Form 990
Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.



Α	For the	e 2013 calendar year, or tax year beginning and	ending	.	
В	Check if applicabl	e: C Name of organization		D Employer identific	ation number
	Addre Chang	AMERICAN SOCIETY OF HEALTH ECONOMISTS			
	Name chang			26-45	26340
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Terminated		600	(202)	737-3325
	Amen return			G Gross receipts \$	214,438.
	Applic tion	WASHINGTON, DC 20005		H(a) Is this a group ret	urn
	pendi	^{ng} F Name and address of principal officer: CHARMAINE J WRIGHT		for subordinates?	Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1)	or 52	7 If "No," attach a li	st. (see instructions)
J	Websi	te: WWW.ASHECON.ORG		H(c) Group exemption	
		organization: Corporation Trust X Association Other	L Year	r of formation: 2009 M	State of legal domicile: IL
P	art I	Summary			
é	1	Briefly describe the organization's mission or most significant activities:	SCHED	ULE O	
anc					
Activities & Governance		Check this box 🕨 🛄 if the organization discontinued its operations or dispo			
Š		Number of voting members of the governing body (Part VI, line 1a)			16
<u>ه</u>		Number of independent voting members of the governing body (Part VI, line 1b)		16	
ies		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		0	
tivit		Total number of volunteers (estimate if necessary)		0	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.
				Prior Year	Current Year 76,664 •
ne		Contributions and grants (Part VIII, line 1h)		37,564.	137,774.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		397,301.	214,438.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		55,000.	79,500.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben		Total fundraising expenses (Part IX, column (D), line 25)	0.		
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		107,351.	84,919.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		162,351.	164,419.
		Revenue less expenses. Subtract line 18 from line 12		234,950.	50,019.
or	3			eginning of Current Year	End of Year
Net Assets (20	Total assets (Part X, line 16)		293,388.	343,407.
Ass	21	Total liabilities (Part X, line 26)		0.	0.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		293,388.	343,407.
	art II				
				and a second	

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	Signature of officer		Date						
Here		SOCIATE DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature Date	Check PTIN						
Paid	DEBORAH FRECH, CPA		self-employed P00490352						
Preparer	Firm's name ▶ BELL & FRECH, LL	C	Firm's EIN 52-1877311						
Use Only	Firm's address 1 HIGH STREET								
	BROOKEVILLE, MD	20833	Phone no.301-260-8600						
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)								
332001 10-2	29-13 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2013)						

Form	AMERICAN SOCIETY OF HEALTH ECONOMISTS 26-45	26340	Page 2
Pa	rt III Statement of Program Service Accomplishments		0
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	ASHECON IS A PROFESSIONAL ORGANIZATION DEDICATED TO PROMOTING		
	EXCELLENCE IN HEALTH ECONOMICS RESEARCH IN THE UNITED STATES.	ASHEC	ON
	PROVIDES A FORUM FOR EMERGING IDEAS AND EMPIRICAL RESULTS OF	HEALTH	
	ECONOMICS RESEARCH. THROUGH A SET OF PROFESSIONAL ACTIVITIES,	ASHEC	ON
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	XNo
	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	XNo
	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 tota	l expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$2 , 826 . including grants of \$) (Revenue \$)	5,	218 .)
	THE ASSOCIATION PROVIDES SPACE ON THEIR WEBISITE TO PROMOTE		
	PROFESSIONAL ACTIVITIES AND OTHER RELEVANT NEWS ITEMS.		
4b	(Code:) (Expenses \$79,197. including grants of \$) (Revenue \$)		5 49.)
	THE ASSOCIATION HOLDS A BIANNUAL MEETING AT ALTERNATING LOCAT		
	THE US TO DISSEMINATE CURRENT RESEARCH RESULTS AND PROVIDE A		
	PLACE FOR THE EXCHANGE OF IDEAS BETWEEN ACADEMIC AND NONACADE		
	ECONOMISTS. INCOME AND EXPENSE IN NON-CONFERENCE YEARS RELATE		RIOR
	AND UPCOMING YEAR CONFERENCES. THERE WAS NO CONFERENCE IN 201	3, THE	
	NEXT CONFERENCE WILL BE IN 2014.		
	1 (00	<u> </u>	007
4c	(Code:) (Expenses \$ 1,628. including grants of \$) (Revenue \$		007.)
	THE ASSOCIATION ORGANIZES SESSIONS AT THE AEA, IHEA AND OTHER		
	APPROPRIATE CONFERENCES. ATTENDANCE WAS ABOUT 75.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 83,651.		
33200	2	Form 9 9	90 (2013)

