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Form **990**

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable.
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **American Foundation for Pharmaceutical Education**

Doing Business As **AFPE**

Number and street (or P.O. box if mail is not delivered to street address) **One Church Street** Room/suite **400**

City or town, state or country, and ZIP + 4 **Rockville, MD 20850**

D Employer identification number **53 0214882**

E Telephone number **(301) 738-2160**

G Gross receipts $ **1,001,443**

F Name and address of principal officer **Robert M. Bachman**
One Church Street, Ste 400, Rockville, MD 20850

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

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

H(c) Group exemption number ▶

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

J Website: ▶ **www.afpenet.org**

K Type of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1942**

M State of legal domicile: **NY**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
To support the education of pharmaceutical scientists and strengthen pharmaceutical education.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5	Total number of employees (Part V, line 2a)	5	2
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	692,981	600,618
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	428,370	254,902
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,300	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,130,651	855,520
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	720,534	650,884
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	334,121	308,367
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	225,549	227,380
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,280,204	1,186,631
19	Revenue less expenses. Subtract line 18 from line 12	(149,553)	(331,111)

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	11,288,247	8,135,046
21	Total liabilities (Part X, line 26)	500,074	233,118
22	Net assets or fund balances. Subtract line 21 from line 20	10,788,173	7,901,928

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

Robert M. Bachman — Signature of officer — 11/11/2010 — Date

Robert M. Bachman, President — Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no ▶ ( )

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2008)

SCANNED DEC 07 2010

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
To support the education of pharmaceutical scientists and strengthen pharmaceutical education by identifying and supporting outstanding students who show exceptional potential for careers in industry pharmaceutical science research or academic teaching & research and by indentifying and supporting outstanding pharmacy college faculty who are undertaking individual pharmaceutical science research programs.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ **565,990** including grants of $ **392,000**) (Revenue $ **0**)
The AFPE Pre-Doctoral Fellowships Program is a national, competitive awards program that provided recognition and financial support to students enrolled full-time for the PhD degree in the pharmaceutical sciences at US schools and colleges of pharmacy PhDd degree graduate degree programs. This program supports the education of future PhD pharmaceutical scientists who will enter careers in pharmacy college teaching and industry research & development. It strengthens pharmacy education because approximately 50% of the PhD degree students AFPE supports enter careers in academic teaching at US schools and colleges of pharmacy.

4b (Code:) (Expenses $ **215,431** including grants of $ **149,241**) (Revenue $ **0**)
The AFPE Pharmacy Faculty New Investigator Program is a national, competitive awards program that provides recognition and financial support to young pharmacy college faculty who wish to initiate an independent research program. This program strengthens pharmacy education by providing encouraging the most talented new new pharmacy college faculty to undertake independent research that will develop the preliminary data needed for the new faculty to apply for the larger NIH and NSF grants that will solidify their research careers. Approximately, 30% of the award recipients succeed in winning NIH or NSF grants.

4c (Code:) (Expenses $ **108,233** including grants of $ **$75,000**) (Revenue $ **0**)
The AFPE Gateway to Research Scholarships Program is a national, competitive awards program that provides a faculty-mentored research project to PharmD or B.S. degree students considering a career in pharmaceutical science research caree. These mentored research project experiences enables the students to participate in a real-world research program to see if they want to pursue the PhD degree in pharmaceutical science and a career in industry pharmaceutical science research or college teaching & research. This purpose of this program is to attract the most talented science students to PhD degree programs in pharmaceutical sciences. Approximately, 33% of award recipients enter PhD degree programs in the pharmaceutical sciences.

