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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1061 AMERICAN LANE

City or town, state or province, country, and ZIP or foreign postal code
SCHAUMBURG, IL 601734973

D Employer identification number
36-2181944

E Telephone number
(847) 825-5586

G Gross receipts $ 57,808,447

F Name and address of principal officer
PAUL POMERANTZ
1061 AMERICAN LANE
SCHAUMBURG,IL 601734973

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW ASAHQ ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1936

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ADVANCING THE PRACTICE AND SECURING THE FUTURE OF ANESTHESIOLOGY (SEE SCHEDULE O CONTINUATION) THROUGH MEDICAL EDUCATION, CREATION AND DISSEMINATION OF NEW KNOWLEDGE, IMPROVEMENT OF PATIENT CARE, AND LEGISLATIVE AND REGULATORY ADVOCACY

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	65
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	62
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	164
6	Total number of volunteers (estimate if necessary)	**6**	1,122
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	784,113
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	40,620	52,057
9	Program service revenue (Part VIII, line 2g)	37,638,460	39,343,948
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,346,494	4,738,226
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,719,995	2,944,180
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,745,569	47,078,411
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,056,693	4,221,924
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)	14,529,839	18,136,361
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	21,276,393	21,744,545
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	40,862,925	44,102,830
19	Revenue less expenses Subtract line 18 from line 12	3,882,644	2,975,581

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	107,734,029	125,545,851
21	Total liabilities (Part X, line 26)	28,937,067	46,336,201
22	Net assets or fund balances Subtract line 21 from line 20	78,796,962	79,209,650

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

****** | 2015-10-29
Signature of officer | Date

PAUL POMERANTZ CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LU ANN TRAPP	LU ANN TRAPP	2015-10-29		P01506476

Firm's name ▶ PLANTE & MORAN PLLC | Firm's EIN ▶ 38-1357951
Firm's address ▶ 10 S RIVERSIDE PLAZA 9TH FLOOR, CHICAGO, IL 60606 | Phone no (312) 207-1040

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

ADVANCING THE PRACTICE AND SECURING THE FUTURE OF ANESTHESIOLOGY THROUGH MEDICAL EDUCATION, CREATION AND DISSEMINATION OF NEW KNOWLEDGE, IMPROVEMENT OF PATIENT CARE, AND LEGISLATIVE AND REGULATORY ADVOCACY

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ including grants of $) (Revenue $)

MEMBERSHIP - MEMBERS OF ASA INCLUDE MD/DOS WHO ARE LICENSED PHYSICIANS AND HAVE COMPLETED A TRAINING PROGRAM IN ANESTHESIOLOGY, AS WELL AS MEDICAL STUDENTS INTERESTED IN ANESTHESIOLOGY, RESIDENTS ENROLLED IN AN ANESTHESIOLOGY TRAINING PROGRAM ANESTHESIOLOGISTS PRACTICING OUTSIDE THE US AND SCIENTISTS INVOLVED IN ANESTHESIA RESEARCH MAY BECOME AFFILIATE MEMBERS EDUCATIONAL MEMBERS INCLUDE NURSE ANESTHETISTS AND ANESTHESIOLOGIST ASSISTANTS THE SOCIETY HAS 52,000 MEMBERS THE SOCIETY MANAGES INDIVIDUAL AND GROUP DUES INVOICING AND PROCESSING FOR ASA MEMBERS, AS WELL AS FOR 9 COMPONENT SOCIETIES THE SOCIETY MAINTAINS A COMPREHENSIVE MEMBER AND CUSTOMER DATABASE TRACKING ALL SALES AND TRANSACTIONS WITH THE SOCIETY

4b (Code) (Expenses $ including grants of $) (Revenue $)

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

4c (Code) (Expenses $ including grants of $) (Revenue $)

CONTINUING EDUCATION - ASA SPONSORS CONTINUING MEDICAL EDUCATION VIA ONLINE COURSES, TANGIBLE PRODUCTS, AND LIVE MEETINGS THAT ARE DESIGNED TO ADVANCE PHYSICIAN ANESTHESIOLOGISTS' CURRENT KNOWLEDGE AND BUILD SKILLS ON NEWEST CLINICAL DEVELOPMENTS, TECHNOLOGY ADVANCEMENTS, AND RESEARCH SELF STUDY COURSES INCLUDE TWO BASED ON A QUESTION AND ANSWER FORMAT ANESTHESIOLOGY CONTINUING EDUCATION (ACE),AND THE SELF-EDUCATION AND EVALUATION (SEE), THAT ARE USED TO ASSESS PROFESSIONAL KNOWLEDGE AND PREPARE FOR MAINTENANCE OF CERTIFICATION AND LICENSURE OTHER SELF-STUDY COURSES INCLUDE A JOURNAL CME PROGRAM USING ARTICLES FROM "ANESTHESIOLOGY, REFRESHER COURSES IN ANESTHESIOLOGY" AN EXPANSION OF ANNUAL MEETING COURSES, PATIENT SAFETY, ETHICS, AND A VARIETY OF E-LEARNING PROGRAMS ON CLINICAL TOPICS ASA IN-PERSON EDUCATION PROGRAMS INCLUDE AN ANNUAL MEETING, THE WORLD'S LARGEST EDUCATION PROGRAM FOR PHYSICIAN ANESTHESIOLOGISTS, OFFERING A VARIETY OF SESSIONS AND WORKSHOPS THAT COVER THE CURRENT TOPICS AND EMERGING SCIENCE THE 2014 ANNUAL MEETING NUMBER OF ATTENDEES WAS THE FOLLOWING MEMBERS 6,884NON-MEMBERS 1,424EXHIBITORS 2,408GUEST/SPOUSE 1,591FOR A TOTAL OF 12,307 ATTENDEES OTHER ANNUAL PROGRAMS INCLUDE CONFERENCE ON PRACTICE MANAGEMENT, ANESTHESIA QUALITY MEETING, LEGISLATIVE CONFERENCE AND THE CERTIFICATE IN BUSINESS ADMINISTRATION

See Additional Data

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	440		
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		Yes	
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	164		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a		Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records ▶STEVE LOTHARY