	990 (2013) AMERICAN SOCIETY OF HEALTH ECONOMISTS 26-4526
Pa	t IV Checklist of Required Schedules
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
2	Is the organization required to complete Schedule B, Schedule of Contributors?
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>
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
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>
6 7	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> 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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>
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.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
14a	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>
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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>
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? <i>If "Yes," complete Schedule G, Part I</i>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>
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

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

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

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Form 990 (2013)

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	AMERICAN SOCIETY OF HEALTH ECONOMISTS 26-452 TO IV Checklist of Required Schedules (continued)	6340
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22
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>	23
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</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25a</i>	24a
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b
С		
	any tax-exempt bonds?	24c
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26
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</i> " <i>Yes</i> ," <i>complete Schedule L, Part III</i>	27
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete	31
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	
05-	Part V, line 1	34
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

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

If "Yes," complete Schedule R, Part V, line 2

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Page 4

Yes

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	990 (2013) AMERICAN SOCIETY OF HEALTH ECONOMISTS 26-4526	340	F
Par			
	Check if Schedule O contains a response or note to any line in this Part V		1
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes
		2	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	
		1.	x
	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c	
	filed for the calendar year ending with or within the year covered by this return 2a 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	
		3a	
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i>	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	
	If "Yes," enter the name of the foreign country:	ти	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
	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	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		
	were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	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		
е	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 and section 509(a)(3) supporting organizations. Did the supporting		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders	4	
	Gross income from other sources (Do not net amounts due or paid to other sources against		
	amounts due or received from them.)		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
	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		

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Form 990 (2013)

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c Enter the amount of reserves on hand ______ 13c

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

1a	Enter the number of voting members
	If there are material differences in voting
	body delegated broad authority to an exe
b	Enter the number of voting members
•	Did any officer diverter tweeters of

Form 990 (2013)

AMERICAN SOCIETY OF HEALTH ECONOMISTS

26-4526340 <u>Pag</u>e **6**

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

Check if Schedule O contains a response 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 1a1	5					
	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	5					
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		X			
3							
		3		X			
4		4		Х			
5		5		Х			
6		6	X				
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	X				
b							
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b		8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
b Each committee with authority to act on behalf of the governing body? 8b 2 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 9 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10a							
Sec				_			
			Yes	No			
10a	b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 9 IOa Did the organization have local chapters, branches, or affiliates? 10a 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b			X			
b							
	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	X				
b	a material differencies in voting rights among members of the governing body, or if the governing body.						
12a		12a		X			
		12b					
С							
		12c					
13		13					
14	Did the organization have a written document retention and destruction policy?	14		X			
15							
а							
b		15b		X			
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
b Enter the number of voting members included in line 1a, above, who are independent. 1b 16 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 employees to a management company or other peerson? 5 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 peerson? 4 Did the organization nake any significant changes to its governing documents since the prior Form 900 was filed? 5 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 7 Did the organization networming body? 8 Did the organization comering body? 9 Detarc ontribute with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VI, Section A, who cannot be reached at the organization newers? 9 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches? 10 Did the organization have avritten policies and procedures governing body before filing the form? 10 Did the organization neares and signifficant adudresses in sponerning body before filing the form? <th></th> <th>v</th>				v			
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1a Eart the number of voling members of the governing body, or if the governing body classes relationships or business relationships orelationships orelating the sease relationships ore		JIE					
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20		ation.					

