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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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 LANERoom/suite

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

SCHAUMBURG, IL 601734973

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 ▶

D Employer identification number

36-2181944

E Telephone number

(847) 825-5586

G Gross receipts \$ 53,922,301

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

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

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

Signature of officer

PAUL POMERANTZ CEO

Type or print name and title

2018-10-29

Date

Paid Preparer Use Only

Print/Type preparer's name

MICHAEL STEPHENS

Preparer's signature

MICHAEL STEPHENS

Date

2018-10-24

Check ☐ if self-employed

PTIN

P01302903

Firm's name ▶ CLIFTONLARSONALLEN LLP

Firm's EIN ▶ 41-0746749

Firm's address ▶ 1301 W 22ND ST STE 1100

Phone no (630) 573-8600

OAK BROOK, IL 60523

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck 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 \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data



















4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
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	No
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	395
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	190
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		No
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	No
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records. ▶LISA STEININGER 1061 AMERICAN LANE SCHAUMBURG, IL 601734973 (847) 268-9220	

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

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

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[illegible]

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 ▶ 40

Section B. Independent Contractors

(A)	(B)	(C)
Name and business address	Description of services	Compensation
NUMERATE PARTNERS LLC, 125 S WACKER DR STE 1150 CHICAGO, IL 60606	TEMP STAFFING	443,113
LEVY RESTAURANTS, 980 MICHIGAN AVENUE CHICAGO, IL 60611	ANNUAL MEETING FOOD SERVICE	374,302
RIGHTPOINT, 29 N WACKER 4TH FLOOR CHICAGO, IL 60606	IT CONSULTING	295,827
MCDERMOTT WILL EMERY, 227 W MONROE CHICAGO, IL 60606	CONSULTING	275,250
RICHARD T CONNIS PHD, 18204 NE 159TH ST WOODINVILLE, WA 98072	CONSULTING	242,653

Form 990 (2017)

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	51,147			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		51,147			
Program Service Revenue			Business Code			
	2a DUES		900099	24,441,301	24,441,301	
	b ANNUAL MEETING		541900	8,524,459	8,125,609	398,850
	c ANESTHESIA CONTINUING EDUCATION		541900	6,495,454	6,495,454	
	d OTHER SUPPORT		541900	3,598,178	3,171,814	426,364
	e OTHER PROGRAM INCOME		541900	2,895,660	2,895,660	
	f All other program service revenue			1,935,514	1,935,514	
	g Total. Add lines 2a-2f ▶		47,890,566			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		2,240,261			2,240,261
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶		2,923,521		57,413	2,866,108
			(i) Real	(ii) Personal		
	6a Gross rents					
		233,713				
	b Less rental expenses	0				
	c Rental income or (loss)	233,713				
	d Net rental income or (loss) ▶		233,713			233,713
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	575,268				
	b Less cost or other basis and sales expenses	575,212				
	c Gain or (loss)	56				
	d Net gain or (loss) ▶		56			56
	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 SHARED SERVICES		900099	7,825		7,825	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶			7,825			
12 Total revenue. See Instructions ▶			53,347,089	47,065,352	882,627	5,347,963

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.	5,179,027			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	33,800			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	3,887,468			
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.	12,448,421			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,557,181			
9 Other employee benefits.	2,428,265			
10 Payroll taxes.	967,151			
11 Fees for services (non-employees):				
a Management.				
b Legal.	124,961			
c Accounting.	82,912			
d Lobbying.	148,098			
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	58,627			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,071,508			
12 Advertising and promotion.	329,084			
13 Office expenses.	1,127,423			
14 Information technology.	858,152			
15 Royalties.				
16 Occupancy.	1,628,491			
17 Travel.	710,730			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	7,456,861			
20 Interest.	578,627			
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	2,049,306			
23 Insurance.	146,787			
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	5,227,511			
b OTHER EXPENSES	1,143,164			
c SUBSCRIPTIONS	1,025,397			
d CREDIT CARD FEES	797,239			
e All other expenses	573,888			
25 Total functional expenses. Add lines 1 through 24e.	51,640,079			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		4,501,280	1	7,845,663
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,382,846	4	2,083,770
	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		1,302,997	9	1,158,297
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	43,580,343		
	b	Less: accumulated depreciation	10b	10,056,833		
				35,661,890	10c	33,523,510
	11	Investments—publicly traded securities		75,277,071	11	86,915,273
	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		2,244,697	15	1,227,033	
16	Total assets. Add lines 1 through 15 (must equal line 34)		122,370,781	16	132,753,546	
Liabilities	17	Accounts payable and accrued expenses		10,577,024	17	9,144,978
	18	Grants payable			18	
	19	Deferred revenue		10,132,543	19	11,426,522
	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		28,772,834	23	27,780,667
	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		2,032,320	25	3,036,918
	26	Total liabilities. Add lines 17 through 25		51,514,721	26	51,389,085
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		70,856,060	27	81,364,461
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		70,856,060	33	81,364,461	
34	Total liabilities and net assets/fund balances		122,370,781	34	132,753,546	

