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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUN 1, 2008 and ending MAY 31, 2009

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 SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 7272 WISCONSIN AVENUE, 2ND FLOOR

Room/suite

City or town, state or country, and ZIP + 4
BETHESDA, MD 20814

D Employer identification number
23-7033369

E Telephone number
(301)664-8612

G Gross receipts $ 2,050,758.

F Name and address of principal officer: STEPHEN J. ALLEN
SAME AS C ABOVE

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.ASHPFOUNDATION.ORG

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1968 **M** State of legal domicile MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	100
	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	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,802,114.	1,610,656.
	9 Program service revenue (Part VIII, line 2g)	64,008.	131,189.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	307,359.	<2,139,511.>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	540,492.	<8,864.>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,713,973.	<406,530.>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	668,036.	564,069.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	906,871.	1,068,454.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 363,460.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	734,614.	791,819.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,309,521.	2,424,342.
	19 Revenue less expenses Subtract line 18 from line 12	404,452.	<2,830,872.>

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	11,849,869.	8,730,826.
	21 Total liabilities (Part X, line 26)	514,420.	226,249.
	22 Net assets or fund balances Subtract line 21 from line 20	11,335,449.	8,504,577.

SCANNED MAY 21 2010

RECEIVED APR 23 2010 OGDEN, UT IRS-OSC 182

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date 4/13/10

▶ STEPHEN J. ALLEN, EXECUTIVE VICE PRESIDENT AND CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Deborah B. Kosut — Date 4/8/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ TATE & TRYON CPA'S
805 15TH STREET, NW, SUITE 900
WASHINGTON, DC 20005

EIN ▶

Phone no ▶ (202)293-2200

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

915-18

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE MISSION OF THE ASHP FOUNDATION IS TO IMPROVE THE HEALTH AND WELL-BEING OF PATIENTS IN HOSPITALS AND HEALTH SYSTEMS THROUGH APPROPRIATE, SAFE AND EFFECTIVE MEDICATION USE. THE FOUNDATION PROVIDES LEADERSHIP AND CONDUCTS EDUCATION AND RESEARCH ACTIVITIES

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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses $ 760,509. including grants of $ 93,775.) (Revenue $ 131,189.)
STRATEGIC PRIORITY #3: THE EXPANSION OF PHARMACISTS' DIRECT PATIENT CARE AND LEADERSHIP ROLES

ASHP FOUNDATION RESEARCH ADVISORY PANEL: THE RESEARCH ADVISORY PANEL (RAP) MET ONCE DURING FY-09 AND THE SENIOR DIRECTOR FOR RESEARCH AND OPERATIONS WORKED CLOSELY WITH SEVERAL PANEL MEMBERS TO FACILITATE IMPLEMENTATION OF SEVERAL RAP RECOMMENDATIONS FOR THE FOUNDATION'S RESEARCH AGENDA. THESE INCLUDED GUIDANCE ON THE FOUNDATION'S GRANT CRITERIA, FUNDING STRATEGIES FOR THE RESEARCH BOOT CAMP AND SUBMISSION OF RESEARCH SUGGESTIONS TO THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY.

4b (Code:) (Expenses $ 549,979. including grants of $ 254,941.) (Revenue $ 0.)
STRATEGIC PRIORITY #2: ADVANCEMENT OF OPTIMAL PATIENT MEDICATION OUTCOMES

ASHP FOUNDATION JUNIOR INVESTIGATOR RESEARCH GRANT: (ALSO SUPPORTS STRATEGIC PRIORITY 3)
SIXTEEN APPLICATIONS WERE RECEIVED FOR THE ASHP FOUNDATION JUNIOR INVESTIGATOR RESEARCH GRANT DURING THE FY-09 CYCLE. THIS GRANT IS OFFERED TO PHARMACIST JUNIOR INVESTIGATORS AND IS INTENDED TO SUPPORT PRACTICE-BASED MEDICATION-USE RESEARCH. A SIX-MEMBER REVIEW PANEL COMPOSED OF PHARMACIST, PHYSICIAN AND NURSE RESEARCHERS RECOMMENDED AWARD OF THE FOLLOWING GRANT: "THE IMPACT OF PHARMACIST-PROVISION OF A TELEPHONE MTM PROGRAM TO MEDICARE PART D BENEFICIARIES: A 12-MONTH