4d Other program services (Describe in Schedule O.)
(Expenses $ **50,685** including grants of $ **35,000**) (Revenue $ **0**)

4e **Total program service expenses ▶ $ 940,339** *(Must equal Part IX, Line 25, column (B).)*

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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		✓
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		✓
6	Did the organization maintain any donor advised funds or any accounts where 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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21; 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		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	✓	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II.*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		✓
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		✓
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		✓
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		✓
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	✓	
22	Did the organization report more than $5,000 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, questions 3, 4, or 5? *If "Yes," complete Schedule J*	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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✓
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		✓

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		✓
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0		
b	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 (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	2		
b	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 *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country: ▶ ..... See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			✓
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	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:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	0		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	0		
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a	0		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	0		
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			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a 32		
b	Enter the number of voting members that are independent	1b 31		
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		✓
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		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9a	Does the organization have local chapters, branches, or affiliates?	9a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		✓
11	Is there any officer, director or 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*	11		✓

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c		✓
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
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	✓	
b	Other officers or key employees of the organization?	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		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ▶ **MD**

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

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ **Robert M. Bachman, Suite 400, One Church Street, Rockville 20850 (301) 738-2160**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
(see attached)										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶										

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ **1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
None		

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 0				
	b Membership dues	1b 0				
	c Fundraising events	1c 0				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 600,618				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a–1f ▶		600,618			
Program Service Revenue		Business Code				
	2a		0			
	b		0			
	c		0			
	d		0			
	e		0			
	f All other program service revenue		0			
	g **Total.** Add lines 2a–2f ▶		0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		400,825			400,825
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		0			
		(i) Real / (ii) Personal				
	6a Gross Rents	0 / 0				
	b Less: rental expenses	0 / 0				
	c Rental income or (loss)	0 / 0				
	d Net rental income or (loss) ▶		0			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	0 / 0				
	b Less: cost or other basis and sales expenses	0 / 0				
	c Gain or (loss)	(145,923) / 0				
	d Net gain or (loss) ▶		(145,923)			(145,923)
	8a Gross income from fundraising events (not including $ ..... of contributions reported on line 1c). See Part IV, line 18 a	0				
	b Less: direct expenses b	0				
	c Net income or (loss) from fundraising events ▶		0			
	9a Gross income from gaming activities. See Part IV, line 19 a	0				
	b Less. direct expenses. b	0				
	c Net income or (loss) from gaming activities ▶		0			
	10a Gross sales of inventory, less returns and allowances a	0				
	b Less: cost of goods sold b	0				
	c Net income or (loss) from sales of inventory ▶		0			
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue		0			
	e **Total.** Add lines 11a–11d ▶		0			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		855,520			254,902

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	184,241	184,241		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	466,643	466,643		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	204,902	133,186	40,980	30,736
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0		
7 Other salaries and wages	52,057	33,837	10,411	7,809
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	28,050	18,233	5,610	4,207
9 Other employee benefits	8,606	5,594	1,721	1,291
10 Payroll taxes	14,752	9,589	2,950	2,213
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	169	110	34	25
c Accounting	11,368	7,389	2,274	1,705
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	70,463	0	70,463	0
g Other	14,395	9,357	2,879	2,159
12 Advertising and promotion	0	0	0	0
13 Office expenses	0	0	0	0
14 Information technology	308	200	62	46
15 Royalties	0	0	0	0
16 Occupancy	38,234	24,852	7,647	5,735
17 Travel	17,781	6,644	3,246	7,891
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,665	9,590	4,685	11,390
20 Interest	5,114	3,324	1,023	767
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	1,293	840	258	195
23 Insurance	5,047	3,281	1,009	757
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a **Printing**	10,292	6,690	2,058	1,544
b **Postage & Shipping**	11,283	7,334	2,257	1,692
c **Office Supplies**	2,400	1,560	480	360
d **Telephone**	2,259	1,468	452	339
e **Repairs & Maintenance**	1,249	812	250	187
f All other expenses	10,060	5,565	1,949	2,546
25 **Total functional expenses.** Add lines 1 through 24f	1,186,631	940,339	162,698	83,594
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		7,086	1	26,585
	2	Savings and temporary cash investments		393,099	2	265,706
	3	Pledges and grants receivable, net		34,403	3	73,636
	4	Accounts receivable, net		79,255	4	35,418
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		0	9	0
	10a	Land, buildings, and equipment: cost basis	10a 22,410			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 18,362	5,342	10c	4,048
	11	Investments—publicly traded securities		10,766,414	11	7,727,007
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	0
	15	Other assets. See Part IV, line 11		2,648	15	2,646
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		11,288,247	16	8,135,046
Liabilities	17	Accounts payable and accrued expenses		128,324	17	34,618
	18	Grants payable		326,750	18	143,500
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow account liability. Complete Part IV of Schedule D		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable		45,000	24	55,000
	25	Other liabilities. Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		500,074	26	233,118
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,774,978	27	4,643,283
	28	Temporarily restricted net assets		4,013,195	28	3,258,645
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building, or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	0
	33	Total net assets or fund balances		10,788,173	33	7,901,929
	34	Total liabilities and net assets/fund balances		10,288,247	34	8,135,046