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

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A. 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average			(C Pos	C) itior			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	, unle	ss pe	rson	is bot pr/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANTHONY LO SASSO EXECUTIVE DIRECTOR	8.00	x						50,000.	0.	0.
(2) FRANK A SLOAN	0.00									
PRESIDENT				x				0.	0.	0.
(3) MARK PAULY	0.00									
PRESIDENT ELECT		1		Х				0.	0.	0.
(4) KOSALI SIMON	0.00									
SECRETARY				Х				0.	0.	0.
(5) MICHAEL MORRISEY	0.00									
TREASURER				Х				0.	0.	0.
(6) RANDALL ELLIS	0.00									
PAST PRESIDENT				Х				0.	0.	0.
(7) JOHN CAWLEY	0.00									
MEMBER				Х				0.	0.	0.
(8) LAURENCE C BAKER	0.00								_	
MEMBER				Х				0.	0.	0.
(9) LEEMORE DAFNY	0.00								_	_
MEMBER				Х				0.	0.	0.
(10) SUSAN ETTNER	0.00								_	
MEMBER				Х				0.	0.	0.
(11) DANA GOLDMAN	0.00									
MEMBER				Х				0.	0.	0.
(12) JOEL HAY	0.00									
MEMBER				Х				0.	0.	0.
(13) JOHN MULLAHY	0.00									
MEMBER				X				0.	0.	0.
(14) JOSE PAGAN	0.00									•
MEMBER	0.00			X				0.	0.	0.
(15) CHRISTOPHER RUHM	0.00	4							^	^
MEMBER		<u> </u>	<u> </u>	Х				0.	0.	0.
(16) RICHARD ARNOULD	8.00	{		v				20 500	0	^
MEMBER		<u> </u>	<u> </u>	Х	<u> </u>			29,500.	0.	0.
		{								
										- 000

Form 990 (2013)

	90 (2013)	AMERICAN	SOCIETY	2 (OF	HE	EAI	LTI	ΗI	ECONOMISTS	26-4	526	340	Pa	ige 8
Part \	Section A. Officer	s, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	e	(B) Average hours per week	box offi	not c , unle	Posi heck i ss per nd a di	ition more rson i	than is bot	th an	(D) Reportable compensation from	(E) Reportable compensatio from related	I	Est am	(F) timate ount o other	
			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	pensation the anization relate nization	e on ed
1h S	ub-total									79,500.		0.			0.
сT	otal from continuation otal (add lines 1b and	sheets to Part V	II, Section A							0.79,500.		0.			0.
2 To	otal number of individua	als (including but n							ho re	eceived more than \$100),000 of reportab	e			C
	id the organization list a													Yes	No
4 Fe	ne 1a? <i>If "Yes," complet</i> or any individual listed c nd related organizations	on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d otł	ner compensation from	the organization		3		x x
5 D	id any person listed on endered to the organizat	line 1a receive or a	accrue compei	nsat	ion 1	from	any	unr	relat		idual for services		5		x
	n B. Independent Con		•												
	omplete this table for your organization. Report											ipens	ation fr	rom	
		(A) ame and business			ONI					(B) Description of s		С	(C) compen		1

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 990 (2013)

Form	990	(2013)

					(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or	Unrelated	from tax under
						exempt function revenue	business revenue	sections 512 - 514
N N		E devete de como cione e	4-1			Tevende	Tevende	512-514
Contributions, Gifts, Grants and Other Similar Amounts			<u>1a</u>	76,664.				
βĒ		Membership dues		70,004.				
Ę,		Fundraising events						
la Gi		Related organizations						
Sin's,	е	Government grants (contributi						
e E	f	All other contributions, gifts, grant						
ē€		similar amounts not included abov	/e 1f					
1 T T T T	g	Noncash contributions included in lines	1a-1f: \$					
<u>a õ</u>	h	Total. Add lines 1a-1f			76,664.			
				Business Code				
e		CONFERENCES		900099	129,549.	129,549.		
e X	b	ADVERTISING		900099	5,218.	5,218.		
Program Service Revenue	с	LUNCHEONS		900099	3,007.	3,007.		
eve eve	d							
рщ	е							
ק	f	All other program service reve	nue					
		Total. Add lines 2a-2f			137,774.			
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	-		(i) Real	(ii) Personal				
	6 a	Gross rents	() 1100.	() + 0.00110				
		Less: rental expenses						
		Rental income or (loss)						
		.						
		Gross amount from sales of	(i) Securities	(ii) Other				
	<i>i</i> a							
	h	assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		>				
enue	8 a	Gross income from fundraising						
		including \$	of					
Be		contributions reported on line	-					
Other Rev		Part IV, line 18						
₹		Less: direct expenses						
		Net income or (loss) from fund		····· ►				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		🕨				
	10 a	Gross sales of inventory, less	returns					
		and allowances a						
	b	Less: cost of goods sold	b					
	с	Net income or (loss) from sale	s of inventory	►				
		Miscellaneous Revenue	e	Business Code				
	11 a							
	b							
	с							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		►	214,438.	137,774.	0.	0.

