) is this	a group retu		
	L., "	,	Same As	C Above							affiliates inc		Yes No
	Tax-e	exempt status		X 501(c) (sert no)	4947(a)(1	1) or	527	If 'No,'	attach a list	(see insti	ructions)
j		osite: N/		12 00 1(0)	, , , , , , , , , , , , , , , , , , , ,			.,		H(c) Group	exemption r	number ►	
K		of organization	Corporation	Trust	X Association	Other ►		l Year	of Forma				gal domicile PA
	ırt İ	Summa		11031	Association	OUICI		1 - 100.					
				ation's mis	sion or most si	anificant a	ctivities	Tor	romo	te ane	sthesi	iology	y through
ø.	1	-	-							- 			
Activities & Governance	_												
ř													
ŏ					ion discontinue			ısposed	of mo	re than 25	% of its r	net asse	ts
æ5					erning body (P							3	13
es					ers of the gover							5	0
Σ			r of individuals r of volunteers		in calendar year	ar 2011 (Pa	art v, line	∠a)				6	0
Act					n Part VIII, colu	ımn (C) lır	ne 12					7a	0.
	1				e from Form 99							7b	0.
•••		THE CHILD IN COLUMN	a sacinoso taxo		3 11 0111 1 01111 33		F) (***	Transaction of the last of the		F	rior Year		Current Year
	8	Contributions	s and grants (P	art VIII. Im	e 1h)	/		1, 1	(1)	-,			
ne	1		vice revenue (f		•		-	- "	'')	;	839,	421.	871,296.
Revenue					(A), lines 3, 4,	and 7d)	1700	•	7.	5.1	107,	375.	165,555.
æ					lines 5, 6d, 8c,			1 2013	r ič				
					1 (must equal			, line 12	2) 1, [1	946,	796.	1,036,851.
	1				t IX, column (A	~ :		+	, (K	<i>[</i>			
	1	•		-	IX, column (A)		F	ر ان وا	; ;	"			
"	15	Salaries, oth	er compensation	on, employ	ee benefits (Pa	art IX, colu	mn (A), Iır	nes 5-10	0) '				
Expenses	16a	Professional	fundraising fee	es (Part IX	column (A), lii	ne 11e)							
per	b	Total fundrai	sing expenses	(Part IX, c	olumn (D), line	25) ►							•
Ж	1		• .		lines 11a-11d,					· · · · · · · · · · · · · · · · · · ·	502,	235.	573,898.
	1				t equal Part IX		4) line 25))			502,		573,898.
	1			•	18 from line 12	•	,, mio 20)	,			444,		462,953.
88			<u> </u>		<u> </u>					Beginni	ng of Curre		End of Year
Para	l .	Total assets	(Part X, line 16	5)							2,968,		3,443,128.
Net Assots Fund Balanc	21	Total liabilitie	es (Part X, line	26)								750.	23,888.
ΣŞ	22	Net assets o	r fund balance:	s Subtract	line 21 from lir	ne 20				2	2,956,	287.	3,419,240.
P:	et II	Signatu	re Block										
-				examined this	return_including ad	companying	schedules and	d stateme	nts, and	to the best o	f my knowle	dge and be	elief, it is true correct, and
con	nplete D	eclaration of ple	pare (other than o	ficer) is based	on all information	of which prepa	arer has any l	knowledge	e :				
					n 11		19				1-3	50 -1	3
Sig	gn	Signat	ure officer							Da	ate "		
He	re	√Joh	L		CRNA, MSN,	DrPH_				<u>Trea</u>	surer		
			or print name and ti	tle									
		P run /Type	preparer's name	Λι	Preparer's for	Pature /		Da	ate /.	./.	Check] ıf ^F	18092
Pa		EUZA	BETH A.	CONWAY	Javes	uhl	uez_		1/24	113	self emplo	yed	100/2
	epare			rs and			<i>2</i>				1		
Us	e On	Firm's add			Street						Firm's EIN		-0778798
			Aller	ntown,	PA 18104			_			Phone no	610-	439-1422
Ма	y the II	RS discuss t	his return with	the prepare	er shown above	e? (see ins	tructions)						X Yes No
BA	A For	Paperwork F	Reduction Act I	Notice, see	the separate is	nstruction	s		TE	EA0113L 0	3/18/11		Form 990 (2011)

BAA	TEEA0102L 07/05/11	_	Form 99	0 (2011)
	Total program service expenses ► 0.			
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
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4b (Code including grants of \$) (Rever	nue \$)
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-			- 	-
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	Promoting anesthesiology through education.			
	Code (Code (nue \$	-)
C	others, the total expenses, and revenue, if any, for each program service reported			
4 (Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of grants an	d allocation	is to
	f 'Yes,' describe these changes on Schedule O	ae maaeire	t by avaan	200
	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?	Yes X	No
	f 'Yes,' describe these new services on Schedule O.	_		
	Form 990 or 990-EZ?		Yes X	No
2 [Did the organization undertake any significant program services during the year which were not listed on the p	nrior		
_				
_				
	To promote anesthesiology through education.			
1 E	Briefly describe the organization's mission	<u></u>		
ulumaa.	Check if Schedule O contains a response to any question in this Part III			
Part		3 /24147		r age <u>z</u>
rorm s	990 (2011) PA ASSOCIATION OF NUTSE ANESTHETISTS 2	3- <i>12</i> 4144	!	Page 4

Form **990** (2011) PA Association of Nurse Anesthetists 23-7241442 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 1 X 2 Х Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 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 Х 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 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 5 Х 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. Χ Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land aleas or historic structures? If 'Yes,' complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D Part III 8 X 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 X 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 Х 10 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, line 10? If 'Yes,' complete Schedule X 11a 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 169 If 'Yes,' complete Schedule D, Part VII 11b X c Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 162 If 'Yes,' complete Schedule D, Part VIII 11c 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 11 d Х X 11 e e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 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 X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X Schedule D. Parts XI XII and XIII 12a **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 Х 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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, Parts I and IV 14b Х 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 United States? If 'Yes,' complete Schedule F, Parts II and IV 15 Χ 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 United States? If 'Yes,' complete Schedule F, Parts III and IV Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Χ column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

X

Х

Х

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20 b

lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued) Yes No 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 Х 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 Х Did the organization answer 'Yes' to Part VII, Section A, line 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 23 X Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No 'go to line 25 X 24a 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 25 a 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 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 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III X 27 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 Х 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28b Χ **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 direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV* X 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N Part II X 32 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 X 24 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Χ 34 line 1 X 35 a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **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 X 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 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

Note. All Form 990 filers are required to complete Schedule O BAA

Form 990 (2011)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

	Check if Schedule O contains a response to any question in this Part V				
	Check in Schools & Contains a response to any question in this rare v	· -		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a C			-110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (
	Did the organization comply with backup withholding rules for reportable payments to vendors	and reportable gaming	1		
•	(gambling) winnings to prize winners?		1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-				
	ments, filed for the calendar year ending with or within the year covered by this return	2a (
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	ļ	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	•			
	Did the organization have unrelated business gross income of \$1,000 or more during the year	?	3a	ļ	Х
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a	4a		Х
	If 'Yes,' enter the name of the foreign country	ianciai accounty	44		
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Fil	nancial Accounts	-		
5.8	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte.	•	5b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	T (Tansaction)	5c		- 22
	5		JC		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible?	id did the organization	6a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such col	ntributions or gifts were	١.,		
7	not tax deductible?		6b		
	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and pa services provided to the payor?	rtly for goods and	7a		
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh	ich it was required to file	7c		
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	1/6		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e		
	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal beneath organization, during the year, pay premiums, directly or indirectly, on a personal beneath		7f		
					
y	If the organization received a contribution of qualified intellectual property, did the organizatio as required?	II lile Form 6699	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, ha holdings at any time during the year?	organizations. Did the excess business	8		
9	Sponsoring organizations maintaining donor advised funds.				
	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			71.11	
а	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	10 b			
11	Section 501(c)(12) organizations. Enter				
а	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)	11 b			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of f	orm 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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule	0			
b	Enter the amount of reserves the organization is required to maintain by the states in	1.101			
	which the organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c	14		v
	Did the organization receive any payments for indoor tanning services during the tax year?	ata a duda O	14a	ļ	X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	chedule O	14b	L	

Form, 990 (2011) PA Association of Nurse Anesthetists 23-7241442 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 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 X