4c (Code:) (Expenses $ 537,278. including grants of $ 215,353.) (Revenue $ 0.)
STRATEGIC PRIORITY #1: DESIGN AND STUDY OF SAFE AND EFFECTIVE MEDICATION-USE SYSTEMS

2008 AWARD FOR EXCELLENCE IN MEDICATION-USE SAFETY: SUPPORTED BY A GRANT FROM THE CARDINAL HEALTH FOUNDATION, THIS PROGRAM IS DESIGNED TO RECOGNIZE A PHARMACIST-LED MULTIDISCIPLINARY TEAM THAT MAKES SIGNIFICANT INSTITUTION-WIDE SYSTEM IMPROVEMENTS RELATING TO MEDICATION USE. THE PROGRAM IS IN ITS FIFTH YEAR AND IS THE ONLY NATIONAL-LEVEL PROGRAM THAT RECOGNIZES THE PHARMACIST'S LEADERSHIP ROLE IN THE MEDICATION-USE PROCESS. THE THREE FINALIST ORGANIZATIONS WERE CHOSEN FROM 23 APPLICANTS USING STRUCTURED SELECTION CRITERIA ESTABLISHED BY AN INDEPENDENT MULTIDISCIPLINARY PANEL OF EXPERTS IN THE FIELD OF

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

4e **Total program service expenses** ▶ $ 1,847,766. *(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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
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	N/A	
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
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	X	
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	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
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		X
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		X
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		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
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	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
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	X	
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
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		X
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		X
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		X
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		X
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		X

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		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
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	X	
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		X
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	X	
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		X

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	42		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
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		X
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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		X
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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
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? N/A		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? N/A		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		9b		
10	**Section 501(c)(7) organizations.** Enter. N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter: N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	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 12		
b	Enter the number of voting members that are independent	1b 10		
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	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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
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	X	
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		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b		X
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		X
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: ▶

ELIZABETH HARTNETT - (301)664-8612

7272 WISCONSIN AVENUE, 2ND FLOOR, BETHESDA, MD 20814

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			
DAVID R. GAUGH CHAIR	1.00	X		X				0.	0.	0.
JANET A. SILVESTER, MBA, VICE CHAIR	1.00	X		X				0.	0.	0.
HENRI R. MANASSE, JR., P PRESIDENT/ASHP PRESIDENT	1.00	X		X				0.	678,775.	96,931.
PAUL W. ABRAMOWITZ, PHAR TREASURER	1.00	X		X				0.	0.	0.
STEPHEN J. ALLEN, MS, FA SECRETARY/EVP	40.00	X		X				224,236.	0.	44,597.
RON J. ANDERSON, MD DIRECTOR AT LARGE	1.00	X						0.	0.	0.
BARBARA BALIK, RN, MS, E DIRECTOR AT LARGE	1.00	X						0.	0.	0.
CYNTHIA BRENNAN, PHARMD, DIRECTOR AT LARGE	1.00	X						0.	0.	0.
MICHAEL S. FLAGSTAD, MS DIRECTOR AT LARGE	1.00	X						0.	0.	0.
JAMES F. MURRAY, PHD DIRECTOR AT LARGE	1.00	X						0.	0.	0.
BRUCE E. SCOTT, PHARMD DIRECTOR AT LARGE	1.00	X						0.	0.	0.
GORDON S. WILCOX DIRECTOR AT LARGE	1.00	X						0.	0.	0.
RICHARD WALLING DIRECTOR CTR FOR HEALTH-	40.00					X		140,863.	0.	22,747.
DANIEL COBAUGH SR DIR FOR RESEARCH AND	40.00					X		129,108.	0.	26,890.
CYNTHIA LACIVITA DIR EDUCATION AND SPECIA	40.00					X		110,814.	0.	18,710.

