Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I.

Revenue

1. Contributions, gifts, grants, and similar amounts received
2. Program service revenue including government fees and contracts
3. Membership dues and assessments
4. Investment income
5a. Gross amount from sale of assets other than inventory
   b. Less: cost or other basis and sales expenses
   c. Gain or (loss) from sale of assets other than inventory
5. Gaming and fundraising events
   a. Gross income from gaming
   b. Gross income from fundraising events
      (not including $0 of contributions)
   c. Less: direct expenses from gaming and fundraising events
   d. Net income or (loss) from gaming and fundraising events
      (add lines 5a, 5b, and 5c)
6. Gross sales of inventory, less returns and allowances
   b. Less: cost of goods sold
6. Net sales of inventory
7. Other revenue (describe in Schedule O)

Expenses

8. Grants and similar amounts paid (list in Schedule O)
9. Benefits paid to or for members
10. Salaries, other compensation, and employee benefits
11. Professional fees and other payments to independent contractors
12. Occupancy, rent, utilities, and maintenance
13. Printing, publications, postage, and shipping
14. Other expenses (describe in Schedule O)

Net Assets

15. Excess or (deficit) for the year
16. Net assets or fund balances at beginning of year (from line 27, column (A))
17. Changes in net assets or fund balances
18. Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.
### Part II: Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II.

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>9,334</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>0</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>9,334</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>9,334</td>
</tr>
</tbody>
</table>

### Part III: Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III.

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<table>
<thead>
<tr>
<th></th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>SAGA members provided talks on topics within the field of geriatric anesthesia to a wide variety of medical meetings attended by anesthesiologists. These meetings included the joint SAGA-OAPRS meeting, the 423 Guardian Drive, Philadelphia, PA 19104 Donation to the Foundation for Anesthesia Education and Research (200 First Street SW, WF6-674, Rochester, MN) to support research and/or educational projects on geriatric anesthesia.</td>
</tr>
</tbody>
</table>

|          | 28a 943 |

|          | 29a 0 |

|          | 30a 0 |

|          | 31a 0 |

|          | 32a 0 |

### Part IV: List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV.

<table>
<thead>
<tr>
<th>Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frederick Sieber</td>
<td>President, 2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Anesthesia 4940 Eastern Ave, Baltimore, MD 21224</td>
<td>President-Elect, 2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Zhongcong Xie</td>
<td>Secretary, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Anesthesiology 55 Fruit St CLN 3, Boston, MA 02114</td>
<td>Treasurer, 2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mark Neuman</td>
<td>Board Member, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>423 Guardian Drive, Philadelphia, PA 19104</td>
<td>Board Member, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Alec Rooke</td>
<td>Board Member, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Box 356540 1959 NE Pacific St, Seattle, WA 98195</td>
<td>Board Member, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Shamsuddin Akhtar</td>
<td>Board Member, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Department of Anesthesiology 333 Cedar Street TMP 3, NE 532 S Aiken Avenue Suite 407, Pittsburgh, PA 15232</td>
<td>Board Member, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ruben Azocar</td>
<td>Board Member, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Department of Anesthesiology 88 East Newton Street, Boston, MA 02118</td>
<td>Board Member, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ruth Burstrom</td>
<td>Board Member, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MSC11-6120 2701 Frontier NE, Albuquerque, NM 87131</td>
<td>Board Member, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>J acques Chelly</td>
<td>Board Member, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Christopher Jankowski</td>
<td>Board Member, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Charlton 1-145 200 First St SW, Rochester, MN 55906</td>
<td>Board Member, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>J jacqueline Leung</td>
<td>Board Member, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Department of Anesthesia and Periop 521 Parnassaus Ave</td>
<td>Board Member, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mary Ann Vann</td>
<td>Board Member, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Department of Anesthesiology 330 Brookline Pl, Boston, MA 02118</td>
<td>Board Member, 1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
**Part V  Other Information**  
(Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. □