Sec	tion A. Governing Body and Management			
			Yes	No
1 a	In Enter the number of voting members of the governing body at the end of the tax year lift there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		-	
b	Enter the number of voting members included in line 1a, above, who are independent			
	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		Х
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? See Sch 0	3	Х	
4		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders? See Schedule 0	6	X	
7 a	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? See Schedule 0	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? See Sch 0	7b	Х	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or 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		Х
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		X
t	olf '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?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O	12c	X	
	Did the organization have a written whistleblower policy?	13	<u>Х</u>	
	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	^_	
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
	The organization's CEO, Executive Director, or top management official Other officers of key employees of the organization	15a 15b		<u>X</u>
L	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)	150		<u></u>
16 a	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		Х
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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available check all that apply	lable t	or put	olic
	Own website Another's website X Upon request			
19	Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year See Schedule 0		_	
	State the name, physical address, and telephone number of the person who possesses the books and records of the organ. Peggy Blankenship 17 South High Street, Suite 200 Columbus OH 43215 614-22			

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 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, and 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

X Check this box if neither the organization	nor any i	elated	dorg	janiz	zatio	on con	nper	sated any current offi	cer, director, or truste	ee
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
_(1)_Kelly_L_Wiltse_Nicely,_ President	0			Х				0.	0.	0.
	0			X				0.	0.	0.
_(3) Michael Neft, CRNA Secretary	0			Х				0.	0.	0.
(4) John M O'Donnell, CRNA Treasurer	0			X		- "		0.	0.	0.
_(5)										
_(6)										
_(8)										
(9)										
(10)										
(11)										
(12)	-									
(13)										
(14)										

Part VII Section A. Officers, Directors, Trust	ees, l	Ке у	En	npl	oye	es,	an	d Highest Cor	npensated Emp	loye	es (c	on
(A) Name and title	(B) Average hours per	box, offic	unle: er an	ss pe	ition more rson irecto	than is bot or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amo	(F) stimate unt of conpensal	othe
	week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W 2/1099-MISC)	or a	from the ganizati nd relat ganizatio	e ion ied
(15)												_
(16)												
(17)												
18)												
19)												
20)												
21)												
22)												
23)												
24)												
25)												
1 b Sub-total							>	0.	0.			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)							•	0.	0.			_
2 Total number of individuals (including but not limited from the organization ► 0	to thos	se lis	sted	abo	ve)	who	rec	eived more than \$	100,000 of reportab	le com	pensa	itio
3 Did the organization list any former officer, director of	ar truct			omn	lovo		r bio	short components	d amplayes		Yes	I
on line 1a? If 'Yes' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rep	dıvıdua	1	•	·			_			3		+
the organization and related organizations greater th	an \$15	0,00	02 I	if 'Ye	es' c	comp	olete	Schedule J for	0111	4		
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpens omplete	atıor Sc	n fro hed	m a ule .	ny u I for	ınrel suc	atec h pe	d organization or li erson	ndıvıdual ————————	5		1
Section B. Independent Contractors 1 Complete this table for your five highest compensate compensation from the organization Report compensation.	ed indep	enc	lent	con	trac	tors vea	that	received more th	an \$100,000 of	tax vea	r	
(A) Name and business address						7		(B Description)		(C)	or
												_
												_
												_
Total number of independent contractors (including to						1 . 1 .	-1 -1		d assert the sec			

	yan 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 b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns la-lf h Total. Add lines la-lf				, ,	
PROGRAM SERVICE REVENUE	Business Code 2a Membership Dues & Assessments 541900 b Registration Fees 541900 c Vendor Advertising Revenu 541900 d Miscellaneous Revenue 541900 e Charity Events 541900 f All other program service revenue		625,584. 211,674. 18,675. 12,348. 2,580. 435.	625,584. 211,674. 18,675. 12,348. 2,580. 435.		-
<u>a</u>	g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties (i) Real (ii) Persona 6a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)	>	871,296. 128,634.	128,634.		
	7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) (i) Securities (ii) Other 294,485. 257,564.	>	36,921.	36,921.	-	
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities	>		-		
	10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Cod 11 a b	e	:		-	
	d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions	>	1,036,851.	1,036,851.	0.	0.

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 re	sponse to any question i	n this Part IX		
	not include amounts reported on lines 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				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	79,944.		79,944.	
Ŀ	Legal	28,798.		28,798.	
	Accounting	26,070.		26,070.	
c	Lobbying	89,600.		89,600.	
	Professional fundraising services See Part IV, line 17	33,333		-	
	Investment management fees	16,173.		16,173.	
	Other	11,866.		11,866.	
-	Advertising and promotion	22,000.		11/000.	
13		11,908.		11,908.	
14	Information technology	11,300.		11,300.	
15	Royalties				
16	Occupancy				
17		30,387.	30,387.		
18	Payments of travel or entertainment	30,307.	30,307.		
10	expenses for any federal, state, or local public officials		_		· · · · · · · · · · · · · · · · · · ·
	Conferences, conventions, and meetings	199,401.	199,401.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,094.	······································	5,094.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses			_	-
	in line 24e If line 24e amount exceeds 10%				
	of line 25, column (A) amount, list line 24e expenses on Schedule O)				
_	Honorariums/Speaker Exp	21,341.	21,341.		
	Printing and Publications	19,216.	19,216.		
	Public Relations	11,604.	11,604.		
		8,507.	11,004.	8,507.	
	Bank Charges All other expenses	13,989.	10,912.	3,077.	
	·	573,898.	292,861.	281,037.	0.
	Total functional expenses Add lines 1 through 24e	3/3,638.	232,001.	201,031.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98 2 (ASC 958-720)				

Balance Sheet Part X (A) (B) Beginning of year End of year Cash - non-interest bearing 140,980 66,338. 1 2 319,048 121,181. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Notes and loans receivable, net 7 Inventories for sale or use 8 9 9,351. Prepaid expenses and deferred charges $\bf 10\,a$ Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 17,692. 17,692 **b** Less accumulated depreciation 10 b 10 c Investments - publicly traded securities 2,508,009 11 3,246,258. Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV. line 11 2,968,037. 3,443,128. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 20.937 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 24 24 Unsecured notes and loans payable to unrelated third parties 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 25 11,750 25 2,951. Total liabilities. Add lines 17 through 25 11,750. 26 23,888. X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 3,419,240. 27 2,956,287 27 Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here and complete FUND 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 2,956,287 33 3,419,240. Total net assets or fund balances 2,968,037 3,443,128. 34 34 Total liabilities and net assets/fund balances Form 990 (2011)

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Forr	m. 990 (2011) PA Association of Nurse Anesthetists 23-	7241442		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets	-			_
	Check if Schedule O contains a response to any question in this Part XI	<u></u> ,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,9	<u>56,2</u>	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
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	3,4	19,2	240.
Pa	rt 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 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990 X 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? b Were the organization's financial statements audited by an independent accountant?			2a	X	
	b Were the organization's financial statements audited by an independent accountant?		2b		X
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audīt,	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
	separate basis, consolidated basis, or both	d on a			
_				`	
Part XI Reconciliation 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) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990 X 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 audited by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If 'Yes' to line 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 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		X			
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired audit	3b		

Form **990** (2011)

BAA

TEEA0112L 07/06/11

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	-	ganizations Complete Part III	rom 330-62, Fant V,	iiile 35a (FTOXY TAX), iili	=11					
	of organization	-		Employer identifica	ation number					
	Association of Nur			23-724144						
		rganization is exempt under secti								
		organization's direct and indirect political ca	ampaign activities in F		Part IV					
2	Political expenditures			▶ \$						
	Volunteer hours									
		rganization is exempt under secti								
		se tax incurred by the organization under s		▶\$						
		se tax incurred by organization managers (▶ \$						
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes No					
-	Was a correction made?				Yes No					
	If 'Yes,' describe in Part IV									
		rganization is exempt under secti								
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ►\$						
2	Enter the amount of the filing function activities	g organization's funds contributed to other o	organizations for secti	on 527 exempt ►\$						
3	3 Total exempt function e>penditures 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 X No					
5	5 Enter the names, addresses and employer identification number (FIN) of all section 527 political organizations to which the filling									
	organization made payments amount of political contribution	For each organization listed, enter the amons received that were promptly and directly action committee (PAC). If additional space	nount paid from the fill v delivered to a separ	ing organization's funds ate political organizatio	Also enter the					
	(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)										
(2)										
(3)										
(4)										
(5)										

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

(6)