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 ▶								605,021.	678,775.	209,875.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 4

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

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. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

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				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1610656.			
	g Noncash contributions included in lines 1a-1f $ 189,736.					
	h Total. Add lines 1a-1f	▶	1,610,656.			
Program Service Revenue		Business Code				
	2a PHARMACY LEADERSHIP AC	900099	130,950.	130,950.		
	b PUBLICATIONS	900099	239.	239.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶	131,189.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	299,628.			299,628.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis and sales expenses	2439139.				
	c Gain or (loss)	<2439139>				
	d Net gain or (loss)	▶	<2439139.>			<2439139.>
	8a Gross income from fundraising events (not including $ 29,780. of contributions reported on line 1c) See Part IV, line 18	a 9,285.				
	b Less direct expenses	b 18,149.				
	c Net income or (loss) from fundraising events	▶	<8,864.>			<8,864.>
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
	12 Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	<406,530.>	131,189.	0.	<2148375.>

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	489,069.	489,069.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	75,000.	75,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	854,671.	579,872.	73,889.	200,910.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	121,729.	91,114.	10,722.	19,893.
9 Other employee benefits	41,851.	29,522.	3,373.	8,956.
10 Payroll taxes	50,203.	39,158.	3,681.	7,364.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11,314.		11,314.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	17,153.	11,965.	1,851.	3,337.
14 Information technology				
15 Royalties				
16 Occupancy	68,059.	37,437.	14,291.	16,331.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,859.	21,206.	18,653.	
23 Insurance	476.			476.
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 CONTRACT SERVICES	245,744.	139,111.	28,733.	77,900.
b GENERAL EXPENSES	178,165.	146,536.	10,355.	21,274.
c MEETINGS AND TRAVEL	164,014.	120,741.	36,254.	7,019.
d FLU VACCINATION PROGRAM	67,035.	67,035.	0.	0.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,424,342.	1,847,766.	213,116.	363,460.
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			1	
	2	Savings and temporary cash investments		1,771,077.	2	703,376.
	3	Pledges and grants receivable, net		124,863.	3	156,062.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L			5	
	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		16,271.	9	2,918.
	10a	Land, buildings, and equipment: cost basis	10a 166,367.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 83,682.	93,879.	10c	82,685.
	11	Investments - publicly traded securities		9,718,911.	11	7,687,225.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		124,868.	15	98,560.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		11,849,869.	16	8,730,826.
Liabilities	17	Accounts payable and accrued expenses		419,121.	17	114,368.
	18	Grants payable			18	
	19	Deferred revenue		50,756.	19	59,406.
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		44,543.	25	52,475.
	26	**Total liabilities.** Add lines 17 through 25		514,420.	26	226,249.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,892,500.	27	1,467,454.
	28	Temporarily restricted net assets		3,673,100.	28	2,266,374.
	29	Permanently restricted net assets		4,769,849.	29	4,770,749.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		11,335,449.	33	8,504,577.
	34	Total liabilities and net assets/fund balances		11,849,869.	34	8,730,826.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	X	
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		X
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 SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN	23-7033369

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete the 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?		X
(ii)	A family member of a person described in (i) above?		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		X

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
AMERICAN SOCIETY OF H	52-0807628	501(C)(6)		X	X		X		56,674.
Total									56,674.

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")						
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						
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)						
6 **Public Support.** Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** 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 **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and 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 SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN	23-7033369

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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	6,505,305.				
b	Contributions	900.				
c	Investment earnings or losses	<1659001.>				
d	Grants or scholarships					
e	Other expenditures for facilities and programs	<707,088.>				
f	Administrative expenses					
g	End of year balance	5,554,292.				

