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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2012 calendar year, or tax year beginning OCT 1, 2012 and ending SEP 30, 2013

B Check if applicable

 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

WASHINGTON STATE SOCIETY OF ANESTHESIOLOGISTS

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) 2150 N 107TH STREET Room/suite 205

City, town, or post office, state, and ZIP code

SEATTLE, WA 98133-9009

F Name and address of principal officer: LOUISE S MILLER MA CAE SAME AS C ABOVE

I Tax-exempt status: 501(c)(3) 501(c)(6) (insert no.) 4947(a)(1) or 527J Website: ► [HTTP : / / WWW.WA-ANESTHESIOLOGY.ORG/](http://WWW.WA-ANESTHESIOLOGY.ORG/)K Form of organization: Corporation Trust Association Other ►

D Employer identification number

91-6050189

E Telephone number

206-367-8704

G Gross receipts \$ 249,489.

H(a) Is this a group return for affiliates? Yes NoH(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

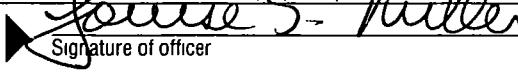
L Year of formation: 1948 M State of legal domicile: WA

Part I Summary

| | |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO ADVANCE THE SCIENCE AND ART OF ANESTHESIOLOGY, AND TO STIMULATE INTEREST AND PROMOTE PROGRESS IN |
| | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |
| | 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 |
| | 6 Total number of volunteers (estimate if necessary) 6 0 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0. |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) 264,943. 240,605. |
| | 9 Program service revenue (Part VIII, line 2g) 13,850. 8,250. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,821. 634. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 293,614. 249,489. |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 10,000. 0. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 1e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ► 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 273,977. 226,152. |
| Net Assets or Fund Balances | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 283,977. 226,152. |
| | 19 Revenue less expenses Subtract line 18 from line 12 9,637. 23,337. |
| | 20 Total assets (Part X, line 16) 673,565. 705,510. |
| Net Assets or Fund Balances | 21 Total liabilities (Part X, line 26) 0. 0. |
| | 22 Net assets or fund balances Subtract line 21 from line 20 673,565. 705,510. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|---------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Sign Here | ►  | 1-7-14 |
| | ► LOUISE S MILLER MA CAE, EXECUTIVE DIRECTOR | |
| | ► Type or print name and title | |
| Paid Preparer | Print/Type preparer's name MARTHA A. LINDLEY, CPA | Preparer's signature  Date 01/06/14 |
| Use Only | Firm's name ► LINDLEY AND COMPANY LLC | Check <input checked="" type="checkbox"/> if self-employed Firm's EIN ► 91-2050235 |
| | Firm's address ► 111 WEST HARRISON STREET SEATTLE, WA 98119 | PTIN P00961494 Phone no. 206-332-0386 |

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

 Yes No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

**TO ADVANCE THE SCIENCE AND ART OF ANESTHESIOLOGY, AND TO STIMULATE
INTEREST AND PROMOTE PROGRESS IN THE SPECIALITY.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ **8,273.** including grants of \$ _____) (Revenue \$ _____)

**FALL SCIENTIFIC PROGRAM: THIS ONE-DAY PROGRAM PROVIDED CONTINUING
MEDICAL EDUCATION FOR WSSA MEMBERS. A TOTAL OF 130 ANESTHESIOLOGISTS
ATTENDED.**

4b (Code _____) (Expenses \$ **19,593.** including grants of \$ _____) (Revenue \$ _____)

**JOINT SCIENTIFIC PROGRAM: THIS EDUCATIONAL PROGRAM WAS CONDUCTED IN
CONJUNCTION WITH THE BRITISH COLUMBIA ANESTHESIOLOGISTS' SOCIETY
(BCAS). THE TWO-DAY EDUCATIONAL PROGRAM PROVIDED CONTINUING MEDICAL
EDUCATION FOR WSSA AND BCAS MEMBERS. A TOTAL OF 207 ANESTHESIOLOGISTS
ATTENDED.**

4c (Code _____) (Expenses \$ **11,647.** including grants of \$ _____) (Revenue \$ _____)

**SPRING SCIENTIFIC PROGRAM: THIS ONE-DAY PROGRAM PROVIDED CONTINUING
MEDICAL EDUCATION FOR WSSA MEMBERS. A TOTAL OF 79 ANESTHESIOLOGISTS
ATTENDED.**

4d Other program services (Describe in Schedule O.)