Schedule C (Form 990 or 990 EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011				23-7241	
Part II-A Complete if section 501(the organization (h)).	on is exempt under so	ection 501(c)(3) a	nd filed Form 5768 (e	election under
A Check ► If the filin	ig organization belo	ongs to an affiliated group (and list in Part IV eac	h affiliated group member's	s name.
		id share of excess lobbying	•	3,	,
L7	· · ·	cked box A and 'limited coi	• •		
-	Limits on Lobb	ying Expenditures ans amounts paid or incurr		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditu	ires to influence pu	iblic opinion (grass roots lo	bbying)		
·	•	legislative body (direct lobb	, ,,		
c Total lobbying expenditu		- ·			
d Other exempt purpose e	xpenditures	•			
e Total exempt purpose ex	•	nes 1c and 1d)			
f Lobbying nontaxable am both columns	ount Enter the am	nount from the following tab	ole in		
If the amount on line 1e, colu	mn (a) or (b) is	The lobbying nontaxable a	mount is		
Not over \$500,000	······································	20% of the amount on line le			
Over \$500,000 but not over \$1,0	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	s 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					
g Grassroots nontaxable a	mount (enter 25%	of line 1f)			
h Subtract line 1g from line	e 1a If zero or les	s, enter -0-			
Subtract line 1f from line	e 1c It zero or less	, enter -0-			
J If there is an amount off section 4911 tax for this	ner than zero on ei vear?	ther line 1h or line 1i, did th	ne organization file For	m 4720 reporting	Yes No
	ne organizations th	4-Year Averaging Period on the street of the	lection do not have to	complete all of the five	
	Lob	bying Expenditures During	g 4-Year Averaging Pe	rıod	
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 Grassi oots nontaxable amount					
e Grassi oots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					000 000 57 0011
BAA				Schedule C (Forn	n 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 PA Association of Nurse Anesthetists 23-7241442 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	1)		(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	,	Amount	
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?	\vdash				
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?	<u> </u>				
f Grants to other organizations for lobbying purposes?	1				
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?					
j Total Add 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?			<u> </u>		
Part 朋-A Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6).	11(c)(5), or			
Section 501(C)(O).				- 1	Τ.,
1 Ware as belong the second of			Г	Yes 1 X	No
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the proportion make only in bours labburg appared types of \$2,000 or less?				1 X 2	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization area to convey our labburge and a label over a three from the organization.			-	3	X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part II-B Complete if the organization is exempt under section 501(c)(4), section 50	1(c¥5) or	section		11
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No'	OR (b), O.) Paı	t III-A.	line 3.	is
answered 'Yes.'	•	•			
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year	ļ	2a			
b Carryover from last year		2b			
c Total		_2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ļ	3			
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 polit expenditure next year?	s ical	4			0.
	1	5			0.
5 Taxable amount of lobbying and political expenditures (see instructions)					
Part IV Supplemental Information				lına 1	
		and P			
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, Part I-C		and P			
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, Pa Also, complete this part for any additional information	. _	and P			
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, Pa Also, complete this part for any additional information Part I-A, Line 1 - Direct and Indirect Political Campaign Activities	The	and P	 have i	 a_PAC,	
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, Pa Also, complete this part for any additional information Part I-A, Line 1 - Direct and Indirect Political Campaign Activities The organization does not engage in direct political activities.	The	and P	 have i	PAC	 to

Schedule C (Form 990 or 990 EZ) 2011 PA Association of Nurse Anesthetists	23-7241442	Page 4
Schedule C (Form 990 or 990 EZ) 2011 PA Association of Nurse Anesthetists Part IV Supplemental Information (continued)		
- Supplemental mornation (community)		
~		
		

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

PΔ	Association of Nurse Anesthet	iete		23-7241442
	1 Organizations Maintaining Dono		Similar Funds or Acc	
. 441	the organization answered 'Yes'	to Form 990, Part IV, line 6		counts. Complete ii
		(a) Donor advised fund		unds 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		100000000000000000000000000000000000000	
E			the head in dense advised	
.	Did the organization inform all donors and don funds are the organization's property, subject	to the organization's exclusive lega	al control?	Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or donor a	at grant funds can be dvisor, or for any other	Yes No
Pai	tll Conservation Easements. Comp	lete if the organization ans	wered 'Yes' to Form !	990, Part IV, line 7.
	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., re	ecreation or education)	Preservation of an historica	ally important land area
	Protection of natural habitat	T F	Preservation of a certified b	nistoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation co	ntribution in the form of a	conservation easement on the
			I	Held at the End of the Tax Year
á	Total number of conservation easements		2a	
ŧ	Total acreage restricted by conservation easer	nents	2 b	
•	: Number of conservation easements on a certif	ied historic structure included in (a	a) 2c	
(Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and no	ot on a historic 2d	
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished	d, or terminated by the org	anization during the
4	Number of states where property subject to co	nservation easement is located 🕨		
5	Does the organization have a written policy recand enforcement of the conservation easemen	garding the periodic monitoring, in:	spection, handling of violat	ions, Yes No
6	Staff and volunteer hours devoted to monitorin			
7	Amount of expenses incurred in monitoring, in \$	specting, and enforcing conservati	on easements during the y	/ear
8	Does each conservation easement reported or $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)^2$	line 2(d) above satisfy the require	ements of section	Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its o the organization's financial state	revenue and expense sta ments that describes the o	tement, and balance sheet, and rganization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans			milar Assets.
1 8	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan	s held for public exhibition, educati	ion, or research in furthera	and balance sheet works of nce of public service, provide,
l	 If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items 	SFAS 116 (ASC 958), to report in d for public exhibition, education,	its revenue statement and or research in furtherance	d balance sheet works of art, of public service, provide the
	(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 an amounts required to be reported under SFAS	rt, historical treasures, or other sin 116 (ASC 958) relating to these ite	nılar assets for fınancıal ga ems	nin, provide the following
	Revenues included in Form 990, Part VIII, line			▶ \$
	Assets included in Form 990, Part X			▶\$

Part III Organizations Maintaini	ng Collections of Art, Histo	orical Treasures, o	r Other Similar As	sets (<u>contin</u>	ued)
3 Using the organization's acquisition, items (check all that apply)	accession, and other records, che	ck any of the following	that are a significant us	e of its o	ollectio	n
a Public exhibition	d Loan d	or exchange programs				
b Scholarly research	e U Other					
c Preservation for future generation	ns					
4 Provide a description of the organiza Part XIV	tion's collections and explain how	they further the organiz	cation's exempt purpose	e in		
5 During the year, did the organization assets to be sold to raise funds rather	ir than to be maintained as part of	the organization's colle	ection?	Yes		No
Part IV Escrow and Custodial A line 9, or reported an am	rrangements. Complete if jount on Form 990, Part X,	the organization at line 21.	nswered 'Yes' to F	orm 99	0, Pa	rt IV,
1a Is the organization an agent, trustee, included on Form 990, Part X?	custodian, or other intermediary	for contributions or othe	er assets not	Yes		No
b If 'Yes,' explain the arrangement in F	Part XIV and complete the followin	g table				
				Amount	t	
c Beginning balance			1 c			
d Additions during the year			1 d			
e Distributions during the year			1 e			
f Ending balance			1 f			
2a Did the organization include an amou	ant on Form 990, Part X, line 21?			Yes		No
b If 'Yes,' explain the arrangement in F	Part XIV					_
Part V Endowment Funds. Com	plete if the organization an	swered 'Yes' to Fo	rm 990, Part IV, II	ne 10.		
	(a) Current year (b) Prior year	(c) Two years back	(d) Three years back	(e) F	Four year:	s back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and 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 current year end balance (line	1g, column (a)) held a	S			
a Board designated or quasi-endowme		3, (7)				
b Permanent endowment ►						
c Temporarily restricted endowment	 ·					
The percentages in lines 2a, 2b, and						
	•					
3a Are there endowment funds not in the organization by	e possession of the organization t	nat are neid and admin	istered for the	Γ	Yes	No
(i) unielated organizations				3a(ı)		
(ii) related organizations			,	3a(11)		
b If 'Yes' to 3a(ii), are the related organ	nizations listed as required on Sch	redule R?		3b		
4 Describe in Part XIV the intended us				<u> </u>		L
Part VI Land, Buildings, and Eq						
Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) F	Book va	alue
	(investment)	basis (other)	depreciation	(4)		
1a Land						
b Buildings						
c Leasehold improvements						
d Equipment		17,692.	17,692.			0.
e Other						
Total. Add lines 1a through 1e (Column (c	i) must equal Form 990 Part X. co	olumn (B) line 10(c))	•			0.
BAA	 	, , , , , , , , , , , , , , , , , , , ,	Sche	dule D (F	orm 99	9 0) 2011

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Schedule D (Form 990) 2011 PA Association of Nurse Anesthetists

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 (ASC 740)

Total (Column (b) must equal Form 990, Part X. column (B) line 25)