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
American Foundation for Pharmaceutical Education (AFPE)	53 : 0214882

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

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).** (Attach Schedule H.)

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 33⅓ % 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 33⅓ % 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).** (see instructions)

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?

	Yes	No
(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? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		

h Provide the following information about the organizations the organization supports.

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	843,834	1,264,895	715,468	692,281	600,618	4,117,096
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3	843,834	1,264,895	715,468	692,281	600,618	4,117,096
5 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)						1,197,622
6 **Public support.** Subtract line 5 from line 4.						2,919,474

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	843,834	1,264,895	715,468	692,281	600,618	4,117,096
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	208,075	281,819	371,324	437,670	400,825	1,699,713
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0		0	0	0	
11 **Total support.** Add lines 7 through 10						5,816,809
12 Gross receipts from related activities, etc (see instructions)					12	0

13 **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** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	50.2 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	63.4 %

16a **33⅓ % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓ % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2008.** 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.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2007.** 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.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33⅓ % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
American Foundation for Pharmaceutical Education (AFPE)	53 : 0214882

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	0	0
2	Aggregate contributions to (during year)	0	0
3	Aggregate grants from (during year)	0	0
4	Aggregate value at end of year	0	0

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ ----------

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ----------

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

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

3 Using the organization's 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 XIV.

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,013,195				
b Contributions	0				
c Investment earnings or losses	(632,550)				
d Grants or scholarships	0				
e Other expenditures for facilities and programs	(122,000)				
f Administrative expenses					
g End of year balance	3,258,645				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► 100 %
- b Permanent endowment ► _____ %
- c Term endowment ► _____ %

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

	Yes	No
(i) unrelated organizations — 3a(i)		✓
(ii) related organizations — 3a(ii)		✓

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment		22,410	18,362	4,048
e Other				
Total. Add lines 1a–1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ►				4,048

Part VII Investments—Other Securities. 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
Financial derivatives and other financial products	0	
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 12.)* ▶	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	0	
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 13.)* ▶	0	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Security Deposit for AFPE office at One Church Street, Rockville, MD 20850	**2,646**
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	**2,646**

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 25.)* ▶	0

In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	855,520
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,186,631
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(331,111)
4	Net unrealized gains (losses) on investments	4	(2,555,134)
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net). Add lines 4–8	9	(2,555,134)
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	(2,886,245)

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	(1,699,614)
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	(2,555,134)		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	(2,555,134)
3	Subtract line **2e** from line **1**			3	855,520
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	0		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	855,520

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,186,631
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Losses reported on Form 990, Part IX, line 25	2c	0		
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	1,186,631
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	0		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18.)			5	1,186,631

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

The intended uses of the AFPE Endowment is to use the annual interest and dividend income to support annual AFPE pre-doctoral fellowship awards to students enrolled in advanced education to earn the PhD degree in pharmaceutical science and/or to support annual AFPE faculty development fellowships.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American Foundation for Pharmaceutical Education (AFPE)