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

a Board designated or quasi-endowment ▶ 14.11 %
b Permanent endowment ▶ 85.89 %
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)	X
(ii)	related organizations	3a(ii)	X
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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		166,367.	83,682.	82,685.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)*			▶	82,685.

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		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12) ▶		

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
Total. (Col (b) should equal Form 990, Part X, col (B) line 13) ▶		

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

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

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

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO ASHP	52,475.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	52,475.

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	<406,530.>
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,424,342.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<2,830,872.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	<2,830,872.>

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	<326,145.>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	62,236.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	18,149.		
e	Add lines 2a through 2d			2e	80,385.
3	Subtract line 2e from line 1			3	<406,530.>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	<406,530.>

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

1	Total expenses and losses per audited financial statements			1	2,504,727.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	62,236.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	18,149.		
e	Add lines 2a through 2d			2e	80,385.
3	Subtract line 2e from line 1			3	2,424,342.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	2,424,342.

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

PART V, LINE 4: THE FOUNDATION'S ENDOWMENT PRIMARILY CONSISTS OF CONTRIBUTIONS TO THE JOSEPH A. ODDIS ENDOWMENT CAMPAIGN, THE PURPOSE OF WHICH WAS TO RAISE FUNDS FOR PROGRAMS THAT IMPROVE PHARMACY PRACTICE AND THE SAFE AND EFFECTIVE USE OF MEDICATIONS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES: 18149.

Part XIV Supplemental Information *(continued)*

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES: 18149.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization	Employer identification number
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN	23-7033369

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 WALTER JONES GOLF CLASSI (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col (c))
Revenue	1 Gross receipts	39,065.			39,065.
	2 Less: Charitable contributions	29,780.			29,780.
	3 Gross revenue (line 1 minus line 2)	9,285.			9,285.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	9,684.			9,684.
	7 Other direct expenses	8,465.			8,465.
	8 Direct expense summary. Add lines 4 through 7 in column (d)			▶	(18,149.)
	9 Net income summary. Combine lines 3 and 8 in column (d)			▶	<8,864.>

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes____ % ☐ No	☐ Yes____ % ☐ No	☐ Yes____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)			▶	

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	**13a**	%		
b An outside facility	**13b**	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶ _____				
Address ▶ _____				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		**15a**		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address:				
Name ▶ _____				
Address ▶ _____				
16 Gaming manager information.				
Name ▶ _____				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶ _____				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		**17a**		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ _____				

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 SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

Employer identification number 23-7033369

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? [X] 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 SOCIETY OF HEALTH-SYSTEM PHARMACISTS - 7272 WISCONSIN AVE - BETHESDA, MD 20814	52-0807628	501(C)(3)	56,674.	0.			CLINICAL SKILLS COMPETITION, IV SAFETY SUMMIT
ARIZONA BOARD OF REGENTS P.O. BOX 3308 TUCSON, AZ 85722-3308	86-0779656	501(C)(3)	6,600.	0.			JR INVESTIGATOR GRANT
BIOMEDICAL RESEARCH INSTITUTE OF NEW MEXICO - 1501 SAN PEDRO DRIVE, S.E. - ALBUQUERQUE, NM 87108	85-0374063	501(C)(3)	6,554.	0.			JR INVESTIGATOR GRANT
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	16,408.	0.			UNSOLICITED GRANT PROGRAM
CINCINNATI FOUNDATION FOR BIOMEDICAL RESEARCH AND EDUCATION - 3200 VINE STREET - CINCINNATI, OH 45220	31-1347969	115	8,250.	0.			FEDERAL SERVICES GRANT
CLEVELAND CLINICAL FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714553	501(C)(3)	16,332.	0.			HOSPITALIST GRANT

2 Enter total number of section 501(c)(3) and government organizations ▶ 29.

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
PHARMACY LEADERSHIP TRAINING	2	20,000.	0.		