2,951

Schedule D (Form 990) 2011 PA Associa	<u>tion of Nurse Anestheti</u> :	sts	23-7241442	Page 4
Part XI Reconciliation of Change in Net A	ssets from Form 990 to Audited Fina	incial Statements	N/A	
1 Total revenue (Form 990, Part VIII, column	(A), line 12)			
2 Total expenses (Form 990, Part IX, column	n (A), line 25)			
3 Excess or (deficit) for the year Subtract lin	ne 2 from line 1			
4 Net uni ealized gains (losses) on investmen	nts			
5 Donated services and use of facilities				
6 Investment expenses				
7 Prior period adjustments				
8 Other (Describe in Part XIV)				
9 Total adjustments (net) Add lines 4 through	jh 8			
10 Excess or (deficit) for the year per audited				
Part XII Reconciliation of Revenue p	oer Audited Financial Stateme	ents With Revenue	per Return N/A	
1 Total revenue, gains, and other support per	r audited financial statements		1	
2 Amounts included on line 1 but not on Form	n 990, Part VIII, line 12			
a Net unrealized gains on investments		2a		
b Donated services and use of facilities		2b		
c Recoveries of prior year grants		2c		
d Other (Describe in Part XIV)		2d		
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Part VIII,	line 12, but not on line 1			
a Investment expenses not included on Form		4a		
b Other (Describe in Part XIV.)		4b		
c Add lines 4a and 4b			4c	
5 Total revenue Add lines 3 and 4c. (This n	oust equal Form 990 Part Lline 12.)		5	
Part XIII Reconciliation of Expenses p		s With Expenses pe	 	
1 Total expenses and losses per audited fina		S TTKII EXPONSES PO	1	
2 Amounts included on line 1 but not on Forr				
a Donated services and use of facilities	11 330, 1 art 177, line 23	2a		
b Prior year adjustments		2b	 	
c Other losses		2c		
		2d		
d Other (Describe in Part XIV)		20		
e Add lines 2a through 2d 3 Subtract line 2e from line 1			2 e 3	
	an OE hout mak an long 1.	1 1	3	
4 Amounts included on Form 990, Part IX, III		4.0		
a Investment expenses not included on Form	1 990, Part VIII, IIIIe 7b	4a 4b		
b Other (Describe in Part XIV) c Add lines 4a and 4b		40	4c	
5 Total expenses Add lines 3 and 4c. (This	must equal Form 990 Part I line 18)	5	
Part XIV Supplemental Information	mast equal Form 930, Fact I, line 10 ,			
Complete this part to provide the descriptions re Part V, line 4, Part X, line 2, Part XI, line 8, Par any additional information	quired for Part II, lines 3, 5, and 9, Pa t XII, lines 2d and 4b, and Part XIII, li	art III, lines 1a and 4, Pa nes 2d and 4b Also con	art IV, lines 1b and 2b, nplete this part to provide	
				.
				· -
				.
		· · · · · · · · · · · · · · · · · · ·		
BAA	TEEA3304L 05/25/11		Schedule D (Form	1 990) 2011

Schedule D (Form 990) 2011 PA ASSOCIATION OF NUTSE ANESTHETISTS	23-1241442	Page 5
Part XIV Supplemental Information (continued)		
	- -	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ. Open to Public Inspection Name of the organization Employer identification number 23-7241442 PA Association of Nurse Anesthetists Form 990, Part VI, Line 3 - Description of Delegated Duties to Management Company The management firm is tasked with the day to day operations of the organization _ along with managing board meetings, annual educational meetings and contact with organization members. Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder Organization has dues paying members. Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body Governing body is elected by members. Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders Decisions of governing body are subject to approval by members. Form 990, Part VI, Line 11b - Form 990 Review Process The organization treasurer reviews the tax return with the finance committee, discusses it with the board members, signs and submits the return. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts Officers and directors are required to annually disclose any conflicts of interest. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available Form 990 is available to the public.

Form **3115**(Rev December 2009)

Application for Change in Accounting Method

OMB No 1545-0152

Department of the Treasury Internal Revenue Service					
Name of filer (name of parent corporation if a consol	idated group) (see instructions)	Identification number (see instructions)	<u> </u>		
23-7241442					
		Principal business activity code number (se	ee instructions)		
PA Association of Nurse A	Anesthetists	541990			
Number street and room or suite no. If a P.O. box,		Tax year of change begins (MM/DD/YYYY)	7/01/2011		
401 N Second Street		Tax year of change ends (MM/DD/YYYY)	6/30/2012		
City or town, state and ZIP Code		Name of contact person (see instructions)			
Harrisburg, PA 17101		John M O'Donnell, CR	NA, MAN, DrPH		
Name of applicant(s) (if different than filer) and ident	tification number(s) (see instructions)		Contact person's telephone numb	er	
			412-980-5176		
If the applicant is a member of a consol	idated group, check this box				
If Form 2848 , Power of Attorney and Decheck this box	claration of Representative, is atta	ached (see instructions for when f	Form 2848 is required),	▶ □	
Check the box to indicate		Check the appropriate box to inc	dicate the type of accounting	ng	
the applicant.	Cooperative (Section 1381)	method change being requested	l. (see instructions)		
Individual	Partnership	_			
Corporation	S corporation	Depreciation or Amortization	on		
Controlled foreign corporation (Section 957)	Insurance company (Section 816(a))	Financial Products and/or f	inancial Activities of		
10/50 corporation (Section 904(d)(2)(E))	Insurance company (Section 831)	Financial Institutions			
Qualified personal service corporation (Section 448(d)(2))	Other (specify)	X Other (specify)			-
Corporation (Section 446(d)(z))		Overall - cash to	o_accrual		
X Exempt organization Enter Code se					
Caution: To be eligible for approval of the to the taxpayer or to the taxpayer's requ	he requested change in method o jested change in method of accou	of accounting, the taxpayer must properties of the supply	rovide all information that i	s relev 1115	ant
(including its instructions), as well as an	ly other information that is not spe	ecifically requested	rrequested on this ronn s	,,,,	
The taxpayer must attach all applicable		ted throughout this form.		T.:	
Part I Information For Autor				Yes	No
 Enter the applicable designated au one designated automatic account 	ing method change number, exce	ent as provided for in quidance bu	blished by the IRS. If the	-	
requested change has no designal description of the change and cital	ted automatic accounting method	change number, check 'Other,' a	nd provide both a		
► (a) Change No 124	(b) Other Descrip	-	actions		
2 Do any of the scope limitations de			nt to be unavailable for		
the applicant's requested change?					
Note: Complete Part II below and then F		ough E of this form (if applicable)			
Part 排 Information for All Re	quests	· · · · · · · · · · · · · · · · · · ·		Yes	No
3 Did or will the applicant cease to e		which the requested change rela	tes, or terminate its		.,
existence, in the tax year of chang If 'Yes,' the applicant is not eligible	, ,	matic change request presedures			X
4a Does the applicant (or any present	•		ir during the applicable		
tax year(s)) have any Federal inco			a during the applicable	X	
If 'No', go to line 5					
b Is the method of accounting the ap or former consolidated group in wh					
consideration or (ii) placed in susp		daring the applicable tax year(3)			X
	Signature (s	ee instructions)			
Under penalties of perjury. I declare that I have exam	nined this application, including accompany	ying schedules and statements, and, to the l	est of my knowledge and belief th	e applica	ation
contains all the relevant facts relating to the applica has any knowledge	tion. and it is true. correct. and complete D	reclaration of preparer (other than applicant)	is pased on all information of which	n prepar	er
File	1111	Preparer (othe	r than filer/applicant)		
V (XIII)		/ Cabet	le Conura		
Signature and	date	Signature of individual p	reparing the application and date		
John M O'Donnell, Treasu:	rer	ELIZABETH	A. CONWAY		
Name and title (prin		Name of individual prepa	nng the application (print or type)		
		Sowers and Conway			
•		829 N. 19th Street			
		Allentown, PA 18104			. -
		Name of firm p	reparing the application		