Employer identification number
53 : 0214882

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

1 (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
American Association of Colleges of Pharmacy (AACP)	36-2376972	501 (c) (3)	$149,241	0	n/a	n/a	To support AACP N
American Council for Pharmaceutical Education	36-2123871	501 (c) (3)	$35,000	0	n/a	n/a	To support ACPE a

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶ 2

3 Enter total number of other organizations . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Gateway to Research Scholarship	15	$5,000	n/a	n/a	n/a
First Year Graduate School Scholarship	2	$7,500	n/a	n/a	n/a
Pre-Doctoral Fellowships in Pharma. Science	45	6,000	n/a	n/a	n/a
Endowed Pre-Doctoral Fellowships in Pharma Sci	4	$11,000	n/a	n/a	n/a
Pre-Doctoral Fellowship in Pharma. Science	1	$3,000	n/a	n/a	n/a
Minority Faculty New Investigator Grant	1	$10,000	n/a	n/a	n/a
Pharmacy Faculty Development Fellowships	2	$25,000	n/a	n/a	n/a

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

AFPE procedures for monitoring the use of grant funds in the United States: AFPE requires all scholarship, fellowship, and grant recipients to complete a description of the academic and research activities they will complete during each 12-month award period and we require the recipients s to provide progress reports at the end of the 12-month grant period. We also require the deans of the schools the recipients are enrolled/employed in to report if the recipient is not undertaking their studies and research activities on a full-time basis.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
American Foundation for Pharmaceutical Education	53 0214882

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g , maid, chauffeur, chef)		
b	If line 1a is 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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . 2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply		
	☑ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☑ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
a	Receive a severance payment or change of control payment? 4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b		✓
c	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		✓
	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) and 501(c)(4) organizations must complete lines 5–8.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? 5a		✓
b	Any related organization? 5b		✓
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? 6a		✓
b	Any related organization? 6b		✓
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7		✓
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III 8		✓

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Robert M. Bachman	(i)	201,000.00	0	0	22,110	2,457	225,567	267,910
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

American Foundation for Pharmaceutical Education (AFPE)

Employer identification number

53 0214882

Part III - Statement of Program Service Accomplishments, 4d Other program services. (Describe in Schedule O.)

(Expenses $ 58,081 including grants of $ $35,000) (Revenue: $ 0

Grant to Accreditation Council for Pharmacy Education (ACPE) - to support the annual accreditation program of the ACPE that evaluates the quality of the pharmacy education program at each accredited US schools & colleges of pharmacy as a part of the initial accreditation and re-accreditation of US schools and colleges of pharmacy. The provision of support for ACPE supports the AFPE mission to strenthen pharmacy education.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

The Compensation Committee, comprised of the Chairman and two additional current or recent Board members, reviews the status of the President based on such standards as leadership; organization of major donor campaigns; organization of annual fundraising campigns, preparation of meetings for Board of Directors, Board of Grants, Executive & Finance Committee, and other active committees & task forces; organization and implementation of annual pharmaceutical education awards program, including solicitation of applications and preparation of applicant files; foundation administration and management; comparison with salaries of comparable non-profit positions. Based upon its findings, the Compensation Committee makes a salary recommendation to the Executive Committeee and any resulting adjustments in salary, other compensation, and benefits are incorporated into the President's employment contract.

From 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents, policies, and financial statements are available upon request.