Part XI Reconciliation of Net AssetsCheck 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	53,347,089
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,640,079
3	Revenue less expenses Subtract line 2 from line 1	3	1,707,010
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,856,060
5	Net unrealized gains (losses) on investments	5	8,664,625
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	136,766
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	81,364,461

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		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		

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

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 AND 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 53,363 MEMBERS THE SOCIETY MANAGES INDIVIDUAL AND GROUP DUES INVOICING AND PROCESSING FOR ASA MEMBERS THE SOCIETY MAINTAINS A COMPREHENSIVE MEMBER AND CUSTOMER DATABASE TRACKING ALL SALES AND TRANSACTIONS WITH THE SOCIETY

Form 990, Part III, Line 4b:

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, "MONITOR", WHICH PROVIDES GENERAL
INFORMATION AND NEWS ON CURRENT ISSUES AFFECTING ANESTHESIOLOGY

Form 990, Part III, Line 4c:

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 2017 ANNUAL MEETING NUMBER OF ATTENDEES WAS AS FOLLOWS MEMBERS 8,285NON-MEMBERS 1,730EXHIBITORS 2,450GUEST/SPOUSE 1,552FOR A TOTAL OF 14,017 ATTENDEESOTHER ANNUAL PROGRAMS INCLUDE CONFERENCE ON PRACTICE MANAGEMENT, ANESTHESIA QUALITY MEETING, LEGISLATIVE CONFERENCE, AND THE CERTIFICATE IN BUSINESS ADMINISTRATION