1061 AMERICAN LANE
SCHAUMBURG,IL 601734973 (847) 268-9150

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

Check if Schedule O contains a response or note to any line 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								4,378,095	1,000	596,286

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 30

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AWARE WEB SOLUTIONS NW 6431 PO BOX 1450 MINNEAPOLIS, MN 55485	WEBSITE MAINTENANCE	678,957
CDW DIRECT LLC PO BOX 75723 CHICAGO, IL 60675	COMPUTER SERVICES	621,522
PERSONIFY 1919 GALLOWS RD SUITE 400 VIENNA, VA 22182	IT CONSULTING	620,654
LAKE COUNTY PRESS PO BOX 9209 WAUKEGAN, IL 60079	PRINTING SERVICES	609,951
FREEMAN PO BOX 650036 DALLAS, TX 75265	AUDIO SERVICES	458,782

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 22

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	52,057			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		52,057			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	541900	21,012,658	21,012,658		
	b	ANNUAL MEETING	541900	8,094,328	7,803,228	291,100	
	c	OTHER PROGRAM INCOME	541900	4,038,814	3,545,801	493,013	
	d	ANESTHESIA CONTINUING EDUCATION	541900	3,021,566	3,021,566		
	e	OTHER MEETINGS	900099	1,644,181	1,644,181		
	f	All other program service revenue		1,532,401	1,532,401		
	g	**Total.** Add lines 2a–2f . . . . . ▶		39,343,948			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,287,616			2,287,616
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶		2,817,389			2,817,389
		(i) Real / (ii) Personal					
	6a	Gross rents: 126,791					
	b	Less rental expenses: 0					
	c	Rental income or (loss): 126,791					
	d	Net rental income or (loss) . . . . . ▶		126,791			126,791
		(i) Securities / (ii) Other					
	7a	Gross amount from sales of assets other than inventory: 10,036,807 / 3,143,839					
	b	Less cost or other basis and sales expenses: 7,919,613 / 2,810,423					
	c	Gain or (loss): 2,117,194 / 333,416					
	d	Net gain or (loss) . . . . . ▶		2,450,610			2,450,610
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		47,078,411	38,559,835	784,113	7,682,406

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 or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,199,824			
2 Grants and other assistance to domestic individuals See Part IV, line 22	22,100			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,112,726			
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	10,710,284			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	923,448			
9 Other employee benefits	2,459,949			
10 Payroll taxes	929,954			
11 Fees for services (non-employees)				
a Management				
b Legal	161,554			
c Accounting	31,900			
d Lobbying	370,000			
e Professional fundraising services See Part IV, line 17				
f Investment management fees	145,177			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,202,704			
12 Advertising and promotion	268,192			
13 Office expenses	1,416,110			
14 Information technology	484,715			
15 Royalties				
16 Occupancy	1,149,275			
17 Travel	716,166			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,400,809			
20 Interest	246,047			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,696,106			
23 Insurance	106,688			
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 OTHER OUTSIDE SERVICES	2,628,962			
b SUBSCRIPTIONS	1,021,200			
c CREDIT CARD FEES	605,317			
d RESEARCH SERVICE PAYMEN	488,724			
e All other expenses	2,604,899			
25 **Total functional expenses.** Add lines 1 through 24e	44,102,830			
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		3,409,785	1	3,073,192
	2	Savings and temporary cash investments		848,138	2	172,520
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,586,121	4	1,430,325
	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 instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		823,386	9	1,081,016
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 40,107,666			
	b	Less accumulated depreciation	10b 3,934,400	25,602,533	10c	36,173,266
	11	Investments—publicly traded securities		75,335,211	11	83,329,012
	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		128,855	15	286,520
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		107,734,029	16	125,545,851
Liabilities	17	Accounts payable and accrued expenses		8,445,193	17	6,066,090
	18	Grants payable			18	
	19	Deferred revenue		5,940,513	19	8,544,218
	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		14,350,000	23	29,565,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		201,361	25	2,160,893
	26	**Total liabilities.** Add lines 17 through 25		28,937,067	26	46,336,201
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		78,796,962	27	79,209,650
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		78,796,962	33	79,209,650
	34	Total liabilities and net assets/fund balances		107,734,029	34	125,545,851

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	47,078,411
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,102,830
3	Revenue less expenses Subtract line 2 from line 1	3	2,975,581
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,796,962
5	Net unrealized gains (losses) on investments	5	-2,473,092
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	-89,801
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	79,209,650

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

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

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

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

OFFICE OF GOVERNMENTAL AFFAIRS - ASA'S OFFICE OF GOVERNMENTAL AFFAIRS (OGA), LOCATED IN WASHINGTON, D C , MONITORS LEGISLATIVE AND REGULATORY ACTIVITIES AT THE STATE AND FEDERAL LEVEL, PARTICULARLY THOSE ISSUES THAT AFFECT THE PRACTICE OF ANESTHESIOLOGY AND THE DELIVERY OF QUALITY MEDICAL CARE IN THE UNITED STATES