2008-2009 AWARDEE STATUS CHART

GATEWAYS - 5K (13)

Final Report	Certificate Sent	2008 Stipend	Contract Signed	Contract Sent	Faculty $	Info Rcv'd	Ltr Sent	Name	School or College of Pharmacy	Total Amt
X	X	$ 5,000	X	X	0	X	X	Browne, Matthew R (AAPS)	University of California San Francisco	5,000
X	X	$ 5,000	X	X	1,000	X	X	Foster, Charles J	University of Colorado	5,000
X	X	$ 5,000	X	X	0	X	X	Gamblin, Lacey D	Southern Illinois University	5,000
X	X	$ 5,000	X	X	0	X	X	Hayes, Meghan K (AAPS)	University of Illinois at Chicago	5,000
X	X	$ 5,000	X	X	500	X	X	Hydery, Tasmina	Union University	5 000
X	X	$ 5,000	X	X	1,000	X	X	Kulow, Benjamin J	University of Toledo	5,000
X	X	$ 5,000	X	X	0	X	X	Luetters, Angela M	University of Colorado	5 000
X	X	$ 5,000	X	X	500	X	X	Patel, Ashish V	University of California San Francisco	5 000
X	X	$ 5,000	X	X	1,000	X	X	Prater, Lon Ann	University of Kentucky	5 000
X	X	$ 5,000	X	X	1,000	X	X	Schmees, Patrick M	Ohio Northern University	5,000
X	X	$ 5,000	X	X	500	X	X	Villanueva, Alex	Union University	5,000
X	X	$ 5,000	X	X	500	X	X	Waterson, Rachael E (AAPS)	Ohio Northern University	5,000
X	X	$ 5,000	X	X	0	X	X	Zielinski, Michael A	Temple University	5,000
										65,000

MINORITY GATEWAYS - 5K (2)

Final Report	Certificate Sent	2008 Stipend	Contract Signed	Contract Sent	Faculty $	Info Rcv'd	Ltr Sent	Name	School or College of Pharmacy	Total Amt.
X	X	$ 5,000	X	X	0	X	X	Obi, Nneka P *(Macy)*	Texas A & M University	5,000
X	X	$ 5,000	X	X	0	X	X	Ramirez, Julianne *(Roche)*	Idaho State University	5,000
										10,000

RHO CHI - 7.5K (2)

Cert Sent	2/2/2009	9/2/2008	Contract Signed	Contract Sent	Financial Info	Info Rcv'd	Ltr Sent	Name	School or College of Pharmacy	Total Amt
X	$ 3,750	$ 3,750	X	X	X	X	X	Hertz, Daniel	University of North Carolina	7,500
X	$ 3,750	$ 3,750	X	X	X	X	X	Talameh, Jasmine	University of North Carolina	7,500
										15,000

PRE-DOCTORAL FELLOWS 6K (47)

$1,500 Stipend	2/2/2009	9/2/2008	Contract Signed	Contract Sent	Financial Info.	Info Rcv'd	Ltr Sent	Name	School or College of Pharmacy	Total Amt.
NA	$ 3,000	$ 3,000	X	X	X	X	X	Allen, Mark	University of Florida	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Anderson, David *	University of Iowa	6,000
NA	$ 8,000	$ 3,000	X	X	X	X	X	[redacted]	[redacted]	11,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Baksh, Charlene	University of Maryland	6,000
Declined	Declined	Declined	Declined	Declined	24K	X	X	Block, Katherine *	University of Arizona	-
NA	$ 3,000	$ 3,000	X	X	X	X	X	Bonifacio, Laura*	University of North Carolina	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Bonner, Lisa *	Purdue University	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Borgman, Mark*	University of Maryland	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Brandt, Gary	University of Kansas	6,000
Declined	Declined	Declined	Declined	Declined	24K	X	X	Carroll, Mary	University of North Carolina	-
NA	$ 3,000	$ 3,000	X	X	X	X	X	Cole, Adam	University of Michigan	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	[redacted]	[redacted]	11,000
Declined	Declined	Declined	Declined	Declined	30,638	X	X	Drechsel, Derek*	University of Colorado - HSC	-
NA	$ 8,000	$ 3,000	X	X	X	X	X	[redacted]	[redacted]	11,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Dunn, Michael *	University of Rhode Island	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Farnsworth, Sarah *	University of Utah	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Fenner, Amanda	University of Iowa	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Flaherty, Daniel *	University of Nebraska	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Freise, Kevin *	University of Iowa	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Fntz, Jason	University of Colorado	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Gagan, Erin	University of Iowa	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Goedken, Amber *	University of Iowa	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Good, David *	University of Michigan	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Guerrien, Pete *	Purdue University	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Gurevich, Igor*	University of Connecticut	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Hailu, Shumet *	University of Connecticut	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Hartsock, Wendy *	University of Kansas	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Hirakawa, Ryoko *	University of the Pacific	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Hodge, Lucy	University of Minnesota	6,000