orn	1 3115 (Rev12-2009) PA Association of Nurse Anesthetists 23-7241442	F	Page 2
ar	Information For All Requests (continued)	Yes	No
40	Is the method of accounting the applicant is requesting to change an issue pending (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) for any tax year under examination (see instructions)?		Х
d	I is the request to change the method of accounting being filed under the procedures requiring that the operating division director consent to the filing of the request (see instructions)?	-	X
	If 'Yes,' attach the consent statement from the director		
е	e Is the request to change the method of accounting being filed under the 90-day or 120-day window period?		X
	If 'Yes,' check the box for the applicable window period and attach the required statement (see instructions)	-	
	90 day 120 day Date examination ended ►		•
f	If you answered "Yes' to line 4a, enter the name and telephone number of the examining agent and the tax year(s) under examination		
	Name Telephone number Tax year(s)		
_	Has a copy of this Form 3115 been provided to the examining agent identified on line 4f?		<u>X</u>
5 a	a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court?		X
	If 'Yes,' enter the name of the (check the box) Appeals officer and/or counsel for the government, and the tax	-	
	year(s) before Appeals and/or a Federal court		
	Name ►Tetephone number ►Tax year(s) ►		}
	Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 5a?		ļ
c	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a Federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member) (see instructions)?	.:	
	If 'Yes', attach an explanation		
6	If the applicant answered 'Yes' to line 4a and/or 5a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a Federal court		
7	partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax return of a partner, member, or shall eholder of that entity?		-
	If 'Yes,' the applicant is not eligible to make the change		
8 <i>a</i>	Does the applicable revenue procedure (advance consent or automatic consent) state that the applicant does not receive audit protection for the requested change (see instructions)?		
k	f 'Yes,' attach an explanation		
9 a	Has the applicant, its predecessor, or a related party requested or made (under either an automatic change procedure or a procedure requiring advance consent) a change in method of accounting within the past 5 years (including the year of the requested change)?	-	Х
b	o If 'Yes,' for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent		
C	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was sent to the taxpayer but was not signed and returned to the IRS, or if the change was not made or not made in the requested year of change, attach an explanation		-
10 a	Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?		Х
t	olf 'Yes,' for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the type of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s) in the request(s)		
11	Is the applicant requesting to change its overall method of accounting?	X	
	If 'Yes,' check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting Also, complete Schedule A on page 4 of this form	:	
	Present method: X Cash Accrual Hybrid (attach description)	-	
	Proposed method: Cash X Accrual Hybrid (attach description)		
	Form 2115	(D 10	2000

orn	3115 (Rev 12-2009) PA Association of Nurse Anesthetists 23-7241442	Ρ	age 3	
Pa	Information For All Requests (continued)	Yes	No	
12	If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following			
a	The item(s) being changed			
ŀ	The applicant's present method for the item(s) being changed.			
(The applicant's proposed method for the item(s) being changed			
c	The applicant's present overall method of accounting (cash, accrual, or hybrid)			
13	Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1 446-1(d), describe whether each trade or business is accounted for separately, the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income, the overall method of accounting for each trade or business, and which trade or business is requesting to change its accounting method as part of this application or a separate application. See Attachment 1	-	-	
Will the proposed method of accounting be used for the applicant's books and records and financial statements? Yellow the proposed method of accounting be used for the applicant's books and records and financial statements? X				
	If 'No,' attach an explanation			
15 a	Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)?		X	
ł	If 'Yes,' for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application	-		
16	Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response?	ļ	_X_	
17	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change			
	1st preceding year ended mo 06 yr 2011 2nd preceding year ended mo 06 yr 2010 3rd preceding year ended mo 06 yr 2010 2009			
*	\$ 946,796. \$ 886,818. \$ 860,243.	1		
	Information For Advance Consent Request	Yes	No	
18	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request?			
	If 'Yes,' attach an explanation describing why the applicant is submitting its request under advance consent request procedures			
19	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists	-		
20	Attach a copy of all documents related to the proposed change (see instructions)			
21	Attach a statement of the applicant's reasons for the proposed change			
22	If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed?			
	If 'No', attach an explanation.			
	aEnter the amount of user fee attached to this application (see instructions). ► \$			
	of the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions)			
P 2	rt IV Section 481(a) Adjustment	Yes	No	
24	Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the applicant to implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjustment?		X	
٥-	If 'Yes,' do not complete lines 25, 26, and 27 below		*	
25	Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in		•	
	to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions), and the amount of the section 481(a) adjustment attributable to each applicant.	-		
	and the state of t		<u></u>	

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Pai	t IV Section 481(a) Adjustment		Yes	No
26	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take the amount of the adjustment into account in the year of change?	entire		Х
27	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties?			Х
	If 'Yes', attach an explanation			L
	nedule A — Change in Overall Method of Accounting (If Schedule A applies, Part I below must be co	mpleted)		
Pai	ti Change in Overall Method (see instructions)			
1	Enter the following amounts as of the close of the tax year preceding the year of change. If none, state 'None' Als providing a breakdown of the amounts entered on lines 1a through 1g	so, attach a s	tateme	nt
		·	ount	
á	Income accrued but not received	\$	1	lone
ŀ	Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method		ì	Vone
	Expenses accrued but not paid (such as accounts payable)		1	lone
•	Prepaid expenses previously deducted		1	lon
•	Supplies on hand previously deducted and/or not previously reported		l	lone
f	Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II		1	lon
ç	Other amounts (specify) Attach a description of the item and the legal basis for its inclusion in the calculation of			
	the section 481(a) adjustment		l	lon
ł	Net section 481(a) adjustment (Combine lines 1a - 1g) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 25	\$		0
2	Is the applicant also requesting the recurring item exception under section 461(h)(3)?	Yes	XN	0
3	of the tax year preceding the year of change. Also attach a statment specifying the accounting method used when sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal incomment return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not son both the profit and loss statement and the balance sheet, attach a statement explaining the differences.	n preparing the ne tax return o	e balan or other	ce
	↑ II Change to the Cash Method For Advance Consent Request (see instructions)			
	icants requesting a change to the cash method must attach the following information			
	A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and mused in carrying out the business		supplies	;
	An explanation as to whether the applicant is required to use the accrual method under any section of the Code of	regulations		
	nedule B – Change in Reporting Advance Payments (see instructions)			
	If the applicant is requesting to change to the Deferral Method for advance payments described in section 5 02 of 2004-1 CB 991, attach the following information	Rev Proc 200	4-34,	
	A statement explaining how the advance payments meet the definition in section 2 01 of Rev Proc 2004-34			
	If the applicant is filing under the automatic change procedures of Rev Proc 2008-52, the information required by s Rev Proc 2004-34			
	If the applicant is filing under the advance consent provisions of Rev Proc 97-27, the information required by section Proc 2004 34	_		
2	If the applicant is requesting to change to the deferral method for advance payments described in Regulations sec attach the following	tion 1 451-5(t	b)(1)(II)	,
	A statement explaining how the advance payments meet the definition in Regulations section 1 451-5(a)(1)			
	Δ statement explaining what portions of the advance navments, if any, are attributable to services, whether such s	services are i	ntegral	to

- b A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3)
- c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1 451-5(b)(1)(ii)
- **d** A statement explaining whether the inventoriable goods exception of Regulations section 1 451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income

Schedule C - Changes Within the LIFO Inventory Method (see instructions)

Part | General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all Forms 970, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items
- a Valuing inventory (e.g., unit method or dollar-value method)
- **b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (iPiC) pools, vehicle-pool method, etc)
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain, index, IPIC method, etc)
- **d** Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable
- 4 If the proposed change is not requested for all of the LIFO pools, attach a st6atement specifying the LIFO pool(s) to which the change is applicable
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1 472-8(b)(1) and (2)
- a A description of the types of products produced by the applicant. If possible, attach a brochure
- **b** A description of the types of processes and raw materials used to produce the products in each proposed pool.
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces
- d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool
- f A statement addressing whether all items including raw materials, goods in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- **g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing
- If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1 472-8(b)(3)
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1 472-8(c)

Schedule D — Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions) Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8) To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested change. If the applicant is a construction contractor, attach a detailed description of its construction activities No 2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)? Yes b If 'Yes,' do all the contracts qualify for the exception under section 460(e) (see instructions)? No If line 2b is 'No,' attach an explanation c If line 2b is 'Yes,' is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1 460-4(b)? No d If line 2c is 'No,' is the applicant requesting to use the exempt-contract percentage-of-completion method under Regulations section 1 460-4(c)(2)? If line 2d is 'Yes,' attach an explanation of what cost comparison the applicant will use to determine a contract's completion factor If line 2d is 'No,' attach an explanation of what method the applicant is using and the authority for its use 3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)? No b If 'Yes,' attach an explanation of the applicant's present and proposed method(s) of accounting for long-term manufacturing contracts c Attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods 4 To determine a contract's completion factor using the percentage-of-completion method a Will the applicant use the cost-to-cost method in Regulations section 1 460 4(b)? b If line 4a is 'No,' is the applicant electing the simplified cost-to-cost method (see section 460(b)(3) and Regulations section 1 460-5(c))? Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts or Federal long-term contracts Part 引 Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on pages 7 and 8) 1 Attach a description of the inventory goods being changed. 2 Attach a description of the inventory goods (if any) NOT being changed. 3a Is the applicant subject to section 263A? If 'No,' go to line 4a b Is the applicant's present inventory valuation method in compliance with section 263A (see instructions) If 'No,' attach a detailed explanation No Inventory Inventory Not Being Changed Being Changed 4a Check the appropriate boxes below Present Proposed Present method method method Identification methods Specific identification FIFO LIFO Other (attach explanation) Valuation methods Cost Cost or market, whichever is lower Retail cost Retail, lower of cost or market Other (attach explanation) **b** Enter the value at the end of the tax year preceding the year of change 5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions) a Copies of Form(s) 970 filed to adopt or expand the use of the method b Only for applicants requesting advance consent. A statement describing whether the applicant is changing to the method required by Regulations section 1 472-6(a) or (b), or whether the applicant is proposing a different method c Only for applicants requesting an automatic change. The statement required by section 22.01(5) of the Appendix of Rev Proc 2008-52 (or its successor)