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			
JEFFREY PLAGENHOEF PRESIDENT/IMMEDIATE PAST PRESIDENT	40 00	X						187,500	0	0
JAMES D GRANT PRESIDENT ELECT/PRESIDENT	40 00	X						0	0	0
DANIEL J COLE PAST PRESIDENT	0 00	X						0	750	0
LINDA MASON PRESIDENT ELECT	40 00	X						51,563	0	0
BEVERLY K PHILIP VICE PRESIDENT OF SCIENTIC AFFAIRS	20 00	X						10,206	168	0
STANLEY W STEAD VICE PRESIDENT OF PROFESSIONAL AFFAIRS	20 00	X						0	0	0
JOHN F DOMBROWSKI SECRETARY	5 00	X						1,800	0	0
MARY DALE PETERSON FIRST VICE PRESIDENT	15 00	X						4,000	0	0
KENNETH ELMASSIAN ASSISTANT SECRETARY	5 00	X						3,600	0	0
MICHAEL CHAMPEAU TREASURER	6 00	X						2,326	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			
MICHAEL C GOSNEY DIRECTOR	1 00	X						1,350	0	0
JENNIFER R DOLLAR DIRECTOR	0 00	X						0	0	0
STEVEN J SIVILS DIRECTOR	1 00	X						1,350	0	0
CLINT G HUMPHERYS DIRECTOR	0 00	X						0	0	0
JEFF T MUELLER DIRECTOR	2 00	X						2,500	0	0
BRIAN J CAMMARATA DIRECTOR	0 00	X						0	0	0
DANNY L WILKERSON DIRECTOR	1 00	X						1,350	0	0
J GRADY CROSLAND DIRECTOR	0 00	X						0	0	0
LINDA B HERTZ BERG DIRECTOR	3 00	X						3,754	0	0
JONATHAN PREGLER DIRECTOR	1 00	X						1,930	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			
RANDALL M CLARK DIRECTOR	0 00	X						0	0	0
DANIEL J JANIK DIRECTOR	0 00	X						0	0	0
KENNETH R STONE DIRECTOR	2 00	X						2,604	0	0
JOHN SATTERFIELD DIRECTOR	0 00	X						0	0	0
CHRIS A KITTLE DIRECTOR	1 00	X						1,350	0	0
TETSU UEJIMA DIRECTOR	3 00	X						3,900	0	0
RAAFAT S HANNALLAH DIRECTOR	1 00	X						1,850	0	0
YEWANDE JOHNSON DIRECTOR	0 00	X						0	0	0
DAVID VARLOTTA DIRECTOR	1 00	X						1,350	0	0
JEFFREY S JACOBS DIRECTOR	0 00	X						0	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			
HOWARD ODOM DIRECTOR	0 00	X						0	0	0
TIMOTHY N BEESON DIRECTOR	0 00	X						0	0	0
LILLIAN KANAI DIRECTOR	0 00	X						0	0	0
WILLIAM MONTGOMERY DIRECTOR	0 00	X						0	0	0
R SCOTT HERD DIRECTOR	0 00	X						0	0	0
BLAKE PEDERSON DIRECTOR	0 00	X						0	0	0
JOSEPH SZOKOL DIRECTOR	3 00	X						3,455	0	0
ASOKUMAR BUVANENDRAN DIRECTOR	1 00	X						1,750	0	0
GERARD T COSTELLO DIRECTOR	1 00	X						1,600	0	0
ROBERT W BRANDT DIRECTOR	0 00	X						0	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			
JOSEPH F CASSADY JR DIRECTOR	1 00	X						1,350	0	0
PATRICK H ALLAIRE DIRECTOR	1 00	X						905	0	0
JAMES D KINDSCHER DIRECTOR	1 00	X						1,800	0	0
JOHN D NACHTIGAL DIRECTOR	0 00	X						0	0	0
ANJAM BUX DIRECTOR	1 00	X						600	0	0
KEVIN HATTAN DIRECTOR	1 00	X						750	0	0
KRAIG S DE LANZAC DIRECTOR	1 00	X						1,750	0	0
DAVID M BROUSSARD DIRECTOR	0 00	X						0	0	0
DANIEL J CAMPOS III DIRECTOR	1 00	X						1,350	0	0
ALLEN J HAYMAN DIRECTOR	0 00	X						0	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			
MURRAY A KALISH DIRECTOR	3 00	X						4,450	0	0
ROBERT W THOMSEN DIRECTOR	0 00	X						0	0	0
DAVID L HEPNER DIRECTOR	1 00	X						600	0	0
SELINA A LONG DIRECTOR	1 00	X						1,150	0	0
JOHN LAGORIO DIRECTOR	0 00	X						0	0	0
MICHAEL LEWIS DIRECTOR	0 00	X						0	0	0
DAVID MARTIN DIRECTOR	5 00	X						6,100	0	0
CLAUDE D BRUNSON DIRECTOR	1 00	X						1,350	0	0
CANDACE E KELLER DIRECTOR	2 00	X						3,200	0	0
DONALD E ARNOLD ASSISTANT TREASURER	6 00	X						3,775	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			
JAMES B KELLY JR DIRECTOR	0 00	X						0	0	0
BRIAN E HARRINGTON DIRECTOR	1 00	X						1,350	0	0
ANDREW SCHMITT DIRECTOR	0 00	X						0	0	0