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	Former			
(1) JOHN P ABENSTEIN MSEE MD PRESIDENT OF BOARD	50 00 0 00	X		X				156,250	0	0
(1) JANE CK FITCH MD IMMEDIATE PAST PRESIDENT OF BOARD	50 00 0 00	X		X				187,500	0	0
(2) JOHN M ZERWAS MD IMMEDIATE PAST PRESIDENT OF BOARD	6 00 0 00	X		X				7,400	0	0
(3) DANIEL J COLE MD PRESIDENT ELECT OF BOARD	50 00 0 00	X		X				70,833	0	0
(4) JEFFREY PLAGENHOEF MD FIRST VICE PRESIDENT OF BOARD	14 00 0 00	X		X				18,750	0	0
(5) BEVERLY K PHILIP MD BOARD VP - SCIENTIFIC AFFAIRS	12 00 0 00	X		X				15,100	250	0
(6) STANLEY W STEAD MD BOARD VP - PROFESSIONAL AFFAIRS	28 00 0 00	X		X				36,750	0	0
(7) LINDA J MASON MD SECRETARY OF BOARD	4 00 0 00	X		X				5,750	0	0
(8) JAMES D GRANT MD TREASURER OF BOARD	4 00 0 00	X		X				5,500	0	0
(9) JOHN F DOMBROWSKI MD ASST SECRETARY OF BOARD	2 00 0 00	X		X				3,000	0	0
(10) MARY DALE PETERSON MD ASST TREASURER OF BOARD	5 00 0 00	X		X				6,250	0	0
(11) STEVEN L SWEEN MD SPEAKER, HOUSE OF DELEGATES	2 00 0 00	X		X				3,000	0	0
(12) RONALD L HARTER MD VICE SPEAKER, HOUSE OF DELEGATES	4 00 0 00	X		X				4,750	250	0
(13) CHARLES K ANDERSON MD DIRECTOR	11 00 0 00	X						14,000	0	0
(14) DONALD ARNOLD MD DIRECTOR	4 00 0 00	X						5,000	0	0
(15) DAVID BROUSSARD MD DIRECTOR	2 00 0 00	X						2,000	0	0
(16) PATRICIA M BROWNE MD DIRECTOR	1 00 0 00	X						1,500	0	0
(17) CLAUDE BRUNSON MD DIRECTOR	1 00 0 00	X						750	0	0
(18) FREDERICK W BURGESS MD DIRECTOR	1 00 0 00	X						750	0	0
(19) ANJUM BUX MD DIRECTOR	2 00 0 00	X						2,000	0	0
(20) MICHAEL K CAHALAN MD DIRECTOR	1 00 0 00	X						750	0	0
(21) JOSEPH F CASSADY JR MD DIRECTOR	3 00 0 00	X						3,250	0	0
(22) MICHAEL CHAMPEAU MD DIRECTOR	2 00 0 00	X						2,500	0	0
(23) RANDALL M CLARK MD DIRECTOR	5 00 0 00	X						6,150	0	0
(24) GERARD T COSTELLO MD DIRECTOR	2 00 0 00	X						2,000	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	Former			
(26) JAY D CUNNINGHAM DO DIRECTOR	2 00 0 00	X						2,000	0	0
(1) PETER DUNBAR MB DIRECTOR	5 00 0 00	X						6,750	0	0
(2) SHEILA J ELLIS MD DIRECTOR	1 00 0 00	X						1,500	0	0
(3) KENNETH ELMASSIAN DO DIRECTOR	2 00 0 00	X						2,500	0	0
(4) VIJAY K GABA MD DIRECTOR	1 00 0 00	X						1,500	0	0
(5) MATTHEW C GERTSCH MD DIRECTOR	2 00 0 00	X						2,750	0	0
(6) MICHAEL C GOSNEY MD DIRECTOR	1 00 0 00	X						1,250	0	0
(7) JEFFREY B GROSS MD DIRECTOR	1 00 0 00	X						1,500	0	0
(8) SCOTT B GROUDINE MD DIRECTOR	2 00 0 00	X						2,750	0	0
(9) BRIAN E HARRINGTON MD DIRECTOR	2 00 0 00	X						2,400	0	0
(10) STEVEN HATTAMER MD DIRECTOR	14 00 0 00	X						18,000	0	0
(11) DAVID L HEPNER MD DIRECTOR	1 00 0 00	X						1,500	0	0
(12) ROBERT E JOHNSTONE MD DIRECTOR	1 00 0 00	X						750	500	0
(13) ZEEV N KAIN MD DIRECTOR	3 00 0 00	X						3,500	0	0
(14) MURRAY A KALISH MD DIRECTOR	3 00 0 00	X						3,500	0	0
(15) SCOTT KERCHEVILLE MD DIRECTOR	9 00 0 00	X						11,600	0	0
(16) JAMES D KINDSCHER MD DIRECTOR	2 00 0 00	X						2,000	0	0
(17) CHRIS A KITTLE MD DIRECTOR	1 00 0 00	X						1,500	0	0
(18) GERALD A MACCIOLI MD DIRECTOR	1 00 0 00	X						1,250	0	0
(19) ALAN P MARCO MD DIRECTOR	2 00 0 00	X						2,250	0	0
(20) JAMES R MESROBIAN MD DIRECTOR	5 00 0 00	X						6,000	0	0
(21) WILLIAM MONTGOMERY MD DIRECTOR	10 00 0 00	X						13,350	0	0
(22) JEFF MUELLER MD DIRECTOR	3 00 0 00	X						3,250	0	0
(23) HOWARD ODOM MD DIRECTOR	1 00 0 00	X						750	0	0
(24) STEPHEN D SHUMPERT DIRECTOR	3 00 0 00	X						3,500	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	Former			
(51) ERIN A SULLIVAN MD DIRECTOR	3 00 0 00	X						3,500	0	0
(1) JOSEPH W SZOKOL MD DIRECTOR	2 00 0 00	X						2,050	0	0
(2) DAVID VARLOTTA DO DIRECTOR	1 00 0 00	X						1,500	0	0
(3) JAMES M WEST MD DIRECTOR	2 00 0 00	X						2,250	0	0
(4) JOHN WILLS MD DIRECTOR	1 00 0 00	X						1,500	0	0
(5) BRETT E WINTHROP MD DIRECTOR	1 00 0 00	X						750	0	0
(6) BYRON WORK MD DIRECTOR	1 00 0 00	X						750	0	0
(7) CHRISTOPHER A YEAKEL MD DIRECTOR	1 00 0 00	X						1,500	0	0
(8) DANIEL CAMPOS III MD DIRECTOR	1 00 0 00	X						0	0	0
(9) FRANCISCO GRINBERG MD DIRECTOR	1 00 0 00	X						0	0	0
(10) RAAFAT S HANNALLAH MD DIRECTOR	1 00 0 00	X						0	0	0
(11) JAMES R HEBL R MD DIRECTOR	1 00 0 00	X						0	0	0
(12) VERNON C HILL MD DIRECTOR	1 00 0 00	X						0	0	0
(13) CORRY J KUCIK MD DIRECTOR	1 00 0 00	X						0	0	0
(14) STEPHEN B PACKER MD DIRECTOR	1 00 0 00	X						0	0	0
(15) CATHERINE C SCHMIDT MD DIRECTOR	1 00 0 00	X						0	0	0
(16) DAVID W SIEGEL MD DIRECTOR	1 00 0 00	X						0	0	0
(17) MICHAEL J VOLLERS MD DIRECTOR	1 00 0 00	X						0	0	0
(18) PAUL POMERANTZ CEO	70 00 0 00			X				610,716	0	45,526
(19) THOMAS CONWAY COO	50 00 0 00			X				325,142	0	61,048
(20) MANUAL BONILLA CHIEF ADVOCACY OFFICER	55 00 0 00				X			277,996	0	60,459
(21) CHRISTOPHER WEHKING CHIEF PROGRAM OFFICER	50 00 0 00				X			240,892	0	52,758
(22) DANIEL BARRON INFORMATION TECHNOLOGY DIRECTOR	45 00 0 00				X			194,666	0	43,273
(23) EDWIN DELLERT CHIEF LEARNING OFFICER	45 00 0 00				X			160,492	0	19,973
(24) KAREN BUEHRING CHIEF HUMAN RESOURCES OFFICER	40 00 0 00				X			294,144	0	52,758