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

SCHEDULE I, PART I, LINE 2: THE ASHP FOUNDATION HAS A DETAILED REPORTING REQUIREMENT FOR ALL GRANTS AWARDED WHICH INCLUDES REPORTING PROGRESS AT 6-MONTH INTERVALS. ANY UNUSED GRANT FUNDS MUST BE RETURNED. THE ASHP FOUNDATION HAS A GOOD TRACK RECORD OF ENSURING STUDY COMPLETION AND PUBLICATION OF STUDY RESULTS.

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

Employer identification number 23-7033369

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDWARD FOUNDATION 801 S. WASHINGTON NAPERVILLE, IL 60540	36-3723705	501(C)(3)	13,320.	0.			MEDICATION SAFETY TEAM GRANT
FORSYTH MEDICAL GROUP 2000 FRONTIS PLAZA BOULEVARD WINSTON SALEM, NC 27103	56-0928089	501(C)(3)	50,000.	0.			AWARD FOR EXCELLENCE GRANT
INSTITUTIONAL PROF SUPPORT FUND (OH STATE UNIV) - 410 WEST TENTH AVENUE - COLUMBUS, OH 43210	31-6025986	115	10,000.	0.			AWARD FOR EXCELLENCE PROGRAM
THE JOHNS HOPKINS HOSPITAL 600 N. WOLFE STREET BALTIMORE, MD 21287	52-1341890	501(C)(3)	10,000.	0.			ONCOLOGY TRAINEESHIP
LAKELAND REGIONAL MEDICAL CENTER 1324 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805	59-2650456	501(C)(3)	10,000.	0.			PAIN MANAGEMENT TRAINEESHIP
MEDICAL CENTER FUND OF CINCINNATI 234 GOODMAN AVENUE CINCINNATI, OH 45219	31-0904251	501(C)(3)	20,000.	0.			CRITICAL CARE TRAINEESHIP
NORTHWESTERN MEMORIAL HOSPITAL 541 N. FAIRBANKS CHICAGO, IL 60611-3309	37-0960170	501(C)(3)	10,000.	0.			AWARD FOR EXCELLENCE
OCEAN STATE RESEARCH INSTITUTE 830 CHALKSTONE AVENUE PROVIDENCE, RI 02908	05-0440574	501(C)(3)	8,500.	0.			FEDERAL SERVICES GRANT

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

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

Employer identification number 23-7033369

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESBYTERIAN HEALTHCARE SERVICES 201 CEDAR AVENUE ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	16,799.	0.			HOSPITALIST GRANT
PURDUE SCHOOL OF PHARMACY AND PHARMACEUTICAL SERVICES - 1001 WEST 10TH STREET - INDIANAPOLIS, IN 46202-2879	31-1132066	501(C)(3)	13,198.	0.			MEDICATION SAFETY TEAM GRANT
REGENTS OF UNIVERSITY OF CALIFORNIA - 521 PARNASSUS AVENUE - SAN FRANCISCO, CA 94143-0622	94-6036493	501(C)(3)	16,332.	0.			HOSPITALIST GRANT
REGENTS OF UNIVERSITY OF CALIFORNIA - 521 PARNASSUS AVENUE - SAN FRANCISCO, CA 94143-0622	94-6036493	501(C)(3)	10,000.	0.			PAIN MANAGEMENT TRAINEESHIP
SAINT LUKE'S EPISCOPAL HOSPITAL 6720 BERTNER HOUSTON, TX 77030	74-1161938	501(C)(3)	13,320.	0.			MEDICATION SAFETY TEAM GRANT
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER - 200 WEST ARBOR DRIVE - SAN DIEGO, CA 92103	95-6006144	501(C)(3)	17,000.	0.			HOSPITALIST GRANT
UNIVERSITY OF CALIFORNIA, SAN DIEGO MEDICAL CENTER - 9500 GILMAN DRIVE - LA JOLLA, CA 92093-0954	95-6006144	501(C)(3)	13,320.	0.			MEDICATION SAFETY TEAM GRANT
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506-0057	61-6033693	501(C)(3)	8,250.	0.			FEDERAL SERVICES GRANT