ELIZABETH W LAU BABCOCK DIRECTOR	1 00	X						1,350	0	0
MOHANAD SHUKRY DIRECTOR	0 00	X						0	0	0
BRETT WINTHROP DIRECTOR	1 00	X						600	0	0
NARIMAN RAHIMZADEH DIRECTOR	0 00	X						0	0	0
STEVEN J HATTAMER DIRECTOR	2 00	X						2,699	0	0
SEAN E HUNT DIRECTOR	1 00	X						750	0	0
PATRICIA M BROWNE DIRECTOR	1 00	X						1,350	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			
PETER GOLDWEIG DIRECTOR	0 00	X						0	0	0
DAVID W SIEGEL DIRECTOR	1 00	X						1,350	0	0
RUTH E BURSTROM DIRECTOR	0 00	X						0	0	0
SCOTT B GROUDINE DIRECTOR	3 00	X						4,300	0	0
MICHAEL SIMON DIRECTOR	4 00	X						5,805	0	0
ROBERT P RIEKER JR DIRECTOR	1 00	X						1,350	0	0
VIJAY K GABA DIRECTOR	2 00	X						2,012	0	0
ALAN P MARCO DIRECTOR	1 00	X						1,350	0	0
JOSHUA L LUMBLEY DIRECTOR	2 00	X						2,200	0	0
JAY D CUNNINGHAM DIRECTOR	1 00	X						1,350	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			
CHRISTOPHER D EMERSON DIRECTOR	0 00	X						0	0	0
MARK A GILBERT DIRECTOR	0 00	X						0	0	0
CHRISTOPHER E SWIDE DIRECTOR	0 00	X						0	0	0
ERIN A SULLIVAN DIRECTOR	2 00	X						2,150	0	0
JOSEPH F ANSWINE DIRECTOR	0 00	X						0	0	0
RICHARDO D GALAN DIRECTOR	0 00	X						0	0	0
BRETT ARRON DIRECTOR	0 00	X						0	0	0
FRED ABRAHAM ROTENBERG DIRECTOR	0 00	X						0	0	0
JENNIFER ROOT DIRECTOR	1 00	X						800	0	0
LOC NGUYEN DIRECTOR	0 00	X						0	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			
BRENT THURNESS DIRECTOR	0 00	X						0	0	0
JAMES M WEST DIRECTOR	1 00	X						1,800	0	0
CHRISTOPHER E YOUNG DIRECTOR	0 00	X						0	0	0
SCOTT E KERCHEVILLE DIRECTOR	1 00	X						1,849	0	0
CRYSTAL WRIGHT DIRECTOR	1 00	X						400	0	0
MICHAEL K CAHALAN DIRECTOR	1 00	X						600	0	0
RUSSELL S PETERSEN DIRECTOR	0 00	X						0	0	0
FRANCISCO GRINBERG DIRECTOR	1 00	X						1,350	0	0
TIMOTHY DOMINICK DIRECTOR	0 00	X						0	0	0
MAXINE M LEE DIRECTOR	1 00	X						1,350	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			
EMIL ENGELS DIRECTOR	0 00	X						0	0	0
PETER DUNBAR DIRECTOR	1 00	X						1,849	0	0
MARK F FLANERY DIRECTOR	0 00	X						0	0	0
ROBERT E JOHNSTONE DIRECTOR	1 00	X						1,350	485	0
PAUL A SKAFF DIRECTOR	0 00	X						0	0	0
JAMES R MESROBIAN DIRECTOR	3 00	X						3,459	0	0
LOIS A CONNOLLY DIRECTOR	1 00	X						499	0	0
MARY B WEBER DIRECTOR	0 00	X						0	0	0
JOHN LEROY MANSELL DIRECTOR	1 00	X						600	0	0
JEFFREY R KIRSCH DIRECTOR	1 00	X						1,350	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			
D HALE MCMICHAEL DIRECTOR	0 00	X						0	0	0
JOHN R ROTRUCK DIRECTOR	1 00	X						1,350	0	0
GEOFFREY WILSON DIRECTOR	1 00	X						750	0	0
RONALD L HARTER SPEAKER	6 00	X						4,250	0	0
PATRICK GIAM VICE SPEAKER	6 00	X						1,800	0	0
EVAN KHARASCH DIRECTOR	0 00	X						0	0	0
DAVID WLODY DIRECTOR	2 00	X						2,634	0	0
MARK WARNER DIRECTOR	2 00	X						1,950	750	0
NEAL H COHEN DIRECTOR	6 00	X						8,150	0	0
ESI DICKSON DIRECTOR	1 00	X						800	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			
RAMANI PERUVEMBA DIRECTOR	0 00	X						0	0	0
JAMES HEBL DIRECTOR	0 00	X						0	0	0
STEVEN J SAMOYA DIRECTOR	0 00	X						0	0	0
CHAD GREENE DIRECTOR	2 00	X						2,800	0	0
CALVIN GRUSS DIRECTOR	1 00	X						1,000	0	0
SULPICIO SORIANO DIRECTOR	2 00	X						2,434	0	0
MICHAEL C ROSENBERG DIRECTOR	0 00	X						0	0	0
PAUL POMERANTZ CEO	70 00 2 00	X		X				656,846	0	86,204
JEREMY B LEWIN GENERAL COUNSEL	50 00	X		X				452,427	0	57,875
THOMAS CONWAY CFO	40 00			X				373,095	0	54,908