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	Former			
(76) THOMAS MILLER HEALTH POLICY RESEARCH DIRECTOR	55 00 0 00					X		269,095	0	52,498
(1) RICHARD DUTTON CHIEF QUALITY OFFICER	60 00 0 00					X		350,804	0	61,741
(2) JEREMY LEWIN GENERAL COUNSEL	50 00 0 00					X		354,292	0	43,402
(3) CELESTE KIRSCHNER PERIOPERATIVE SURGICAL HOME EXECUTIVE	42 00 0 00					X		197,643	0	50,986
(4) SARA MOSER CORPORATE DEVELOPMENT DIRECTOR	45 00 0 00					X		208,371	0	43,235
(5) BARBARA DIANE GAMBILL FORMER CHIEF LEARNING OFFICER	0 00 0 00						X	220,959	0	8,629

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955 ▶	$ 0
2	Enter the amount of any excise tax incurred by organization managers under section 4955 ▶	$ 0
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶	$ 0
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶	$ 0
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE	1501 M STREET NW SUITE 300 WASHINGTON, DC 20005	36-3887214		22,203

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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					

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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	1	21,012,658
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	2a	885,513
b	Carryover from last year	2b	-1,395,523
c	Total	2c	-510,010
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	629,483
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-1,139,493

Part IV Supplemental Information

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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART I-A, LINE 1	THE ORGANIZATION COLLECTS CONTRIBUTIONS ON BEHALF OF A RELATED POLITICAL ACTION COMMITTEE AND PROMPTLY AND DIRECTLY DELIVERS THE CONTRIBUTIONS TO THE POLITICAL ACTION COMMITTEE

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Employer identification number
36-2181944

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☑ Yes ☐ No

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

		Amount
c Beginning balance	1c	1,252,456
d Additions during the year	1d	1,462,808
e Distributions during the year	1e	2,250,000
f Ending balance	1f	465,264

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,405,806		6,405,806
b Buildings		24,316,730	351,305	23,965,425
c Leasehold improvements		154,240	107,483	46,757
d Equipment		9,191,700	3,474,414	5,717,286
e Other		39,190	1,198	37,992
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				36,173,266

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED RENT	2,159,993
DUE TO RELATED PARTY	900
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,160,893

2. Liability for uncertain tax positions In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	44,214,095
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-2,473,092		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-2,473,092
3	Subtract line **2e** from line **1**			3	46,687,187
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	145,177		
b	Other (Describe in Part XIII)	4b	246,047		
c	Add lines **4a** and **4b**			4c	391,224
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	47,078,411

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	43,711,606
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	43,711,606
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	145,177		
b	Other (Describe in Part XIII)	4b	246,047		
c	Add lines **4a** and **4b**			4c	391,224
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	44,102,830

Part XIII Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 1B	ASA AND ANESTHESIA QUALITY INSTITUTE (AQI), A RELATED ORGANIZATION HAVE NEGOTIATED AN ARRANGEMENT UNDER WHICH THE FUNDS OF AQI WILL BE INVESTED WITH THE FUNDS OF ASA AND UNDER WHICH ASA MAY PROVIDE ASSISTANCE TO AQI UPON REQUEST ASA AND AQI AGREE TO HAVE FUNDS FROM THEIR RESPECTIVE FUNDS INVESTED BY, AND TO CONFER INVESTMENT RESPONSIBILITY FOR THEIR FUNDS ON, THE INVESTMENT MANAGER(S) SELECTED BY ASA WITH ASA AS AGENT FOR THE INVESTMENT MANAGER ASA AND AQI AGREE THAT THE INVESTMENT MANAGER(S) SHALL ASSUME THE MANAGEMENT OF, AND INVESTMENT RESPONSIBILITY FOR, THE FUNDS OF ASA AND AQI THAT ARE HELD AND INVESTED, AND PROVIDING THE INFORMATION THAT WILL BE THE BASIS FOR DISCLOSURE MATERIALS THE INVESTMENT MANAGER'S PERFORMANCE SHALL BE OVERSEEN BY ASA, WHICH SHALL FROM TIME TO TIME DESIGNATE, AND MAY AT ANY TIME TERMINATE THE DESIGNATION OF, INVESTMENT MANAGERS OF THE COMMONLY INVESTED FUNDS FROM TIME TO TIME, ASA SHALL REVIEW INVESTMENT PERFORMANCE, OBJECTIVES, GOALS AND FUND MANAGEMENT
PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE SOCIETY AND RECOGNIZE A TAX LIABILITY IF THE SOCIETY HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE SOCIETY AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2014 AND 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS THE SOCIETY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, THE IRS IS IN THE PROCESS OF AUDITING ASA 2011 FORMS 990 AND 990-T AND, AS OF THE REPORT DATE, IT HAS NOT CONCLUDED ITS AUDIT MANAGEMENT DOES NOT EXPECT TO MAKE ANY ADJUSTMENTS IN ADDITION, MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2011
PART XI, LINE 4B - OTHER ADJUSTMENTS	INTEREST EXPENSE NETTED AGAINST REVENUE 246,047
PART XII, LINE 4B - OTHER ADJUSTMENTS	INTEREST EXPENSE NETTED AGAINST REVENUE 246,047