(Expenses \$ **82,998.** including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► **122,511.**

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Part IV Checklist of Required Schedules

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 | X |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | 2 | X |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i> | 11a | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 11b | X |
| 12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 11c | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 11d | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 11e | X |
| 14b 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 11f | X |
| 15 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 12a | X |
| 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | 12b | X |
| 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 13 | X |
| 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 14a | X |
| 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 14b | X |
| 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 15 | X |
| 20b | 16 | X |
| | 17 | X |
| | 18 | X |
| | 19 | X |
| 20a | 20b | X |

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Part IV Checklist of Required Schedules (continued)

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

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 1 |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | <input checked="" type="checkbox"/> |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i> | 2b | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | <input checked="" type="checkbox"/> |
| b 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 or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | <input checked="" type="checkbox"/> |
| b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | 6a | <input checked="" type="checkbox"/> |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | <input checked="" type="checkbox"/> |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | <input checked="" type="checkbox"/> |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | <input checked="" type="checkbox"/> |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | 7a | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7b | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7c | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7d | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7e | <input checked="" type="checkbox"/> |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7f | <input checked="" type="checkbox"/> |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | <input checked="" type="checkbox"/> |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7h | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 8 | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 9a | |
| 9 Sponsoring organizations maintaining donor advised funds. | 9b | |
| a Did the organization make any taxable distributions under section 4966? | 10a | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | 10b | |
| 10 Section 501(c)(7) organizations. Enter. | 11a | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 11b | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 12a | |
| 11 Section 501(c)(12) organizations. Enter. | 12b | |
| a Gross income from members or shareholders | 13a | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 13b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 13c | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 14a | <input checked="" type="checkbox"/> |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | 14b | |
| a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i> | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| c Enter the amount of reserves on hand | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

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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

Section A. Governing Body and Management

| | | Yes | No |
|----|----|-----|----|
| 1a | 15 | | |
| 1b | 15 | | |
| 2 | | X | |
| 3 | X | | |
| 4 | X | | |
| 5 | X | | |
| 6 | X | | |
| 7a | X | | |
| 7b | X | | |
| 8a | X | | |
| 8b | X | | |
| 9 | | X | |

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

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

Section C. Disclosure

| | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the states with which a copy of this Form 990 is required to be filed ►WA |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply |
| | <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► LOUISE S MILLER, SBI MANAGEMENT SERVICES - 206-367-8704 2150 N 107TH ST STE 205, SEATTLE, WA 98133 |

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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 0-0 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.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | | |
| (1) JAMES STANGL MD <u>PAST PRESIDENT</u> | 2.00 | X | X | | | | 0. | 0. | 0. |
| (2) M SEAN KINCAID MD <u>PRESIDENT</u> | 1.00 | X | X | | | | 0. | 0. | 0. |
| (3) DANIELA ALEXIANU MD <u>VICE PRESIDENT</u> | 1.00 | X | X | | | | 0. | 0. | 0. |
| (4) APARNA ANANTH MD <u>SECRETARY</u> | 2.00 | X | X | | | | 0. | 0. | 0. |
| (5) JAMES BURKMAN MD <u>DELEGATE</u> | 1.00 | X | | | | | 0. | 0. | 0. |
| (6) PETER DUNBAR MC <u>DISTRICT DIRECTOR</u> | 1.00 | X | | | | | 0. | 0. | 0. |
| (7) MARK FLANERY MD <u>ALTERNATE DISTRICT DIR DEL</u> | 1.00 | X | | | | | 0. | 0. | 0. |
| (8) VITA PLISKOW MD <u>DELEGATE</u> | 1.00 | X | | | | | 0. | 0. | 0. |
| (9) JOHN BRAMHALL MD <u>DELEGATE</u> | 1.00 | X | | | | | 0. | 0. | 0. |
| (10) LOREN MONSON MD <u>TREASURER</u> | 1.00 | X | X | | | | 0. | 0. | 0. |
| (11) ROBERT HSIUNG MD <u>EDUCATION CO-CHAIR</u> | 1.00 | X | | | | | 0. | 0. | 0. |
| (12) ARMAGAN DAGAL MD <u>EDUCATION CO-CHAIR</u> | 1.00 | X | | | | | 0. | 0. | 0. |
| (13) RYAN VEITH MD <u>DELEGATE</u> | 1.00 | X | | | | | 0. | 0. | 0. |
| (14) HUGH ALLEN MD <u>DELEGATE</u> | 1.00 | X | | | | | 0. | 0. | 0. |
| (15) KATIE PODOREAN MD <u>RESIDENT NON VOTING</u> | 1.00 | X | | | | | 0. | 0. | 0. |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