PRE-DOCTORAL FELLOWS 6K (47)

$1,500 Stipend	2/2/2009	9/2/2008	Contract Signed	Contract Sent	Financial Info	Info Rcv'd	Ltr Sent	Name	School or College of Pharmacy	Total Amt
NA	$ 3,000	$ 3,000	X	X	X	X	X	Hurst, Jillian*	University of Georgia	6,000
NA	Graduated	$ 3,000	X	X	X	X	X	Hussainzada, Naissan *	University of Maryland	3,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Jackson, Patrice* (AAPS)	Howard University	6,000
Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Johnson, Thomas	University of Minnesota	-
NA	$ 3,000	$ 3,000	X	X	X	X	X	Kawamoto, Steven *	University of Michigan	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Kertesz, Tzipporah *	University of Connecticut	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Kjos, Andrea *	University of Minnesota	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Koch, Michael *	University of Utah	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Lee, David *	Virginia Commonwealth University	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Lexa, Katrina	University of Michigan	6,000
Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Lovell, Kimberly	University of Kansas	-
NA	$ 3,000	$ 3,000	X	X	X	X	X	Matei, Ann-Marie *	St John's University	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Miskimins Mills, Beth*	University of Iowa	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Neal, Rebecca	Mercer University	6,000
Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Niphakis, Micah	University of Kansas	-
NA	$ 8,000	$ 3,000	X	X	X	X	X	[redacted]	[redacted]	11,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Pavlovicz, Ryan	Ohio State University	6,000
Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Schentrup, Anzeela *	University of Florida	-
Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Schmidt, Matthew*	University of Iowa	-
NA	$ 3,000	$ 3,000	X	X	X	X	X	Schneider Ryan *	Ohio State University	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Scott, Anna *	University of Southern California	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Theken, Katherine	University of North Carolina	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Thomson, Margaret	University of Tennessee	6,000
Declined	Declined	Declined	Declined	Declined	Declined	Declined	Declined	Turbiak, Anjanette	University of Michigan	-
NA	$ 3,000	$ 3,000	X	X	X	X	X	Walthour, Amy *	University of Georgia	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Watts, Alan (AAPS)	University of Texas	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Wu, Kuangshi *	University of Utah	6,000
										299,000

MINORITY PRE-DOCTORAL FELLOWS 6K (3)

$1,500 Stipend	2/2/2009	9/2/2008	Contract Signed	Contract Sent	Financial Info	Info Rcv'd	Ltr Sent	Name	School or College of Pharmacy	Total Amt
NA	$ 3,000	$ 3,000	X	X	X	X	X	Agyemang, Comfort (Macy)	Florida A&M University	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Lane, Daniel *(Macy)*	University of Michigan	6,000
NA	$ 3,000	$ 3,000	X	X	X	X	X	Reyes, Maribel *(Roche)*	University of California - SF	6,000
										18,000

Minority Pharmacy Faculty New Investigator - 10K (1)

Cert Sent	2/2/2009	9/2/2008	Contract Signed	Contract Sent	Financial Info	Info Rcv'd	Ltr Sent	Name	School or College of Pharmacy	
X	N/A	10,000	X	X	X	X	X	Ikediobi, Ogechi *(Macy)*	University of California San Francisco	10,000
										10,000