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see the instructions))

Section A - Allocation and Capitalization Methods

Form 3115 (Rev 12-2009)

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method)
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method)

Section B — Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460 Mark 'N/A' in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs)		

BAA

Page 8

Part III Method of Cost Allocation (see instructions) (continued)

Section C — Other Costs Not Required To Be Allocated (Complete Section C only if the applic method for these costs)	cant is requesting to change its
--	----------------------------------

		Present method	Proposed	method
1	Marketing, selling, advertising, and distribution expenses.			_
2	Research and experimental expenses not included in Section B, line 26			
3	Bidding expenses not included in Section B, line 22			
4	General and administrative costs not included in Section B			
5	Income taxes			
6	Cost of strikes			
7	Warranty and product liability costs			
8	Section 179 costs			
9	On-site storage			
10	Depreciation, amortization, and cost recovery allowance not included in Section B, line 11			
11	Other costs (Attach a list of these costs)			
Scł	nedule E - Change in Depreciation or Amortization (see instructions)			
App Note sect	icants requesting approval to change their method of accounting for depreciation or amortization icants must provide this information for each item or class of property for which a change is recess. See the List of Automatic Accounting Method Changes in the instructions for information regions 56, 167–168, 197, 14001, 1400L, or former section 168. Do not file Form 3115 with respect cations (see instructions).	quested Pardina automatic chang	ies under	
1	Is depreciation for the property determined under Regulations section 1 167(a)-11 (CLADR)?		Yes	No
	It 'Yes,' the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).			
2	Is any of the depreciation or amortization required to be capitalized under any Code section (e	e a , section 263A)?	Yes	No
	If 'Yes,' enter the applicable section			
3	Has a depreciation, amortization, or expense election been made for the property (e.g., the e section 168(f)(1), 179, or 179C)?	ection under	 Yes	No
	If 'Yes,' state the election made			
4:	To the extent not already provided, attach a statement describing the property being changed of property, the year the property was placed in service, and the property's use in the applical producing activity			
!	o If the property is residential rental property, did the applicant live in the property before renting	a it?	Yes	No

- To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (e.g., depreciable property, inventory property, supplies under Regulations section 1 162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc).
- If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property
- If the property is currently treated and/or will be treated as depreciable or amortizable property, the following information for both the present (if applicable) and proposed methods
- a The Code section under which the property is or will be depreciated or amortized (e.g., section 168(g))
- **b** The applicable asset class from Rev Proc 87-56, 1987-2 CB 674, for each asset depreciated under section 168 (MACRS) or under section 1400L, the applicable asset class from Rev Proc 83-35, 1983-1 CB 745, for each asset depreciated under former section 168 (ACRS), an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant
- c The facts to support the asset class for the proposed method
- d The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1))
- e The useful life, recovery period, or amortization period of the property
- f The applicable convention of the property

c is the property public utility property?

g A statement of whether or not the additional first year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed

1/24/13

Form 3115 Attachments

Page 1

Client PANA

PA Association of Nurse Anesthetists

23-7241442 06 50PM

Attachment 1 Form 3115, Part II, Line 13 Description of Trade or Business

Non-profit organization promoting anesthesiology through education.

Form **3115**(Rev December 2009)

Application for Change in Accounting Method

OMB No 1545 0152

Department of the Treasury Internal Revenue Service Name of filer (name of parent corporation if a consolidated group) (see instructions) Identification number (see instructions) 23-7241442 Principal business activity code number (see instructions) PA Association of Nurse Anesthetists Number street and room or suite no. If a P.O. box, see the instructions Tax year of change begins (MM/DD/YYYY) 7/01/2011 Tax year of change ends (MM/DD/YYYY) 6/30/2012 401 N Second Street City or town state and ZIP Code Name of contact person (see instructions) Harrisburg, PA 17101 John M O'Donnell, CRNA, MAN, DrPH Name of applicant(s) (if different than filer) and identification number(s) (see instructions) Contact person's telephone number 412-980-5176 If the applicant is a member of a consolidated group, check this box If Form 2848, Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box Check the box to indicate Check the appropriate box to indicate the type of accounting the applicant. method change being requested. (see instructions) Cooperative (Section 1381) Individual Partnership Corporation S corporation Depreciation or Amortization Financial Products and/or Financial Activities of Controlled foreign corporation (Section 957) Insurance company (Section 816(a)) Financial Institutions 10/50 corporation (Section 904(d)(2)(E)) Insurance company (Section 831) Qualified personal service corporation (Section 448(d)(2)) Other (specify) X Other (specify) Overall - cash to accrual Exempt organization Enter Code section > 501 (c) (6) Caution: To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes all information requested on this Form 3115 (including its instructions) as well as any other information that is not specifically requested. The taxpayer must attach all applicable supplemental statements requested throughout this form. Part I Information For Automatic Change Request Yes No Enter the applicable designated automatic accounting method change number for the requested automatic change. Enter only one designated automatic accounting method change number, except as provided for in guidance published by the IRS. If the requested change has no designated automatic accounting method change number, check 'Other,' and provide both a description of the change and citation of the IRS guidance providing the automatic change. See instructions 124 (a) Change No (b) Other Description ► 2 Do any of the scope limitations described in section 4.02 of Rev Proc 2008-52 cause automatic consent to be unavailable for the applicant's requested change? If 'Yes,' attach an explanation Note: Complete Part II below and then Part IV, and also Schedules A through E of this form (if applicable) Part II Information for All Requests No Yes Did or will the applicant cease to engage in the trade or business to which the requested change relates, or terminate its Х existence, in the tax year of change (see instructions)? If 'Yes,' the applicant is not eligible to make the change under automatic change request procedures 4a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable X tax year(s)) have any Federal income tax return(s) under examination (see instructions)? b Is the method of accounting the applicant is requesting to change an issue (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) either (i) under Χ consideration or (ii) placed in suspense (see instructions)? Signature (see instructions) Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, the application contains all the relevant facts relating to the application, and it is true, correct, and complete Declaration of preparer (other than applicant) is based on all information of which preparer has any knowledge Filer reparer (other than filer/applicant) of individual preparing the application and date MO, Donnell ., Treasurer (CNWA) Name and title (print or type) Sowers and Conway 829 N. 19th Street Allentown, PA 18104 Name of firm preparing the application