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			
BRIAN REILLY COO	50 00			X				315,256	0	65,465
MANUEL BONILLA CHIEF ADVOCACY OFFICER	50 00				X			323,380	0	65,762
CHRISTOPHER WEHKING CHIEF PROGRAM OFFICER	50 00				X			269,966	0	63,975
THOMAS RAY MILLER ANALYTICS & RESEARCH SVCS DIRECTOR	50 00					X		271,442	0	50,188
NORA B MATUS CONGRESSIONAL & POLITICAL AFFAIRS DIRECTOR	50 00					X		232,965	0	32,691
ROSEANNE FISCHOFF ECON & PRACTICE INNOVATION EXECUTIVE	50 00					X		219,544	0	26,550
SHARON MERRICK PAYMENT & PRACTICE MANAGEMENT DIRECTOR	50 00					X		194,265	0	32,944
JASON C HANSEN STATE AFFAIRS DIRECTOR	50 00					X		182,924	0	45,188

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

2017

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Employer identification number 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 (see instructions for definition of "political campaign activities")

2

Political campaign activity expenditures (see instructions)

▶ \$ 0

3

Volunteer hours for political campaign activities (see instructions)

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

▶ \$

2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

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

▶ \$

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

▶ \$

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, DC 20005	36-3887214		31,147
2				
3				
4				
5				
6				

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

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

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

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

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	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	No

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	24,441,301
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	148,098
b Carryover from last year	2b	320,571
c Total	2c	468,669
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	488,826
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	-20,157

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	AT TIMES, THE SOCIETY COLLECTS CONTRIBUTIONS FROM ENTITIES ON BEHALF OF A RELATED POLITICAL ACTION COMMITTEE ("RELATED PAC") THESE FUNDS ARE USED TO OFFSET THE RELATED PAC'S EXPENSES INCLUDING EMPLOYEE COSTS, MAILING COSTS, AND OTHER

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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

2017

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" on 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" on 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, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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" on 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 on 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

(i) unrelated organizations

(ii) related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
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" on 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		2,805,805		2,805,805
b Buildings		24,397,252	2,293,451	22,103,801
c Leasehold improvements		1,214,940	122,628	1,092,312
d Equipment		15,013,484	7,604,285	7,409,199
e Other		148,862	36,469	112,393
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				33,523,510

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on 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		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
DEFERRED RENT	3,036,918	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	3,036,918	

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
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	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
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	
3	Subtract line 2e from line 1		3	
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		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
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, 2017, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY IN THE FINANCIAL STATEMENTS

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

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

2017

**Open to Public
Inspection**

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 Activities 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
See Add'l Data					
3a Sub-total	0	0			0
b Total from continuation sheets to Part I					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)

- 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.
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Part III can be duplicated if additional space is needed.

[illegible]

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 separately 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

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).