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

3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

Employer identification number: 23-7033369

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION,INC - 20 N. PINE STREET - BALTIMORE, MD 21201	31-1678679	501(C)(3)	10,000.	0.			PAIN MANAGEMENT TRAINEESHIP
UNIVERSITY OF MINNESOTA AT MINNEAPOLIS - 308 HARVARD STREET, SE - MINNEAPOLIS, MN 55455	41-1573810	501(C)(3)	12,000.	0.			CRITICAL CARE TRAINEESHIP
UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW - 308 HARVARD STREET, SE - MINNEAPOLIS, MN 55455	41-1573810	501(C)(3)	8,000.	0.			CRITICAL CARE TRAINEESHIP
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE - CHAPEL HILL, NC 27599-1350	59-1711424	501(C)(3)	6,120.	0.			JUNIOR INVESTIGATOR GRANT
UNIVERSITY OF PITTSBURGH 139 UNIVERSITY PLACE PITTSBURGH, PA 15260	25-0965591	501(C)(3)	66,000.	0.			CONTINUITY OF CARE RESEARCH GRANT
UNIVERSITY OF UTAH PHARMACOTHERAPY 75 SOUTH 2000 EAST SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	8,500.	0.			FEDERAL SERVICES GRANT
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 980568 RICHMOND, VA 23298-0568	54-6001758	115	6,666.	0.			JUNIOR INVESTIGATOR GRANT

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

3 Enter total number of other organizations ▶

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 AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

Employer identification number 23-7033369

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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	☒ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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		X
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		X

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 compensation				
	(i)	0.	0.	0.	0.	0.	0.	0.
HENRI R. MANASSE, JR., P	(ii)	573,540.	50,000.	55,235.	82,292.	25,314.	786,381.	0.
	(i)	191,471.	8,000.	24,765.	12,530.	12,739.	249,505.	0.
STEPHEN J. ALLEN, MS, FA	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	112,712.	5,923.	22,228.	22,748.	2,389.	166,000.	0.
RICHARD WALLING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	110,781.	5,422.	12,905.	21,639.	9,324.	160,071.	0.
DANIEL COBAUGH	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

Employer identification number: 23-7033369

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	1	72,500.	FMV OF INFLUENZA VACCI
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment — 29: 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): UNDER "DRUGS AND MEDICAL SUPPLIES," THE FOUNDATION IS REPORTING THE NUMBER OF CONTRIBUTIONS, RATHER THAN THE NUMBER OF ITEMS RECEIVED.

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 SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

Employer identification number: 23-7033369

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOSTERING SAFE AND EFFECITVE MEDICATION USE. TO PROMOTE THE PUBLIC INTEREST THROUGH DEVELOPMENT OF HIGH QUALITY PHARMACEUTICAL SERVICES IN HEALTH SYSTEMS. TO ENCOURAGE, PROVIDE FOR AND ENGAGE IN SCIENTIFIC RESEARCH, PROFESSIONAL STUDY AND ADVANCEMENT OF THE SCIENCE OF PHARMACY IN HEALTH SYSTEMS. TO IMPROVE THE QUALITY AND INCREASE THE AVAILABILITY OF PHARMACEUTICAL SERVICES TO THE PUBLIC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THAT FOSTER THE COORDINATION OF INTERDISCIPLINARY MEDICATION MANAGEMENT LEADING TO OPTIMAL PATIENT OUTCOMES. EMPHASIS IS GIVEN TO PROGRAMS THAT WILL HAVE A MAJOR IMPACT ON ADVANCING PHARMACY PRACTICE IN HOSPITALS AND HEALTH SYSTEMS, THEREBY IMPROVING PUBLIC HEALTH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