orm	3115 (Rev12-2009) PA	A	Association of N	ırs	e Anesthetist	ts	23-7241442	Р	age 2
arl	Information Fo	or /	All Requests (continu	ed)				Yes	No
4с	Is the method of account present or former consoli under examination (see i	ıdat	ted group in which the ap	ng to plica	change an issue per int was a member dui	ndı ırın	ng (with respect to either the applicant or any g the applicable tax year(s)) for any tax year		X
d			e method of accounting be of the request (see instri			du	res requiring that the operating division		X
	If 'Yes,' attach the conse	nt s	statement from the direct	or					
е	Is the request to change	the	e method of accounting be	eing	filed under the 90 day	ay c	or 120-day window period?		X
	If 'Yes,' check the box fo	r th	ne applicable window peri	od a	nd attach the required	ed s	statement (see instructions)		
	90 day		120 day Date exam	ıınatı	on ended >				
f	If you answered 'Yes' to line 4a,	ente	er the name and telephone numb	er of	the examining agent and th	he t	ax year(s) under examination		
	Name •		·		hone number		Tax year(s) ►		
_	Has a copy of this Form		•		5 5				_X_
5 a	Does the applicant (or ar tax year(s)) have any Fe	iy p der	oresent or former consolic al income tax return(s) be	dated efore	d group in which the a Appeals and/or a Fe	app ede	olicant was a member during the applicable eral court?		X
	If 'Yes,' enter the name of		`	Аp	peals officer and/or		counsel for the government, and the tax		
	year(s) before Appeals a	nd/							
	Name •			•	hone number -		Tax year(s) ►		: * !
			•				el for the government identified on line 5a?		
С	court (for either the appli	car	i the applicant is requestiint or any present or forme member) (see instruction	er co	nsolidated group in w	vhi	r consideration by Appeals and/or a Federal ch the applicant was a member for the tax		:
	If 'Yes', attach an explan	atio	on						
6	statement that provides e	eacl	th parent corporation's (a)	nan	ne, (b) identification r	nur	r former consolidated group, attach a nber, (c) address, and (d) tax year(s) during office, and/or before a Federal court		
7	partnership or an S corpo	orai	ition, is it requesting a chi leals, or before a Federal	ande	from a method of ac	ccc	mited liability company) treated as a sunting that is an issue under consideration in leral income tax return of a partner, member,	-	
	If 'Yes,' the applicant is not eligible to make the change								
8 <i>a</i>			e procedure (advance cor I change (see instructions		t or automatic conser	nt)	state that the applicant does not receive audit	-	<u>.</u>
b	If 'Yes,' attach an explan	atio	on						
9a	Has the applicant, its pre procedule requiring advarequested change)?	ded	cessor, or a related party e consent) a change in m	reqi etho	uested or made (unde d of accounting within	er ın t	either an automatic change procedure or a he past 5 years (including the year of the		Х
b	b If 'Yes,' for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent								
c	If any application was wit taxpayer but was not sign change, attach an explan	ned	d and returned to the IRS	enied or i	d, or if a Consent Agr f the change was not	ree t m	ment granting a change was sent to the ade or not made in the requested year of		
10 a	0a Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?						Х		
b	b If 'Yes,' for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the type of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s) in the request(s)						—		
11	Is the applicant requestir	ng t	to change its overall meth	od o	of accounting?			X	
	If 'Yes,' check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting. Also, complete Schedule A on page 4 of this form						-		
	Present method:	X	Cash	Ac	crual		Hybrid (attach description)		
	Proposed method:	П	Cash X	Ac	crual	П	Hybrid (attach description)		
	···					_			

orn	3115 (Rev 12-2009) PA Association of Nurse Anesthetists 23-7241442	P	age 3
	Information For All Requests (continued)	Yes	No
12	If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following		
á	The item(s) being changed		
ŀ	The applicant's present method for the item(s) being changed		
(The applicant's proposed method for the item(s) being changed		
•	The applicant's present overall method of accounting (cash, accrual, or hybrid)		
13	Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d), describe whether each trade or business is accounted for separately, the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income, the overall method of accounting for each trade or business, and which trade or business is requesting to change its accounting method as part of this application or a separate application. See Attachment 1		
14	Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions	Х	
	If 'No,' attach an explanation		
	Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)?		Х
i	o If 'Yes,' for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application		
16	Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response?	ļ	X
17	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change		
	1st preceding year ended mo 06 yr 2011 2nd preceding year ended mo 06 yr 2010 3rd preceding year ended mo 06 yr 2010 year ended mo 06 yr 2009		
	\$ 946,796. \$ 886,818. \$ 860,243.		
	art III Information For Advance Consent Request	Yes	No
18	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request?		
	If 'Yes,' attach an explanation describing why the applicant is submitting its request under advance consent request procedures		
19	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists.		
20	Attach a copy of all documents related to the proposed change (see instructions)		
21	Attach a statement of the applicant's reasons for the proposed change.		
22	If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed?		
	If 'No', attach an explanation		
23	aEnter the amount of user fee attached to this application (see instructions) ► \$		
	of the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions)		
PZ	ert IV Section 481(a) Adjustment	Yes	No
24	Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the applicant to implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjustment?		Х
۰-	If 'Yes,' do not complete lines 25, 26, and 27 below		
25	Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in		
	income \(\subseteq \subseteq \) Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions), and the amount of the section 481(a) adjustment attributable to each applicant.		
BA		Rev 12	2009)

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		-/241442	, P	age 4
P	art IV Section 481(a) Adjustment		Yes	No
26	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take amount of the adjustment into account in the year of change?	the entire		X
27	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group consolidated group, a controlled group, or other related parties?	, а		Х
	If 'Yes', attach an explanation			
Sc	hedule A — Change in Overall Method of Accounting (If Schedule A applies, Part I below must be	completed)		
Pį	Change in Overall Method (see instructions)			
1	Enter the following amounts as of the close of the tax year preceding the year of change. If none, state 'None' providing a breakdown of the amounts entered on lines 1a through 1g	Also, attach a s	tateme	nt
			ount	
	a Income accrued but not received	\$	<u>N</u>	<u>lone</u>
	b Income received or reported before it was earned (such as advanced payments) Attach a description of the income and the legal basis for the proposed method		N	lone
	c Expenses accrued but not paid (such as accounts payable)			<u>lone</u>
	d Prepaid expenses previously deducted			lone
	e Supplies on hand previously deducted and/or not previously reported			lone
	f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II		<u> </u>	lone
	g Other amounts (specify) Attach a description of the item and the legal basis for its inclusion in the calculation of	of		
	the section 481(a) adjustment		N	lone
	h Net section 481(a) adjustment (Combine lines $1a-1g$) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 25	\$		0.
2	2 Is the applicant also requesting the recurring item exception under section 461(h)(3)?	Yes	XN	0
3	Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if a of the tax year preceding the year of change. Also attach a statement specifying the accounting method used which sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal incorreturn (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not both the profit and loss statement and the balance sheet, attach a statement explaining the differences.	nen preparing the ome tax return o	e balan or other	ce
Pź	Change to the Cash Method For Advance Consent Request (see instructions)			
Αрі	plicants requesting a change to the cash method must attach the following information			
1	A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and used in carrying out the business	materials and s	upplies	
	2 An explanation as to whether the applicant is required to use the accrual method under any section of the Code	or regulations		
<u>Sc</u>	hedule B – Change in Reporting Advance Payments (see instructions)			
1	If the applicant is requesting to change to the Deferral Method for advance payments described in section 5 02 2004-1 CB 991, attach the following information	of Rev Proc 200	4-34,	
	a A statement explaining how the advance payments meet the definition in section 2 01 of Rev Proc 2004 34.			
	b If the applicant is filing under the automatic change procedures of Rev Proc 2008-52, the information required to Rev Proc 2004-34	y section 8 02(3))(a) (c)	of
	c If the applicant is filing under the advance consent provisions of Rev Proc 97-27, the information required by se Proc 2004-34	ction 8 03(2)(a)-	(f) of R	ev
2	If the applicant is requesting to change to the deferral method for advance payments described in Regulations attach the following	section 1 451-5(t	o)(1)(II)	
	a A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1)			
	b A statement explaining what portions of the advance payments, if any, are attributable to services, whether such the provisions of goods or items, and whether any portions of the advance payments that are attributable to no than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3)	th services are in n-integral service	ntegral es are I	to ess

d A statement explaining whether the inventoriable goods exception of Regulations section 1 451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income

Form 3115 (Rev 12-2009)

c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii)

Schedule C - Changes Within the LIFO Inventory Method (see instructions)

Part | General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all Forms 970, Application To Use LIFO inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items
- a Valuing inventory (e.g., unit method or dollar-value method)
- **b** Pooling (e g , by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc)
- c Pricing dollar-value pools (e.g., double-extension, index, link chain, link-chain index, IPIC method, etc)
- **d** Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable
- 4 If the proposed change is not requested for all of the LIFO pools, attach a st6atement specifying the LIFO pool(s) to which the change is applicable
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1 472-8(b)(1) and (2)
- a A description of the types of products produced by the applicant. If possible, attach a brochure
- **b** A description of the types of processes and raw materials used to produce the products in each proposed pool
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces
- **d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool
- f A statement addressing whether all items including raw materials, goods in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- **g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1 472-8(b)(3)
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1 472-8(c)