ReturnReference	Explanation

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
AFRICA	0	0	DUES	MEMBERSHIP DUES	
EUROPE	0	0	DUES	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 AMERICA	0	0	DUES	MEMBERSHIP DUES	
EAST ASIA	0	0	DUES	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
CENTRAL AMERICA	0	0	DUES	MEMBERSHIP DUES	
MIDDLE EAST	0	0	DUES	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
MEXICO AND CANADA	0	0	DUES	MEMBERSHIP DUES	
SUB-SAHARAN AFRICA	0	0	DUES	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	MEMBERSHIP DUES	
RUSSIA	0	0	DUES	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
EUROPE	0	0	EDUCATIONAL MATERIALS	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
SOUTH AMERICA	0	0	EDUCATIONAL MATERIALS	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	0	0	EDUCATIONAL MATERIALS	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
MEXICO AND CANADA	0	0	EDUCATIONAL MATERIALS	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	0	0	EDUCATIONAL MATERIALS	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
MIDDLE EAST	0	0	EDUCATIONAL MATERIALS	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
SUB-SAHARAN AFRICA	0	0	EDUCATIONAL MATERIALS	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	
SOUTH ASIA	0	0	EDUCATIONAL MATERIALS	SALES OF PUBLICATIONS, INCLUDING CONTINUING EDUCATION MATERIALS	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493306011508

Schedule I
(Form 990)

OMB No 1545-0047

2017

Open to Public
Inspection

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," on 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.

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" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5

3 Enter total number of other organizations listed in the line 1 table 8

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EDUCATIONAL GRANTS - POLICY RESEARCH ROTATION IN POLITICAL AFFAIRS PROGRAM	9	33,800			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 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 OF ANESTHESIOLOGY 1061 AMERICAN LANE SCHAUMBURG, IL 60173	36-3573324	501(C)3	400,000				OPERATION SUPPORT
FOUNDATION FOR ANESTHESIA EDUCATION AND RESEARCH 1061 AMERICAN LANE SCHAUMBURG, IL 60173	52-1494164	501(C)3	2,000,000				OPERATION 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 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 INSTITUTE 1061 AMERICAN LANE SCHAUMBURG, IL 60173	26-3848288	501(C)3	1,080,049				OPERATION SUPPORT
ANESTHESIA PATIENT SAFETY FOUNDATION 1061 AMERICAN LANE SCHAUMBURG, IL 60173	51-0287258	501(C)3	425,000				OPERATION 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 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 1 NORTH MAIN STREET SHERBURNE, NY 134601069	01-1076301	501(C)3	25,000				OPERATION SUPPORT
WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS 21 PORTAND PLACE LONDON UK	13-3211128		100,839				OPERATION 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 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
ARKANSAS SOCIETY OF ANESTHESIOLOGISTS PO BOX 55088 LITTLE ROCK, AR 72215	73-1038724	501(C)6	10,000				OPERATION SUPPORT
NSSA 3825 BOULDER PATCH RENO, NV 85911	88-0335875	501(C)6	25,000				OPERATION 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 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
RHODE ISLAND SOCIETY OF ANESTHESIOLOGISTS 235 PROMENADE ST RM 500 PROVIDENCE, RI 029085763	05-0455740	501(C)6	10,000				OPERATION SUPPORT
MAINE SOCIETY OF ANESTHESIOLOGISTS PO BOX 190 MANCHESTER, ME 04358	22-3086719	501(C)6	15,000				OPERATION 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 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
WYOMING SOCIETY OF ANESTHESIOLOGISTS PO BOX 50546 CASPER, WY 82605	83-0299710	501(C)6	28,000				OPERATION SUPPORT
MISSISSIPPI SOCIETY OF ANESTHESIOLOGISTS PO BOX 13405 JACKSON, MS 329363405	64-0795061	501(C)6	10,000				OPERATION 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 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 CHILDREN'S HOSPITAL 6621 FANININ STE A 3300 HOUSTON, TX 77030	39-1087656	501(C)6	5,000				OPERATION SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on 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.

Name of the organization
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Employer identification number

36-2181944

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on 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 on 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," on line 5a or 5b, describe in Part III.

6 For persons listed on 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," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

7

8 Were any amounts reported on Form 990, Part VII, paid or accrued 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

For each individual whose compensation must be reported on 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.

[illegible]

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, ROVENSTEIN LECTURER, RECIPIENT OF THE DISTINGUISHED SERVICE AWARD, RECIPIENT OF THE EXCELLANCE 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.
PART I, LINE 3	OUTSIDE COMPENSATION EXPERTS ARE UTILIZED REGARDING BENCHMARKED POSITION OF THE CHIEF EXECUTIVE OFFICER. THE EXECUTIVE COMPENSATION COMMITTEE MAKES DECISIONS ON ANY MERIT INCREASES FOR THE CHIEF EXECUTIVE OFFICER BASED ON DATA PROVIDED BY AN EXTERNAL COMPENSATION CONSULTANT.