INFLUENZA FLU SHOT CLINIC: IN OCTOBER 2008, THE FOUNDATION RECEIVED A DONATION OF 5,000 DOSES OF INFLUENZA VACCINE AND VACCINE ADMINISTRATION SERVICES FROM CSL BIOTHERAPIES AND VAXAMERICA, RESPECTIVELY. FOUNDATION STAFF WORKED WITH ASHP TO ESTABLISH A FLU SHOT CLINIC AT THE MIDYEAR CLINICAL MEETING. VACCINATIONS WERE ADMINISTERED TO OVER 750 MEETING PARTICIPANTS. REMAINING VACCINE WAS DONATED TO THE ARNOLD PALMER MEDICAL FOUNDATION FOR USE IN THE UNDER-SERVED COMMUNITY IN THE ORLANDO AREA.

PHARMACY LEADERSHIP ACADEMY: THE CENTER FOR HEALTH-SYSTEM PHARMACY LEADERSHIP'S INAUGURAL PROGRAMMATIC OFFERING IS THE PHARMACY LEADERSHIP

ACADEMY LAUNCHED IN JANUARY 2008. AMGEN SUPPORTED THE PROGRAM'S DEVELOPMENT AS WELL AS 2008 AND 2009 CLASSES. BASED ON BOTH PARTICIPANT AND FACULTY EVALUATIONS THE PROGRAM CONTINUES TO BE A VERY POSITIVE EXPERIENCE. THE SECOND CLASS BEGAN IN JANUARY 2009 WITH 77 PARTICIPANTS. THE 2009 CLASS INCLUDES THE ACADEMY'S FIRST INTERNATIONAL PARTICIPANT FROM THE UNITED ARAB EMIRATES.

THE BUSINESS OF PHARMACY LEARNING COMMUNITY AND WEBINAR: THE LEADERSHIP CENTER HOSTED A SUCCESSFUL LEARNING COMMUNITY AT THE JUNE 2008 ASHP SUMMER MEETING ENTITLED "THE BUSINESS OF PHARMACY." THE 6-SESSION SERIES HAD AN ESTEEMED FACULTY OF SENIOR PHARMACISTS AND HEALTH-SYSTEM EXECUTIVES FROM A VARIETY OF HEALTH-SYSTEM SETTINGS WHO PRESENTED AT SESSIONS THAT ADDRESSED WORKING WITH THE EXECUTIVE TEAM, BUILDING A SOUND FINANCIAL BASIS FOR PHARMACY SERVICES, INNOVATING SERVICES FOR THE FUTURE AND FUNCTIONING AS A SUPERB STEWARD OF HUMAN AND OTHER RESOURCES. THE PROGRAM WAS EXTREMELY WELL-RECEIVED AS EACH SESSION WAS FILLED TO CAPACITY. THE SUCCESS OF THE SESSIONS MOTIVATED STAFF TO PARTNER WITH THE AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES TO OFFER A WEBINAR IN OCTOBER FOR HEALTH-SYSTEM EXECUTIVES ON THE SAME SUBJECT.

PHARMACY LEADERSHIP INSTITUTE (PLI): WORKING WITH THE FINANCIAL SUPPORT OF THE CARDINAL HEALTH FOUNDATION AND EXPERTISE OF THE BOSTON UNIVERSITY SCHOOL OF MANAGEMENT, THE TENTH OFFERING OF THIS PROGRAM OCCURRED IN MAY 2009. TWENTY-FIVE HEALTH-SYSTEM PHARMACY LEADERS WERE CHOSEN TO ATTEND THE WEEK LONG EXECUTIVE TRAINING PROGRAM.