**WASHINGTON STATE SOCIETY OF
ANESTHESIOLOGISTS**

Form 990 (2012)

91-6050189 Page 9

Part VIII Statement of Revenue

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

| | | (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 | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | 227,532. | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 13,073. | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h Total. Add lines 1a-1f | | ► 240,605. | | | |
| Program Service Revenue | 2 a EXHIBITS | Business Code 999999 | 8,250. | 8,250. | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | ► 8,250. | | | |
| | 3 Investment income (including dividends, interest, and other similar amounts) | | ► 634. | 634. | | |
| 4 Income from investment of tax-exempt bond proceeds | | ► | | | | |
| 5 Royalties .. | | ► | | | | |
| 6 a Gross rents | (i) Real | (ii) Personal | | | | |
| b Less: rental expenses | | | | | | |
| c Rental income or (loss) | | | | | | |
| d Net rental income or (loss) | | | | | | |
| 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| b Less: cost or other basis and sales expenses | | | | | | |
| c Gain or (loss) | | | | | | |
| d Net gain or (loss) | | | | | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| b Less: direct expenses | b | | | | | |
| c Net income or (loss) from fundraising events | | ► | | | | |
| 9 a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b Less: direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities | | ► | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| b Less: cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | | ► | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11 a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | ► | | | | |
| 12 Total revenue See instructions. | | ► 249,489. | 8,884. | 0. | 0. | |

**WASHINGTON STATE SOCIETY OF
ANESTHESIOLOGISTS**

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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).

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (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 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 84,414. | 5,250. | 79,164. | |
| b Legal | 2,003. | | 2,003. | |
| c Accounting | | | | |
| d Lobbying | 10,000. | 10,000. | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 8,990. | 7,482. | 1,508. | |
| 14 Information technology | 3,989. | | 3,989. | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 63,943. | 56,889. | 7,054. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 31,502. | 31,167. | 335. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 1,965. | | 1,965. | |
| 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.) | | | | |
| a SPEAKER HONORARIUM/EXPE | 8,523. | 8,523. | | |
| b BANK SERVICE CHARGES | 4,912. | 544. | 4,368. | |
| c DONATIONS | 3,000. | | 3,000. | |
| d AUDIO VISUAL | 2,911. | 2,656. | 255. | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 226,152. | 122,511. | 103,641. | 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)

**WASHINGTON STATE SOCIETY OF
ANESTHESIOLOGISTS**

Form 990 (2012)

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Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----|--------------------|
| Assets | 1 Cash - non-interest-bearing | 88,757. | 1 | 512,000. |
| | 2 Savings and temporary cash investments | 399,900. | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other 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 organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D | 10a | | |
| | b Less accumulated depreciation | 10b | | 10c |
| | 11 Investments - publicly traded securities | 184,908. | 11 | 193,510. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| | 16 Total assets. Add lines 1 through 15 (must equal line 34) | 673,565. | 16 | 705,510. |
| Liabilities | 17 Accounts payable and accrued expenses | | 17 | |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 0. | 26 | 0. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 673,565. | 27 | 705,510. |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 673,565. | 33 | 705,510. |
| | 34 Total liabilities and net assets/fund balances | 673,565. | 34 | 705,510. |

Form 990 (2012)

232011
12-10-12

15011219 787519 90240

11
2012.03030 WASHINGTON STATE SOCIETY OF 90240_1

WASHINGTON STATE SOCIETY OF
ANESTHESIOLOGISTS

Form 990 (2012)