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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JEFFREY PLAGENHOEF PRESIDENT/IMMEDIATE PAST PRESIDENT	(i)	187,500	0	0	0	0	187,500	0
	(ii)	0	0	0	0	0	0	0
1PAUL POMERANTZ CEO	(i)	564,678	92,168	0	54,034	32,170	743,050	0
	(ii)	0	0	0	0	0	0	0
2JEREMY B LEWIN GENERAL COUNSEL	(i)	400,502	51,925	0	35,100	22,775	510,302	0
	(ii)	0	0	0	0	0	0	0
3THOMAS CONWAY CFO	(i)	339,936	33,159	0	32,134	22,774	428,003	0
	(ii)	0	0	0	0	0	0	0
4BRIAN REILLY COO	(i)	315,256	0	0	35,100	30,365	380,721	0
	(ii)	0	0	0	0	0	0	0
5MANUEL BONILLA CHIEF ADVOCACY OFFICER	(i)	287,953	35,427	0	35,100	30,662	389,142	0
	(ii)	0	0	0	0	0	0	0
6CHRISTOPHER WEHKING CHIEF PROGRAM OFFICER	(i)	241,266	28,700	0	33,888	30,087	333,941	0
	(ii)	0	0	0	0	0	0	0
7THOMAS RAY MILLER ANALYSTICS & RESEARCH SVCS DIRECTOR	(i)	239,689	31,753	0	35,100	15,088	321,630	0
	(ii)	0	0	0	0	0	0	0
8NORA B MATUS CONGRESSIONAL & POLITICAL AFFAIRS DI	(i)	207,654	25,311	0	30,230	2,461	265,656	0
	(ii)	0	0	0	0	0	0	0
9ROSEANNE FISCHOFF ECON & PRACTICE INNOVATION EXECUTIVE	(i)	195,256	24,288	0	24,118	2,432	246,094	0
	(ii)	0	0	0	0	0	0	0
10SHARON MERRICK PAYMENT & PRACTICE MANAGEMENT DIRECT	(i)	173,041	21,224	0	21,744	11,200	227,209	0
	(ii)	0	0	0	0	0	0	0
11JASON C HANSEN STATE AFFAIRS DIRECTOR	(i)	164,771	18,153	0	23,660	21,528	228,112	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-
EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN SOCIETY OF ANESTHESIOLOGISTS

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

2017

**Open to Public
Inspection**

Employer identification number

36-2181944

990 Schedule O, Supplemental Information

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 ORGANIZATI ON BY THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS EXERCISES FINAL AUTHORITY OVER AND MA NAGES THE BUSINESS AND FINANCIAL AFFAIRS OF THE SOCIETY, INCLUDING, BUT NOT LIMITED TO, TH E ACQUISITION, MANAGEMENT, CONTROL AND DISPOSITION OF ITS PROPERTY AND THE AUTHORIZATION O F ALL CONTRACTS ON ITS BEHALF, THE BOARD OF DIRECTORS MAY DELEGATE PORTIONS OF SUCH AUTHOR ITY 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 D ELEGATES AT THE ANNUAL MEETING

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>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</p> <p>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 BASE 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 THE SE 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 THE FORMS ARE AVAILABLE ON THE ASA WEBSITE IN THE "MEMBERS ONLY" SECTION HARD COPIES MAY BE OBTAINED FROM THE ASA EXECUTIVE OFFICE</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BENEFIT PLAN CHANGES OTHER THAN NET PERIODIC POSTRETIREMENT BENEFIT COSTS 136,766

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS RELATED TO THE COMMITTEE WHICH ASSUMES THE OVERALL RESPONSIBILITY FOR THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR

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

2017

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	No
(1)WOOD LIBRARY-MUSEUM OF ANESTHESIOLOGY 1061 AMERICAN LANE SCHAUMBURG, IL 60173 36-3573324	COLLECTION OF ANESTHESIA LITERATURE	IL	501(C)(3)	LINE 12A, I	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Yes	
(2)FOUNDATION FOR ANESTHESIA EDUCATION AND RESEARCH 1061 AMERICAN LANE SCHAUMBURG, IL 60173 52-1494164	ANESTHESIA CARE EDUCATION AND RESEARCH	IL	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	IL	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 60173 26-3848288	ADVANCES IN QUALITY OF CARE MEASUREMENT AND DELIVERY IN ANESTHESIA	IL	501(C)(3)	LINE 12A, 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	IL	501(C)(3)	LINE 12A, 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) Disproportionate 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.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
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	Yes	
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	Yes	

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

See Additional Data Table

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

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.