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>33 Did the organization engage in any significant activity not previously reported to the IRS? If “Yes,” provide a detailed description of each activity in Schedule O.</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>34 Were any significant changes made to the organizing or governing documents? If “Yes,” attach a conform copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O (see instructions).</td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?</td>
<td></td>
<td>35a</td>
</tr>
<tr>
<td>35b If “Yes,” to line 35a, has the organization filed a Form 990-T for the year? If “No,” provide an explanation in Schedule O.</td>
<td></td>
<td>35b</td>
</tr>
<tr>
<td>35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e), notice, reporting, and proxy tax requirements during the year? If “Yes,” complete Schedule C, Part III.</td>
<td></td>
<td>35c</td>
</tr>
<tr>
<td>36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If “Yes,” complete applicable parts of Schedule N.</td>
<td></td>
<td>36</td>
</tr>
<tr>
<td>37a Enter amount of political expenditures, direct or indirect, as described in the instructions.</td>
<td></td>
<td>37a</td>
</tr>
<tr>
<td>37b Did the organization file Form 1120-POL for this year?</td>
<td></td>
<td>37b</td>
</tr>
<tr>
<td>38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?</td>
<td></td>
<td>38a</td>
</tr>
<tr>
<td>39 Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on line 9</td>
<td></td>
<td>39a</td>
</tr>
<tr>
<td>b Gross receipts, included on line 9, for public use of club facilities</td>
<td></td>
<td>39b</td>
</tr>
<tr>
<td>40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶</td>
<td></td>
<td>40a</td>
</tr>
<tr>
<td>40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If “Yes,” complete Schedule L, Part I.</td>
<td></td>
<td>40b</td>
</tr>
<tr>
<td>40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958</td>
<td></td>
<td>40c</td>
</tr>
<tr>
<td>40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization</td>
<td></td>
<td>40d</td>
</tr>
<tr>
<td>40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If “Yes,” complete Form 8886-T.</td>
<td></td>
<td>40e</td>
</tr>
<tr>
<td>41 List the states with which a copy of this return is filed.</td>
<td></td>
<td>41</td>
</tr>
<tr>
<td>42a The organization’s books are in care of: Alec Rooke</td>
<td></td>
<td>42a</td>
</tr>
<tr>
<td>Located at: 3103 S Charles St, Seattle, WA 98144-3248</td>
<td></td>
<td>42b</td>
</tr>
<tr>
<td>Telephone no. 206-420-8038</td>
<td></td>
<td>42c</td>
</tr>
<tr>
<td>42b 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)?</td>
<td></td>
<td>42b</td>
</tr>
<tr>
<td>If “Yes,” enter the name of the foreign country:</td>
<td></td>
<td>42c</td>
</tr>
<tr>
<td>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</td>
<td></td>
<td>42b</td>
</tr>
<tr>
<td>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year.</td>
<td></td>
<td>43</td>
</tr>
<tr>
<td>44a Did the organization maintain any donor advised funds during the year? If “Yes,” Form 990 must be completed instead of Form 990-EZ</td>
<td></td>
<td>44a</td>
</tr>
<tr>
<td>44b Did the organization operate one or more hospital facilities during the year? If “Yes,” Form 990 must be completed instead of Form 990-EZ</td>
<td></td>
<td>44b</td>
</tr>
<tr>
<td>44c Did the organization receive any payments for indoor tanning services during the year?</td>
<td></td>
<td>44c</td>
</tr>
<tr>
<td>44d If “Yes” to line 44c, has the organization filed a Form 720 to report these payments? If “No,” provide an explanation in Schedule O.</td>
<td></td>
<td>44d</td>
</tr>
<tr>
<td>45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td>45a</td>
</tr>
<tr>
<td>45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If “Yes,” Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).</td>
<td></td>
<td>45b</td>
</tr>
</tbody>
</table>
Part VI  
Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

46  Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I.

47  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.

48a  Did the organization make any transfers to an exempt non-charitable related organization? If “Yes,” was the related organization a section 527 organization?

49a  Did the organization make any transfers to an exempt non-charitable related organization? If “Yes,” was the related organization a section 527 organization?

50  Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(f) Total number of other employees paid over $100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

51  Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(d) Total number of other independent contractors each receiving over $100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

52  Did the organization complete Schedule A?  
Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

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.