263A Assets (see instructions)				
Part I Change in Reporting Income From Long-Term Contracts (Also co	mplete Part III on	pages 7 and 8)		
1 To the extent not already provided, attach a description of the applicant's present and provided income and expenses from long-term contracts. Also, attach a representative a deletion) for the requested change. If the applicant is a construction contractor, attach a construction activities.	ctual contract (with	nout any		
2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instr	uctions)?		Yes 🔲 I	No
b If 'Yes,' do all the contracts qualify for the exception under section 460(e) (see instruction	ıs) [?]		Yes I	No
If line 2b is 'No,' attach an explanation		_		
c If line 2b is 'Yes,' is the applicant requesting to use the percentage-of-completion method Regulations section 1 460-4(b)?	l using cost-to-cos	t under	Yes []I	No
d If line 2c is 'No,' is the applicant requesting to use the exempt-contract percentage-of-cor Regulations section 1 460-4(c)(2)?	L	Yes I	No	
If line 2d is 'Yes,' attach an explanation of what cost comparison the applicant will use to completion factor	determine a contr	ract's		
If line 2d is 'No,' attach an explanation of what method the applicant is using and the auti	•	_		
3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2 b If 'Yes,' attach an explanation of the applicant's present and proposed method(s) of accomanufacturing contracts		m	∐Yes ∐∐I	No
${f c}$ Attach a description of the applicant's manufacturing activities, including any required ins	tallation of manufa	actured goods		
4 To determine a contract's completion factor using the percentage-of-completion method				
a Will the applicant use the cost-to-cost method in Regulations section 1 460-4(b)?			Yes	No
b If line 4a is 'No,' is the applicant electing the simplified cost-to-cost method (see section 4 section 1 460-5(c))?	160(b)(3) and Reg	ulations	Yes []	No
5 Attach a statement indicating whether any of the applicant's contracts are either cost-plus	s long-term contra	cts or Federal		
Part II Change in Valuing Inventories Including Cost Allocation Chang	es (Also complete	a Part III on nag	ec 7 and 8)	
1 Attach a description of the inventory goods being changed	es (Also complete	e Fait III on pag	25 / and 6)	<i>'</i>
2 Attach a description of the inventory goods (if any) NOT being changed				
3a Is the applicant subject to section 263A? If 'No,' go to line 4a		Г	Yes I	No
b is the applicant's present inventory valuation method in compliance with section 263A (se if 'No,' attach a detailed explanation	e instructions)			No
	ntory	Inventory	Not	
4a Check the appropriate boxes below	Being C		Being Char	
and the specific and th	Present	Proposed	Presen	nt .
Identification methods	method	method	method	
Specific identification				
FIFO		_		
LIFO				
Other (attach explanation)				
Valuation methods				
Cost				
Cost or market, whichever is lower				
Retail cost				
Retail, lower of cost or market				
Other (attach explanation)				
b Enter the value at the end of the tax year preceding the year of change				•••••
5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attack	the following info	rmation (see in	structions)	
a Copies of Form(s) 970 filed to adopt or expand the use of the method	· ·			
b Only for applicants requesting advance consent. A statement describing whether the applications section 1 472-6(a) or (b), or whether the applicant is proposing a different me	olicant is changing ethod	to the method r	equired by	
c Only for applicants requesting an automatic change. The statement required by section 2 (or its successor)		pendix of Rev Pr	oc 2008-52	
		Form 3	1 15 (Rev 12	2009)

Page 7

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see the instructions))

Section A — Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following

- The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method)
- The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the US ratio, or other reasonable allocation method)

Section B — Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460 Mark 'N/A' in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required Attach an explanation for boxes that are not checked

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs	,	
6	Employee benefits		-
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs	:	
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental expenses)		
19	Rework labor, scrap, and sporlage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs)		

23-7241442 Form 3115 (Rev 12-2009) PA Association of Nurse Anesthetists Part III Method of Cost Allocation (see instructions) (continued) Section C — Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs) Proposed method Present method Marketing, selling, advertising, and distribution expenses 2 Research and experimental expenses not included in Section B, line 26 Bidding expenses not included in Section B, line 22 General and administrative costs not included in Section B 5 Income taxes 6 Cost of strikes Warranty and product liability costs 8 Section 179 costs 9 On-site storage 10 Depreciation, amortization, and cost recovery allowance not included in Section B, line 11 Other costs (Attach a list of these costs) Schedule E — Change in Depreciation or Amortization (see instructions) Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section Applicants must provide this information for each item or class of property for which a change is requested Note: See the List of Automatic Accounting Method Changes in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400L, or former section 168. Do not file Form 3115 with respect to certain late elections and election revocations (see instructions) No 1 Is depreciation for the property determined under Regulations section 1 167(a)-11 (CLADR)? If 'Yes,' the only changes permitted are under Regulations section 1 167(a)-11(c)(1)(iii) 2 Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section 263A)? If 'Yes,' enter the applicable section Has a depreciation, amortization, or expense election been made for the property (e.g., the election under section 168(f)(1), 179, or 179C)? If 'Yes.' state the election made 4a To the extent not already provided, attach a statement describing the property being changed. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income producing activity b if the property is residential rental property, did the applicant live in the property before renting it? Yes No c is the property public utility property? No Yes To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (e.g., depreciable property, inventory property, supplies under Regulations section 1 162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc) If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property If the property is currently treated and/or will be treated as depreciable or amortizable property, the following information for both the present (if applicable) and proposed methods a The Code section under which the property is or will be depreciated or amortized (e.g., section 168(g)) **b** The applicable asset class from Rev Proc 87-56, 1987-2 CB 674, for each asset depreciated under section 168 (MACRS) or under section 1400L, the applicable asset class from Rev Proc 83-35, 1983-1 CB 745, for each asset depreciated under former section 168 (ACRS), an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant c The facts to support the asset class for the proposed method

- d The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1))
- e The useful life, recovery period, or amortization period of the property
- f The applicable convention of the property
- g A statement of whether or not the additional first year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.

2011

Form 3115 Attachments

Page 1

Client PANA

PA Association of Nurse Anesthetists

23-7241442

1/24/13

04 05PM

Attachment 1 Form 3115. Part II, Line 13 Description of Trade or Business

Non-profit organization promoting anesthesiology through education.

Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

If you ar	e filing for an Automatic 3-Month Extension, co	omplete only F	Part I and check this box		► X	
• If you ar	e filing for an Additional (Not Automatic) 3-Mor	nth Extension,	complete only Part II (on page 2 of this	form)		
Do not com	<i>plete Part II unless</i> you have already been gran	ted an automa	atic 3-month extension on a previously file	ed Form 8868		
corporation request an (Associated	iling (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (nextension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ling of this form, visit www.irs.gov/efile and click	ot automatic) n Part I or Pa must be sent	3-month extension of time. You can elec rt II with the exception of Form 8870, Info to the IRS in paper format (see instructio	tronically file Fo ormation Return	orm 8868 to for Transfers	
Part I A	utomatic 3-Month Extension of Time	Only subr	nit original (no conies needed)			
	on required to file Form 990-T and requesting ar			omplete Part I o	nlv ►	
•	rporations (including 1120-C filers), partnerships			•	,	
income tax		s, reivilos, ai	Enter filer's identif			
	Name of exempt organization or other filer, see instructions		Enter the 3 teenth	 	ation number (EIN) or	
Type or						
print	PA Association of Nurse Anes	thatiete		X 23-724	7241442	
File by the	Number, street and room or suite number If a P O box so				iocial security number (SSN)	
due date for filing your	401 N Second Street				, , ,	
return See instructions	City, town or post office state and ZIP code For a foreign	address see insti	ructions			
	Harrisburg, PA 17101		·			
Enter the R	eturn code for the return that this application is	for (file a sepa	arate application for each return)		01	
Application Is For		Return Code	Application Is For		Return Code	
Form 990		01	Form 990-T (corporation)		07	
Form 990-B	L	02	Form 1041-A		08	
Form 990-E		01	Form 4720		09	
Form 990-P		04	Form 5227	10		
	(section 401(a) or 408(a) trust)	05	Form 6069	11		
	(trust other than above)	06	Form 8870	12		
Telephor If the or If this is check the external	icks are in the care of Peggy Blankensh ie No ►614-228-4712 ganization does not have an office or place of b for a Group Return, enter the organization's for is box ► If it is for part of the group insign is for est an automatic 3-month (6 months for a corpo	FAX No cusiness in the ur digit Group , check this bo	United States, check this box Exemption Number (GEN) If ox ▶ ☐ and attach a list with the name		• .	
until The e: ► X		organization re $rac{1}{2}$, and endir	eturn for the organization named above $\frac{6}{30}$, $\frac{12}{20}$	nal return		
Cr	application is for Form 990-BL, 990-PF, 990-T,					
nonre	fundable credits. See instructions application is for Form 990-PF, 990-T, 4720, or			3a \$	0.	
payme c Balan	ents made Include any prior year overpayment ce due. Subtract line 3b from line 3a Include vo	allowed as a our payment w	credit rith this form, if required, by using	3b \$	0.	
EFTP:	S (Electronic Federal Tax Payment System). Se	e instructions		3c \$	0.	
Caution. If y	you are going to make an electronic fund withdr structions	awal with this	Form 8868, see Form 8453-EO and Form	n 8879-EO for		

BAA For Paperwork Reduction Act Notice, see Instructions.