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Employer identification number
36-2181944

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Additional Data

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

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PUBLICATION SALES	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
MIDDLE EAST AND NORTH AFRICA	0	0	PUBLICATION SALES	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
SOUTH AMERICA	0	0	PUBLICATION SALES	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PUBLICATION SALES	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
NORTH AMERICA	0	0	PUBLICATION SALES	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
SOUTH ASIA	0	0	PUBLICATION SALES	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PUBLICATION SALES	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
RUSSIA AND NEIGHBORING STATES	0	0	PUBLICATION SALES	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
CENTRAL AMERICA AND THE CARIBBEAN	0	0	REGISTRATION INCOME	ANNUAL MEETING	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	REGISTRATION INCOME	ANNUAL MEETING	
EAST ASIA AND THE PACIFIC	0	0	REGISTRATION INCOME	ANNUAL MEETING	
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	REGISTRATION INCOME	ANNUAL MEETING	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	REGISTRATION INCOME	ANNUAL MEETING	
SOUTH ASIA	0	0	REGISTRATION INCOME	ANNUAL MEETING	
NORTH AMERICA	0	0	REGISTRATION INCOME	ANNUAL MEETING	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	REGISTRATION INCOME	ANNUAL MEETING	
RUSSIA AND NEIGHBORING STATES	0	0	REGISTRATION INCOME	ANNUAL MEETING	
NORTH AMERICA	0	0	REGISTRATION INCOME	CONFERENCE ON PRACTICE MANAGEMENT	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	REGISTRATION INCOME	CERTIFICATE IN BUSINESS ADMINISTRATION	
NORTH AMERICA	0	0	REGISTRATION INCOME	QUALITY IMPROVEMENT MEETING	
EAST ASIA AND THE PACIFIC	0	0	REGISTRATION INCOME	QUALITY IMPROVEMENT MEETING	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	REGISTRATION INCOME	QUALITY IMPROVEMENT MEETING	
CENTRAL AMERICA AND THE CARIBBEAN	0	0	DUES REVENUE	MEMBERSHIP DUES	
SOUTH AMERICA	0	0	DUES REVENUE	MEMBERSHIP DUES	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	DUES REVENUE	MEMBERSHIP DUES	
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	DUES REVENUE	MEMBERSHIP DUES	
MIDDLE EAST AND NORTH AFRICA	0	0	DUES REVENUE	MEMBERSHIP DUES	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	DUES REVENUE	MEMBERSHIP DUES	
NORTH AMERICA	0	0	DUES REVENUE	MEMBERSHIP DUES	
SUB-SAHARAN AFRICA	0	0	DUES REVENUE	MEMBERSHIP DUES	

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Employer identification number
36-2181944

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 8

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EDUCATIONAL GRANTS - POLICY RESEARCH ROTATION IN POLITICAL AFFAIRS PROGRAM	5	22,100			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOUNDATION FOR ANESTHESIA EDUCATION & RESEARCH1061 AMERICAN LANE SCHAUMBURG,IL 60193	52-1494164	501(C)(3)	1,720,492				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANESTHESIA QUALITY INSTITUTE1061 AMERICAN LANE SCHAUMBURG,IL 60193	26-3848288	501(C)(3)	1,462,808				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANESTHESIA PATIENT SAFETY FOUNDATION1061 AMERICAN LANE SCHAUMBURG,IL 60193	51-0287258	501(C)(3)	317,349				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOOD LIBRARY MUSEUM 1061 AMERICAN LANE SCHAUMBURG,IL 60193	36-3573324	501(C)(3)	400,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEDICAL COLLEGE OF WISCONSIN3729 N 101ST STREET WAUWATOSA,WI 53222	39-0806261	501(C)(3)	5,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MALIGNANT HYPERTHERMIA ASSOCIATION11 E STATE STREET SHERBURNE,NY 13460	06-1076301	501(C)(3)	20,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MINNESOTA SOCIETY OF ANESTHESIOLOGISTS1821 UNIVERSITY AVE W S256 SAINT PAUL,MN 55104	41-0884371	501(C)(3)	20,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PENNSYLVANIA SOCIETY OF ANESTHESIOLOGISTS 777 E PARK STREET HARRISBURGH,PA 17111	25-6168908	501(C)(6)	6,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MICHIGAN SOCIETY OF ANESTHESIOLOGISTS120 N WASHINGTON SQUARE 110A LANSING,MI 48933	38-6077098	501(C)(6)	31,125				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MASSACHUSETTS SOCIETY OF ANESTHESIOLOGISTS 318 BEAR HILL ROAD 4A WALTHAM,MA 02451	04-6180165	501(C)(6)	30,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WISCONSIN SOCIETY OF ANESTHESIOLOGISTS6737 W WASHINGTON STREET 1300 MILWAUKEE,WI 53214	39-1087656	501(C)(6)	6,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEXAS SOCIETY OF ANESTHESIOLOGISTS401 W 15TH STREET 990 AUSTIN,TX 78701	74-1445957	501(C)(6)	7,500				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW YORK STATE SOCIETY OF ANESTHESIOLOGISTS 110 E 40TH STREET 300 NEW YORK, NY 10016	13-1938679	501(C)(6)	6,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEVADA STATE SOCIETY OF ANESTHESIOLOGISTS 3825 BOULDER PATCH RENO,NV 85911	88-0335875	501(C)(6)	7,500				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IOWA SOCIETY OF ANESTHESIOLOGISTS1215 PLEASANT ST 400 DES MOINES,IA 50309	42-6066162	501(C)(6)	14,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW MEXICO SOCIETY OF ANESTHESIOLOGISTS316 OSUNA RD NE SUITE 501 ALBUQUERQUE,NM 87107	85-0352129	501(C)(6)	35,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOPE FOR THE WARRIORS 1335 WESTERN BLVD SUITE E JACKSONVILLE,NC 28546	20-5182295	501(C)(3)	20,000				OPERATING SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Employer identification number
36-2181944