[illegible]

Part VII **Supplemental Information**

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

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	No
1061 AMERICAN LANE SCHAUMBURG, IL 60173 36-3573324	COLLECTION OF ANESTHESIA LITERATURE	IL	501(C)(3)	LINE 12A, I	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Yes	
1061 AMERICAN LANE SCHAUMBURG, IL 60173 52-1494164	ANESTHESIA CARE EDUCATION AND RESEARCH	IL	501(C)(3)	LINE 7	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Yes	
1061 AMERICAN LANE SCHAUMBURG, IL 60173 51-0287258	ANESTHESIA PATIENT SAFETY EDUCATION	IL	501(C)(3)	LINE 7	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Yes	
1061 AMERICAN LANE SCHAUMBURG, IL 60173 36-3887214	POLITICAL CAMPAIGN ACTIVITIES	IL	527				No
1061 AMERICAN LANE SCHAUMBURG, IL 60173 26-3848288	ADVANCES IN QUALITY OF CARE MEASUREMENT AND DELIVERY IN ANESTHESIA	IL	501(C)(3)	LINE 12A, I	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	Yes	
1061 AMERICAN LANE SCHAUMBURG, IL 60173 45-4946512	IMPROVE HEALTH AND MEDICAL CARE IN UNDER-SERVICED COMMUNITIES	IL	501(C)(3)	LINE 12A, 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
ANESTHESIA PATIENT SAFETY FOUNDATION	B	425,000	RECORDS MAINTAINED AT FMV
ANESTHESIA PATIENT SAFETY FOUNDATION	Q	91,225	RECORDS MAINTAINED AT FMV
ANESTHESIA PATIENT SAFETY FOUNDATION	P	39,854	RECORDS MAINTAINED AT FMV
ANESTHESIA QUALITY INSTITUTE	B	1,080,049	RECORDS MAINTAINED AT FMV
ANESTHESIA QUALITY INSTITUTE	J	43,669	RECORDS MAINTAINED AT FMV
ANESTHESIA QUALITY INSTITUTE	M	162,363	RECORDS MAINTAINED AT FMV
ANESTHESIA QUALITY INSTITUTE	L	102,974	RECORDS MAINTAINED AT FMV
ANESTHESIA QUALITY INSTITUTE	N	3,308	RECORDS MAINTAINED AT FMV
FOUNDATION FOR ANESTHESIA EDUCATION AND RESEARCH	B	2,000,000	RECORDS MAINTAINED AT FMV
FOUNDATION FOR ANESTHESIA EDUCATION AND RESEARCH	J	28,281	RECORDS MAINTAINED AT FMV
FOUNDATION FOR ANESTHESIA EDUCATION AND RESEARCH	N	3,506	RECORDS MAINTAINED AT FMV
FOUNDATION FOR ANESTHESIA EDUCATION AND RESEARCH	Q	907,065	RECORDS MAINTAINED AT FMV
FOUNDATION FOR ANESTHESIA EDUCATION AND RESEARCH	P	50,375	RECORDS MAINTAINED AT FMV
WOOD LIBRARY MUSEUM	B	400,000	RECORDS MAINTAINED AT FMV
WOOD LIBRARY MUSEUM	J	160,488	RECORDS MAINTAINED AT FMV
WOOD LIBRARY MUSEUM	R	135,701	RECORDS MAINTAINED AT FMV
WOOD LIBRARY MUSEUM	Q	391,056	RECORDS MAINTAINED AT FMV
WOOD LIBRARY MUSEUM	P	71,101	RECORDS MAINTAINED AT FMV