Check if Schedule O contains a response or note to any line in this Part VIII
(A)

(B) Related or

Check here

if following SOP 98-2 (ASC 958-720)

Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	l otal expenses	expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	79,500.	39,750.	39,750.	
_	trustees, and key employees	79,500.	59,750.	39,750.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
7 3	Other salaries and wages Pension plan accruals and contributions (include				
>					
•	section 401(k) and 403(b) employer contributions)				
9 n	Other employee benefits				
0	Payroll taxes Fees for services (non-employees):				
1	(, , , ,	50,000.	25,000.	25,000.	
а ь	• • • • • • • • • • • • • • • • • • •	3,268.	25,000.	3,268.	
b		1,610.		1,610.	
с С	v	1,0101			
d e	Destautional fundaciation consistent Octo Dest IV/ line 47				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion				
3	Office expenses				
4	Information technology	2,500.	1,250.	1,250.	
5	Royalties				
6	Occupancy				
7	Travel	756.	756.		
B	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	9,041.	9,041.		
)	Interest				
I	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	1,384.		1,384.	
ŀ	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 0.)				
а		14,400.	7,200.	7,200.	
b	PRINTING & PHOTOCOPYING	977.	488.	489.	
c	BANK FEES - PAYPAL	537.		537.	
d	POSTAGE	331.	166.	165.	
e		115.		115.	
;	Total functional expenses. Add lines 1 through 24e	164,419.	83,651.	80,768.	
3	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2013)

33

34

		Check if Schedule O contains a response or no	te to any line in this Part X		<u></u>		
		· ·		(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing		293,388.	1	343,407.	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest compens					
		Part II of Schedule L			5		
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	-		6		
Assets	_		employees' beneficiary organizations (see instr). Complete Part II of Sch L $_{\dots\dots}$				
Ass	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost or other	10-				
	h	basis. Complete Part VI of Schedule D			100		
	11	Less: accumulated depreciation		10c 11			
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ		293,388.	16	343,407.	
	17	Accounts payable and accrued expenses	•	17			
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete			21		
es	22	Loans and other payables to current and forme	r officers, directors, trustees,				
Liabilities		key employees, highest compensated employe	key employees, highest compensated employees, and disqualified persons.				
iab		Complete Part II of Schedule L		22			
-	23	Secured mortgages and notes payable to unrel	ated third parties		23		
	24	Unsecured notes and loans payable to unrelate	d third parties		24		
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24). Complete Part X of				
				0	25	0.	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.	
		Organizations that follow SFAS 117 (ASC 958					
Ce	07	complete lines 27 through 29, and lines 33 and lines 34 and lines 35 a		293,388.	27	343,407.	
alan	27 28	Unrestricted net assets Temporarily restricted net assets		255,500.	27	545,407.	
B	20 29				20 29		
nn	29	Organizations that do not follow SFAS 117 (A	SC 958) check here		23		
г		and complete lines 30 through 34.					
ets (30	Capital stock or trust principal, or current funds			30		
SSe	31	Paid-in or capital surplus, or land, building, or ea			31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated ir			32		
ž	33	Total net assets or fund balances	293,388,	33	343,407,		

RICAN SOCIETY OF HEALTH ECONOMISTS

26-4526340 Page 11

Form 990 (201) Part X Balance Sheet

3)	AMEF
3)	And

Form **990** (2013)

343,407.

343,407.

293,388.

293,388.

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

AMERICAN	SOCIETY	OF	HEALTH	ECONOMISTS

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			4,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>4,4</u> 0,0	
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		29	3,3	88.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))					
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🔲 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	 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:		,			
	Separate basis Consolidated basis Both consolidated and separate basis					
с	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.					
3a	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?					
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
					990	(2013)

Form	990	(2013))