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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) | 1 | 249,489. |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 226,152. |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | 23,337. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 673,565. |
| 5 Net unrealized gains (losses) on investments | 5 | 8,608. |
| 6 Donated services and use of facilities | 6 | |
| 7 Investment expenses | 7 | |
| 8 Prior period adjustments | 8 | |
| 9 Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 705,510. |

Part XII Financial Statements and Reporting

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

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

Form 990 (2012)

WASHINGTON STATE SOCIETY OF

Schedule C (Form 990 or 990-EZ) 2012 ANESTHESIOLOGISTS

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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).B Check ► if the filing organization checked box A and "limited control" provisions apply.**Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|-------------------------------------------------|---------------------------------------------------|
| Not over \$500,000 | 20% of the amount on line 1e. |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. |
| Over \$17,000,000 | \$1,000,000 |

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0-

i Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No**4-Year Averaging Period Under Section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2012

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01-07-13

WASHINGTON STATE SOCIETY OF

Schedule C (Form 990 or 990-EZ) 2012 ANESTHESIOLOGISTS

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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)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (a) | (b) | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| 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? | | | |

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

- 1 Were substantially all (90% or more) dues received nondeductible by members?
- 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

| | Yes | No |
|---|-----|----|
| 1 | | X |
| 2 | | X |
| 3 | | X |

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

- 1 Dues, assessments and similar amounts from members
- 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
 - b Carryover from last year
 - c Total
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

| | |
|----|----------|
| 1 | 227,532. |
| 2a | |
| 2b | |
| 2c | |
| 3 | |
| 4 | |
| 5 | |

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 II-A (affiliated group list); Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

MEMBER OF ORGANIZATION WAS RUNNING FOR OFFICE IN THE STATE. THE
ORGANIZATION SENT SEVERAL BLAST EMAILS TO MEMBERS ENCOURAGING THEM TO
SUPPORT THIS CANDIDATE AND/OR DONATE TO THE ORGANIZATION'S POLITICAL
ACTION COMMITTEE.

WASHINGTON STATE SOCIETY OF

Schedule C (Form 990 or 990-EZ) 2012 ANESTHESIOLOGISTS

91-6050189 Page 4

Part IV Supplemental Information (continued)

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

PLS-WA PLLC

1800 COOPER PT RD SW BLDG 7 STE A OLYMPIA, WA 98502

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization

WASHINGTON STATE SOCIETY OF
ANESTHESIOLOGISTS

Employer identification number
91-6050189

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE SPECIALITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER CONTINUING EDUCATIONAL PROGRAMS.

EXPENSES \$ 82,998. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 3: SBI MANAGEMENT COMPANY OVERSEES THE
ACCOUNTING AND BUSINESS ADMINISTRATION OF THE ORGANIZATION

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ELECT THE GOVERNING
BODY.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PRESENTED TO THE
EXECUTIVE COMMITTEE IN DRAFT FORM. COMMITTEE MEMBERS ASK QUESTIONS AND
REVIEW THE DOCUMENT BEFORE PRESENTATION TO THE FULL BOARD. WHEN ALL
QUESTIONS HAVE BEEN ANSWERED TO THE SATISFACTION OF THE EXECUTIVE
COMMITTEE, THE TREASURER AND EXECUTIVE DIRECTOR DISTRIBUTE AND PRESENT THE
FORM 990 TO THE FULL BOARD AND ADDRESS ANY QUESTIONS THE BOARD MAY HAVE IN
REGARD TO THE DOCUMENT.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST

Related Organizations and Unrelated Partnerships

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

WASHINGTON STATE SOCIETY OF
ANESTHESIOLOGISTS

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

For Paperwork Reduction Act Notice, see the [Instructions for Form 990](#).

WASHINGTON STATE SOCIETY OF ANESTHESIOLOGISTS

Identification of B

Identification of Related Organizations Taxable as a Partnership

organizations treated as a partnership during the tax year.)

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses

- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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

| | (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-----------------------------------|-------------------------------|------------------------|----------------------------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

WASHINGTON STATE SOCIETY OF ANESTHESIOLOGISTS

Part VI: Unrelated Organizations Taxable as a Partnership

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

Part VII Supplemental Information

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