Geriatric Pharmacy Fellowship - 25K (1)

Cert Sent	2/2/2009	9/2/2008	Contract Signed	Contract Sent	Financial Info.	Info Rcv'd	Ltr Sent	Name	School or College of Pharmacy	
X	N/A	25,000	X	X	X	X	X	Cappuzo, Kimberly A	Virginia Commonwealth University	25,000
										25,000

Community Pharmacy Practice Fellowship - 25K (1)

Cert Sent	2/2/2009	10/30/2008	Contract Signed	Contract Sent	Financial Info.	Info Rcv'd	Ltr Sent	Name	School or College of Pharmacy	
X	N/A	25,000	X	X	X	X	X	Sullivan, Meghan, K *(NACDS)*	University of Maryland	25,000
										25,000

AACP	149,241
ACPE	35,000
	184,241

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

American Foundation for Pharmaceutical Education, EIN # 53-0214882, 12/31/2008

Name & Title	Average Hours Per Week	Position	Reportable Compensation from the Organization	Reportable Compensation from related Organization	Estimated Amount of Other Compensation from the Organization
Robert A. Ingram Chairman Hatteras Venture Partners 280 S. Mangum Street Suite 350 – Diamond View II Durham, NC 27701	1 hr/wk	Inst. Trustee	0	0	0
Timothy Hayes Vice Chairman Bayer HealthCare LLC 36 Columbia Road Morristown, NJ 07962-1910	1 hr/wk	Inst. Trustee	0	0	0
Lonnie Hollingsworth Treasurer 5119 34th Street Lubbock, TX 79410 4800 Wild Briar Pass Austin, TX 78746	1 hr/wk	Inst. Trustee	0	0	0
Joseph L. Fink, III, J.D. General Counsel University of Kentucky College of Pharmacy 789 South Limeston Street Lexington, KY 40536-0596	1 hr/wk	Inst. Trustee	0	0	0
Jeffrey Baldwin. Pharm D. Board Member University of Nebraska College of Pharmacy 98600 Nebraska Medical Center Omaha, NE 68198	1 hr/wk	Inst Trustee	0	0	0
Leslie Z Benet, Ph.D. Board Member University of California-San Francisco School of Pharmacy 533 Parnassus Avenue Room U68 San Francisco, CA 94143-0446	1 hr/wk	Inst. Trustee	0	0	0
Ronald M. Califre Board Member Novartis Pharmaceuticals Corporation One Health Plaza East Hanover, NJ 07936-1080	1hr/wk	Inst. Trustee	0	0	0
John M. Cassady, Ph D. Board Member 1212 Rosebank Dr. Columbus, OH 43235	1 hr/wk	Inst. Trustee	0	0	0
R. David Cobb, Pharm.D. Board Member 500 Arcola Road 410 25th Avenue SW	1 hr/wk	Inst. Trustee	0	0	0