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	THE ASA ADMINISTRATIVE PROCEDURES ALLOW DOMESTIC FIRST-CLASS AIRFARE FOR PRESIDENT, PRESIDENT-ELECT, FIRST VP, ROVENSTINE LECTURER, RECIPIENT OF THE DISTINGUISHED SERVICE AWARD, RECIPIENT OF THE EXCELLENCE IN RESEARCH AWARD, LEGISLATIVE CONFERENCE KEYNOTE SPEAKER, AND THE NICHOLAS M GREENE, MD OUTSTANDING HUMANITARIAN CONTRIBUTION AWARD, ALONG WITH THE SPOUSES OF EACH ASA ALLOWS DOMESTIC FIRST-CLASS TRAVEL FOR THE SPEAKER AT THE JOHN W SEVERINGHAUS LECTURE ON TRANSLATIONAL SCIENCE IN 2014 ASA PAID FOR AN APARTMENT FOR ASA CEO PAUL POMERANTZ IN WASHINGTON DC IN LIEU OF HOTEL REIMBURSEMENTS FOR MR POMERANTZ'S FREQUENT BUSINESS TRIPS TO WASHINGTON DC THE AMOUNT WAS REPORTED AS COMPENSATION ON MR POMERANTZ'S 2014 W-2
PART I, LINE 4A	BARBARA DIANE GAMBILL, FORMER CHIEF LEARNING OFFICER, RECEIVED $220,959 IN SEVERANCE COMPENSATION IN 2014 KAREN BUEHRING, PRIOR CHIEF HUMAN RESOURCES OFFICER, RECEIVED $47,183 IN SEVERANCE COMPENSATION IN 2014

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 JOHN P ABENSTEIN MSEE MD, PRESIDENT OF BOARD	(i)	156,250	0	0	0	0	156,250	0
	(ii)	0	0	0	0	0	0	0
1 JANE CK FITCH MD, IMMEDIATE PAST PRESIDENT OF BOARD	(i)	187,500	0	0	0	0	187,500	0
	(ii)	0	0	0	0	0	0	0
2 PAUL POMERANTZ, CEO	(i)	511,356	99,360	0	33,800	11,726	656,242	0
	(ii)	0	0	0	0	0	0	0
3 THOMAS CONWAY, COO	(i)	290,256	34,886	0	33,800	27,248	386,190	0
	(ii)	0	0	0	0	0	0	0
4 MANUAL BONILLA, CHIEF ADVOCACY OFFICER	(i)	246,874	31,122	0	32,982	27,477	338,455	0
	(ii)	0	0	0	0	0	0	0
5 CHRISTOPHER WEHKING, CHIEF PROGRAM OFFICER	(i)	215,809	25,083	0	25,658	27,100	293,650	0
	(ii)	0	0	0	0	0	0	0
6 DANIEL BARRON, INFORMATION TECHNOLOGY DIRECTOR	(i)	171,881	22,785	0	23,330	19,943	237,939	0
	(ii)	0	0	0	0	0	0	0
7 EDWIN DELLERT, CHIEF LEARNING OFFICER	(i)	160,492	0	0	2,500	17,473	180,465	0
	(ii)	0	0	0	0	0	0	0
8 KAREN BUEHRING, CHIEF HUMAN RESOURCES OFFICER	(i)	225,728	21,233	47,183	25,658	27,100	346,902	0
	(ii)	0	0	0	0	0	0	0
9 THOMAS MILLER, HEALTH POLICY RESEARCH DIRECTOR	(i)	242,527	26,568	0	33,022	19,476	321,593	0
	(ii)	0	0	0	0	0	0	0
10 RICHARD DUTTON, CHIEF QUALITY OFFICER	(i)	350,804	0	0	33,800	27,941	412,545	0
	(ii)	0	0	0	0	0	0	0
11 JEREMY LEWIN, GENERAL COUNSEL	(i)	324,292	30,000	0	25,051	18,351	397,694	0
	(ii)	0	0	0	0	0	0	0
12 CELESTE KIRSCHNER, PERIOPERATIVE SURGICAL HOME EXECUTIV	(i)	175,267	22,376	0	24,316	26,670	248,629	0
	(ii)	0	0	0	0	0	0	0
13 SARA MOSER, CORPORATE DEVELOPMENT DIRECTOR	(i)	184,825	23,546	0	25,418	17,817	251,606	0
	(ii)	0	0	0	0	0	0	0
14 BARBARA DIANE GAMBILL, FORMER CHIEF LEARNING OFFICER	(i)	0	0	220,959	8,629	0	229,588	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION HAS MADE THE FOLLOWING CHANGES TO ITS BY-LAWS 1 THE COMMITTEE ON BLOOD MANAGEMENT AS STATED IN 6 5 2 1 WAS AMENDED TO READ "COMMITTEE ON PATIENT BLOOD MANAGEMENT" 2 BY-LAW 6 2 2 2 WHICH OUTLINED THE COMMITTEE ON OUTREACH EDUCATION WAS DELETED AS THIS COMMITTEE NO LONGER EXISTS 3 THE ASA PAST PRESIDENTS ARE IDENTIFIED AS BEING NON-VOTING INASMUCH AS SECTION 1 2 8 1 STATES THAT "EACH DELEGATE, DIRECTOR, OFFICER AND RESIDENT DELEGATE SHALL HAVE ONE VOTE."IN ORDER TO MAKE SECTION 1 2 1 ON THE COMPOSITION OF THE HOUSE OF DELEGATES MORE UNIFORM, BY-LAW 1 2 1 6 WAS AMENDED TO READ "PAST PRESIDENTS (NON-VOTING)" 4 SECTION 1 3 1 LISTS THE COMPOSITION OF THE BOARD OF DIRECTORS IN IT, THE MEDICAL STUDENT COMPONENT IS GRANTED ONE REPRESENTATIVE WITHOUT A VOTE HOWEVER, THE RESIDENT COMPONENT IS NOT MENTIONED TRADITION HAS GIVEN THE RESIDENT COMPONENT A DIRECTOR AND AN ALTERNATE DIRECTOR (WITH VOTE) THEREFORE, TO MAKE ASA'S BY-LAWS CONGRUENT WITH ACTUAL PRACTICE, BY-LAW SECTION 1 3 1 WAS AMENDED TO ADD A NEW SUBSECTION GRANTING THE RESIDENT COMPONENT A DIRECTOR AND AN ALTERNATE DIRECTOR TO THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE HOUSE OF DELEGATES MEETS ON AN ANNUAL BASIS TO AFFIRM THE MANAGEMENT OF THE ORGANIZATION BY THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS EXERCISES FINAL AUTHORITY OVER AND MANAGES THE BUSINESS AND FINANCIAL AFFAIRS OF THE SOCIETY, INCLUDING, BUT NOT LIMITED TO, THE ACQUISITION, MANAGEMENT, CONTROL AND DISPOSITION OF ITS PROPERTY AND THE AUTHORIZATION OF ALL CONTRACTS ON ITS BEHALF, THE BOARD OF DIRECTORS MAY DELEGATE PORTIONS OF SUCH AUTHORITY TO THE OFFICERS, COUNCILS, SECTIONS OR COMMITTEES AND PERFORM SUCH OTHER DUTIES AS ARE PROVIDED FOR IN THE BYLAWS CERTAIN MEMBERS OF THE HOUSE OF DELEGATES ARE MEMBERS OF THE BOARD OF DIRECTORS UNDER THE ORGANIZATION'S BYLAWS OFFICERS ARE ELECTED BY THE HOUSE OF DELEGATES AT THE ANNUAL MEETING