Signature of officer  
Date

Alec Rooke, Treasurer  
Type or print name and title

Paid Preparer Use Only  
Print/Type preparer’s name  
Preparer’s signature  
Date  
Check if self-employed  
PTIN

Firm’s name  
Firm’s address  
Firm’s EIN  
Phone no.

May the IRS discuss this return with the preparer shown above? See instructions.
Part I  Reason for Public Charity Status (All organizations must complete this part.) See instructions.

1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 ☑ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
   a ☐ Type I
   b ☐ Type II
   c ☑ Type III–Functionally integrated
   d ☐ Type III–Other
   e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
   f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
   g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
      (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐ Yes ☑ No
         11g(i)
      (ii) A family member of a person described in (i) above? ☑ Yes ☐ No
         11g(ii)
      (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☑ Yes ☐ No
         11g(iii)
   h ☐ Provide the following information about the supported organization(s).

(i) Name of supported organization
(ii) EIN
(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))
(iv) Is the organization in col. (i) listed in your governing document? ☑ Yes ☐ No
(v) Did you notify the organization in col. (i) of your support? ☑ Yes ☐ No
(vi) Is the organization in col. (i) organized in the U.S.? ☑ Yes ☐ No
(vii) Amount of support

(A)
(B)
(C)
(D)
(E)

Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
## Part II: Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Total.</strong> Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Public support.</strong> Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>Total support.</strong> Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>12</strong></td>
</tr>
<tr>
<td>13</td>
<td><strong>First five years.</strong> If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>14</strong></td>
<td>%</td>
</tr>
<tr>
<td>15</td>
<td><strong>Public support percentage from 2010 Schedule A, Part II, line 14</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>15</strong></td>
<td>%</td>
</tr>
<tr>
<td>16a</td>
<td><strong>33-1/3% support test—2011.</strong> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. <strong>The organization qualifies as a publicly supported organization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b</td>
<td><strong>33-1/3% support test—2010.</strong> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. <strong>The organization qualifies as a publicly supported organization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a</td>
<td><strong>10%-facts-and-circumstances test—2011.</strong> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the “facts-and-circumstances” test, check this box and stop here. <strong>The organization qualifies as a publicly supported organization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b</td>
<td><strong>10%-facts-and-circumstances test—2010.</strong> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the “facts-and-circumstances” test, check this box and stop here. <strong>The organization qualifies as a publicly supported organization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td><strong>Private foundation.</strong> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part III  Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>4,100</td>
<td>8,840</td>
<td>4,415</td>
<td>3,125</td>
<td>2,100</td>
<td>22,580</td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>4,100</td>
<td>8,840</td>
<td>4,415</td>
<td>3,125</td>
<td>2,100</td>
<td>22,580</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>2,600</td>
<td>925</td>
<td>1,400</td>
<td>850</td>
<td>850</td>
<td>6,625</td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td>2,600</td>
<td>925</td>
<td>1,400</td>
<td>850</td>
<td>850</td>
<td>6,625</td>
</tr>
<tr>
<td>8 Public support (Subtract line 7c from line 6.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15,955</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>4,100</td>
<td>8,840</td>
<td>4,415</td>
<td>3,125</td>
<td>2,100</td>
<td>22,580</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td>4,100</td>
<td>8,840</td>
<td>4,415</td>
<td>3,125</td>
<td>2,100</td>
<td>22,580</td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>16 Public support percentage from 2010 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16</td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>18 Investment income percentage from 2010 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
Form 990-EZ, Part I, Line 10 - $2000 was donated to the Foundation of Anesthesia Education and Research to assist them in their support of research and educational grants in the field of geriatric anesthesia. FAER is the major source of funding (other than the federal government) for research and educational grants in anesthesia.

Primary Exempt Purpose

Provide education on geriatric anesthesia to anesthesiologists and to further research on topics related to geriatric anesthesia.
First Program Service Accomplishments Description

Description

annual meeting of the ASA and the annual meeting of the SCA. Talks are typically attended by 30-70 anesthesiologists. SAGA also held a business meeting on October 17, 2011 in which board members were elected and talks were given about the status of geriatric anesthesia in the US and in China. The business meeting was attended by approximately 35 people.