Thomas J. Croce, Jr., R Ph. Board Member Pfizer, Inc. 500 Arcola Road Collegeville, PA 19462	1 hr/wk	Inst. Trustee	0	0	0
Martin De Berardinis, Ph D Board Member AstraZeneca Pharmaceuticals, LP 1800 Concord Pike Bld. #0W1-143 PO Box 15437 Wilmington, DE 19850-5437	1 hr/wk	Inst. Trustee	0	0	0
John M Gray, J.D. Board Member Healthcare Distribution Management Association 901 North Glebe Road, Suite 1000 Arlington, VA 22203	1 hr/wk	Inst. Trustee	0	0	0
Michael E Kafrissen, M D. Board Member Ortho-McNeil Janssen Scientific Affairs, LLC 1000 Route 202, PO Box 300 Raritan, NJ 08869-0602	1 hr/wk	Inst. Trustee	0	0	0
Lucinda L. Maine, Ph D. Board Member American Association of Colleges of Pharmacy 1727 King Street Alexandria, VA 22314	1 hr/wk	Inst. Trustee	0	0	0
William S. Marth, MBA Board Member TEVA Pharmaceuticals USA 1090 Horsham Road, PO Box 1090 North Wales, PA 19454-1090	1 hr/wk	Inst. Trustee	0	0	0
David G. Miller, R.Ph. Board Member Merck & Company, Inc. US Human Health Division 351 North Sumneytown Pike, Box 1000–G3AB-2505 North Wales, PA 19454-2505	1 hr/wk	Inst. Trustee	0	0	0
Jennifer L. Miller, MBA Board Member Pfizer Global Research & Development 50 Pequot Avenue C2115 New London, CT 06371	1 hr/wk	Inst. Trustee	0	0	0
Lawrence H. Mokhiber, M.S. Board Member National Association of Boards of Pharmacy 1600 Feehanville Drive Mt Prospect, IL 60056	1 hr/wk	Inst. Trustee	0	0	0
Gregory Oakes Board Member Schering-Plough 2000 Galloping Hill Road Mail Code K-5-2, B6 Kenilworth, NJ 07033-0530	1 hr/wk	Inst. Trustee	0	0	0

Ara G. Paul, Ph.D. Board Member University of Michigan College of Pharmacy 428 Church Street, Room 4032 Ann Arbor, MI 48109-4032	1 hr/wk	Inst. Trustee	0	0	0
Del Persinger Board Member PhRMA Foundation 950 F Street NW Suite 300 Washington, DC 20004	1 hr/wk	Inst. Trustee	0	0	0
Eric Racine, R.Ph., MBA. Board Member sanofi-aventis 55 Corporate Drive, MC 55B-235A Bridgewater, NJ 08807	1 hr/wk	Inst. Trustee	0	0	0
Cynthia L. Raehl, Pharm.D. Board Member Texas Tech University HSC School of Pharmacy 1300 S. Coulter Street Amarillo, TX 79106	1 hr/wk	Inst. Trustee	0	0	0
William H. Riffee, Ph.D. Board Member University of Florida College of Pharmacy PO Box 100484, JHMHC 101 South Newell Drive, #4334 Gainesville, FL 32611	1 hr/wk	Inst Trustee	0	0	0
Heinz Schneider, Dr.Med. Board Member Consumer Healthcare Products Association 900 19th Street NW, Suite 700 Washington, DC 20006	1 hr/wk	Inst. Trustee	0	0	0
Philip L. Schneider Board Member NACDS Foundation 413 North Lee Street Alexandria, VA 22314-14	1 hr/wk	Inst Trustee	0	0	0
Alice E. Till, Ph D. Board Member Pharmaceutical Research and Manufacturers of America 950 F Street NW Washington, DC 20004	1 hr/wk	Inst. Trustee	0	0	0
Pete V. Vlasses, Pharm.D. Board Member Accreditation Council for Pharmacy Education 20 North Clark Street, Suite 2500 Chicago, IL 60602-5109	1 hr/wk	Inst Trustee	0	0	0
George J. Vuturo, PhD Board Member Designing Solutions, L.L.C. 405 Glenn Drive, Suite 4 Sterling, VA 20164	1 hr/wk	Inst. Trustee	0	0	0

Roger Williams, MD Board Member USP 12601 Twinbrook Parkway Rockville, MD 20852	1 hr/wk	Inst. Trustee	0		0	0
Victor A. Yanchick, PhD Board Member Virginia Commonwealth University School of Pharmacy 410 North 12th Street Richmond, VA 23298	1 hr/wk	Inst. Trustee	0		0	0
Robert M. Bachman, M.A. President & COO American Foundation for Pharmaceutical Education One Church Street, Suite 400 Rockville, MD 20850	40 hrs/wk	Inst. Trustee	$275,840	0		$24,567