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE SECTION ON FISCAL AFFAIRS, WHICH IS A SUB-COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE FORM 990 WITH THE INDEPENDENT CPA FIRM THAT PREPARED THE RETURN A REPORT OF THIS REVIEW AND A FULL COPY WILL BE POSTED TO THE "MEMBERS ONLY" PORTION OF THE WEBSITE, WWW ASAHQ ORG, AS SOON AS POSSIBLE FOLLOWING THE MEETING WITH THE CPA FIRM

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, ASA BOARD MEMBERS AND OFFICERS ARE REQUIRED TO DISCLOSE WHETHER OR NOT THEY HAVE ANY POTENTIAL CONFLICTS OF INTEREST, AND IF SO, ARE REQUIRED TO DISCLOSE THEM THE GOVERNANCE UNIT SHALL MONITOR COMPLIANCE WITH THE POLICY THE ASA OFFICE OF GENERAL COUNSEL, IN CONSULTATION WITH THE ADMINISTRATIVE COUNCIL, SHALL HAVE PRIMARY RESPONSIBILITY TO MONITOR AND ENFORCE THE CONFLICT OF INTEREST POLICY AS IT PERTAINS TO THE ADMINISTRATIVE COUNCIL ON OR BEFORE COMMENCEMENT OF A NEW TERM OF OFFICE OR SERVICE, THE INCOMING COMMITTEE CHAIRS, ADMINISTRATIVE COUNCIL, AND THE OFFICE OF GENERAL COUNSEL SHALL INITIATE REVIEW OF THE POTENTIAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS AND COMPLETE INITIAL REVIEW OF SUCH STATEMENTS WITHIN 30 DAYS OF THE COMMENCEMENT OF THE TERM THE SECRETARY SHALL BE NOTIFIED IN THE EVENT OF AN ALLEGED FAILURE TO CONFORM TO THE STANDARDS THE SECRETARY SHALL REFER THE EXCEPTION OR FAILURE TO THE ADMINISTRATIVE COUNCIL THE ADMINISTRATIVE COUNCIL MAY DETERMINE THAT A CONFLICT DOES NOT EXIST, DETERMINE THAT A CONFLICT DOES EXIST BUT GRANT A WAIVER, DETERMINE THAT THE MATTER SHOULD BE HEARD BY THE JUDICIAL COUNCIL, OR IN THE CASE OF ALLEGED CONFLICT BY A DIRECTOR OR ALTERNATE DIRECTOR, REFER THE MATTER TO THE COMPONENT SOCIETY NOMINATING THE DIRECTOR OR ALTERNATE DIRECTOR FOR APPROPRIATE ACTION THESE REQUIREMENTS SHALL APPLY EQUALLY TO THE MEMBERS OF THE ASA EXECUTIVE STAFF IN THE CASE OF SUCH INDIVIDUALS, THE EXECUTIVE COMMITTEE OF THE ADMINISTRATIVE COUNCIL SHALL BE RESPONSIBLE FOR MONITORING AND ENFORCING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AS IT PERTAINS TO THE ASA EXECUTIVE STAFF, INCLUDING THE DETERMINATION OF ANY WAIVER OR FOR THE APPLICATION OF SANCTIONS IN THE EVENT OF ANY VIOLATIONS OF THE POLICY THE COI STATEMENT AND FORMS ARE AVAILABLE ON THE ASA WEBSITE IN THE MEMBERS ONLY SECTION HARD COPIES MAY BE OBTAINED FROM THE ASA EXECUTIVE OFFICE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	OUTSIDE COMPENSATION EXPERTS ARE UTILIZED REGARDING BENCHMARKED POSITION OF THE CHIEF EXECUTIVE OFFICER OUTSIDE COMPENSATION EXPERTS ARE UTILIZED FOR RECOMMENDATIONS ON COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES THE EXECUTIVE COMPENSATION COMMITTEE MAKES DECISIONS ON ANY MERIT INCREASES FOR THE CHIEF EXECUTIVE OFFICER BASED ON DATA PROVIDED BY AN EXTERNAL COMPENSATION CONSULTANT

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BENEFIT PLAN CHANGES OTHER THAN NET PERIODIC POSTRETIREMENT BENEFIT COSTS -89,801

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Employer identification number
36-2181944

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) Section 512 (b)(13) controlled entity? No
(1) WOOD LIBRARY-MUSEUM OF ANESTHESIOLOGY 1061 AMERICAN LANE SCHAUMBURG, IL 60173 36-3573324	COLLECTION OF ANESTHESIA LITERATURE	IL	501(C)(3)	LINE 11A, I	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Yes	
(2) FOUNDATION FOR ANESTHESIA EDUCATION & RESEARCH 1061 AMERICAN LANE SCHAUMBURG, IL 60173 52-1494164	ANESTHESIA CARE EDUCATION AND RESEARCH	DE	501(C)(3)	LINE 7	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Yes	
(3) ANESTHESIA PATIENT SAFETY FOUNDATION 1061 AMERICAN LANE SCHAUMBURG, IL 60173 51-0287258	ANESTHESIA PATIENT SAFETY EDUCATION	DE	501(C)(3)	LINE 7	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Yes	
(4) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 1061 AMERICAN LANE SCHAUMBURG, IL 60173 36-3887214	POLITICAL CAMPAIGN ACTIVITIES	IL	527				No
(5) ANESTHESIA QUALITY INSTITUTE 1061 AMERICAN LANE SCHAUMBURG, IL 60473 26-3848288	ADVANCES IN QUALITY OF CARE MEASUREMENT AND DELIVERY IN ANESTHESIA CARE	DC	501(C)(3)	LINE 11A, I	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Yes	
(6) ASA CHARITABLE FOUNDATION 1061 AMERICAN LANE SCHAUMBURG, IL 60173 45-4946512	IMPROVE HEALTH AND MEDICAL CARE IN UNDER-SERVICED COMMUNITIES	DC	501(C)(3)	LINE 11A, I	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

		Yes	No
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g	Yes	
h Purchase of assets from related organization(s)	1h	Yes	
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) Section 512 (b)(13) controlled entity? No
(1) WOOD LIBRARY-MUSEUM OF ANESTHESIOLOGY 1061 AMERICAN LANE SCHAUMBURG, IL 60173 36-3573324	COLLECTION OF ANESTHESIA LITERATURE	IL	501(C)(3)	LINE 11A, I	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Yes	
(1) FOUNDATION FOR ANESTHESIA EDUCATION & RESEARCH 1061 AMERICAN LANE SCHAUMBURG, IL 60173 52-1494164	ANESTHESIA CARE EDUCATION AND RESEARCH	DE	501(C)(3)	LINE 7	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Yes	
(2) ANESTHESIA PATIENT SAFETY FOUNDATION 1061 AMERICAN LANE SCHAUMBURG, IL 60173 51-0287258	ANESTHESIA PATIENT SAFETY EDUCATION	DE	501(C)(3)	LINE 7	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Yes	
(3) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE 1061 AMERICAN LANE SCHAUMBURG, IL 60173 36-3887214	POLITICAL CAMPAIGN ACTIVITIES	IL	527				No
(4) ANESTHESIA QUALITY INSTITUTE 1061 AMERICAN LANE SCHAUMBURG, IL 60473 26-3848288	ADVANCES IN QUALITY OF CARE MEASUREMENT AND DELIVERY IN ANESTHESIA CARE	DC	501(C)(3)	LINE 11A, I	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Yes	
(5) ASA CHARITABLE FOUNDATION 1061 AMERICAN LANE SCHAUMBURG, IL 60173 45-4946512	IMPROVE HEALTH AND MEDICAL CARE IN UNDER-SERVICED COMMUNITIES	DC	501(C)(3)	LINE 11A, I	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
WOOD LIBRARY-MUSEUM OF ANESTHESIOLOGY	A	2,000,000	MAINTAINED RECORDS AT FMV
WOOD LIBRARY-MUSEUM OF ANESTHESIOLOGY	A	126,791	MAINTAINED RECORDS AT FMV
WOOD LIBRARY-MUSEUM OF ANESTHESIOLOGY	B	400,000	MAINTAINED RECORDS AT FMV
WOOD LIBRARY-MUSEUM OF ANESTHESIOLOGY	G	192,748	MAINTAINED RECORDS AT FMV
WOOD LIBRARY-MUSEUM OF ANESTHESIOLOGY	H	7,489	MAINTAINED RECORDS AT FMV
WOOD LIBRARY-MUSEUM OF ANESTHESIOLOGY	Q	718,338	MAINTAINED RECORDS AT FMV
WOOD LIBRARY-MUSEUM OF ANESTHESIOLOGY	R	81,057	MAINTAINED RECORDS AT FMV
FOUNDATION FOR ANESTHESIA EDUCATION & RESEARCH	B	1,720,492	MAINTAINED RECORDS AT FMV
FOUNDATION FOR ANESTHESIA EDUCATION & RESEARCH	L	15,142	MAINTAINED RECORDS AT FMV
FOUNDATION FOR ANESTHESIA EDUCATION & RESEARCH	Q	621,434	MAINTAINED RECORDS AT FMV
ANESTHESIA PATIENT SAFETY FOUNDATION	B	317,349	MAINTAINED RECORDS AT FMV
ANESTHESIA PATIENT SAFETY FOUNDATION	L	15,748	MAINTAINED RECORDS AT FMV
ANESTHESIA PATIENT SAFETY FOUNDATION	Q	24,234	MAINTAINED RECORDS AT FMV
ANESTHESIA QUALITY INSTITUTE	B	1,462,808	MAINTAINED RECORDS AT FMV
ANESTHESIA QUALITY INSTITUTE	G	17,358	MAINTAINED RECORDS AT FMV
ANESTHESIA QUALITY INSTITUTE	H	15,244	MAINTAINED RECORDS AT FMV
ANESTHESIA QUALITY INSTITUTE	Q	795,059	MAINTAINED RECORDS AT FMV
ANESTHESIA QUALITY INSTITUTE	L	44,340	MAINTAINED RECORDS AT FMV
ANESTHESIA QUALITY INSTITUTE	M	50,000	MAINTAINED RECORDS AT FMV
ANESTHESIA QUALITY INSTITUTE	O	27,637	MAINTAINED RECORDS AT FMV
ANESTHESIA QUALITY INSTITUTE	R	122,121	MAINTAINED RECORDS AT FMV
ASA CHARITABLE FOUNDATION	B	4,000	MAINTAINED RECORDS AT FMV