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Department of the Treasury Internal Revenue Service	▶ 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.	2008 Open to Public Inspection

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AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN	23-7033369

CONVERSATIONS WITH HEALTH-SYSTEM PHARMACY'S MOST INFLUENTIAL LEADER'S VIDEO: ASHP PAST PRESIDENT, SARA WHITE PROVIDED THE FOUNDATION WITH A GENEROUS GIFT AND VOLUNTEERED HER TIME TO HELP PRODUCE A SERIES OF SIX VIDEO INTERVIEWS WITH SOME OF THE MOST INFLUENTIAL HEALTH-SYSTEM PHARMACY PRACTICE LEADERS. THE VIDEOS WERE RELEASED AT THE 2008 ASHP MIDYEAR CLINICAL MEETING AND ARE NOW HOSTED ON THE ASHP FOUNDATION WEB SITE AS A LEADERSHIP RESOURCE AND SOURCE OF MOTIVATION FOR HEALTH-SYSTEM PHARMACY PROFESSIONALS.

LEADERSHIP SPEAKERS BUREAU: THE LEADERSHIP SPEAKERS BUREAU (LSB) IS THE FIRST PROGRAM OF THE CENTER FOR HEALTH-SYSTEM PHARMACY LEADERSHIP DEVELOPED SPECIFICALLY FOR STUDENTS. A CADRE OF PHARMACY PRACTITIONERS WHO ARE ASHP STATE AFFILIATE MEMBERS COMPRISES THE MAJORITY OF THE SPEAKERS. THE SPEAKERS DRAW UPON THEIR PERSONAL PROFESSIONAL EXPERIENCES TO ENCOURAGE STUDENTS TO EMBRACE LEADERSHIP AS PART OF THEIR PROFESSIONAL OBLIGATION. SPEAKERS HIGHLIGHT LEADERSHIP OPPORTUNITIES AND PRACTICE SUCCESS STORIES IN HEALTH-SYSTEM PHARMACY TO UNDERSCORE THE NEED FOR THIS COMMITMENT AS STUDENTS. SUPPORTED BY A GRANT FROM ROCHE, FIFTEEN SCHOOLS OF PHARMACY PARTICIPATED IN A SUCCESSFUL PILOT PROGRAM DURING IN FY-09.

STUDENT & NEW PRACTITIONER LEADERSHIP TASK FORCE: A STUDENT & NEW PRACTITIONER LEADERSHIP TASK FORCE WAS ESTABLISHED IN SEPTEMBER 2007 BY THE LEADERSHIP CENTER TO IDENTIFY AND ADDRESS THE LEADERSHIP ISSUES FACING PHARMACY STUDENTS AND THOSE IN THE EARLY STAGES OF THEIR PHARMACY CAREER. THE TASK FORCE FINALIZED ITS REPORT, "LEADERSHIP IS A

PROFESSIONAL OBLIGATION" IN MAY 2009 ADDRESSING THESE TOPICS. THE REPORT INCLUDES EIGHT RECOMMENDATIONS. IN FY-09, THE TASK FORCE WILL CONTINUE TO FOSTER STRATEGIES FOR ADDRESSING SOME OF THE 51 SUGGESTED TASKS TO IMPLEMENT THE REPORT'S RECOMMENDATIONS WITH A VARIETY OF STAKEHOLDERS, INSIDE ASHP AND THE PHARMACY COMMUNITY AT LARGE, ON LEADERSHIP ISSUES FACING STUDENTS AND NEW PRACTITIONERS.

DEMONSTRATING PHARMACISTS' VALUE: A SYSTEMATIC EVIDENCE REVIEW: DR. MARIE CHISHOLM-BURNS OF THE UNIVERSITY OF ARIZONA COMPLETED A SYSTEMATIC EVIDENCE REVIEW ENTITLED "DEMONSTRATING PHARMACISTS' IMPACT ON THERAPEUTIC, SAFETY, HUMANISTIC AND ECONOMIC HEALTH OUTCOMES: A SYSTEMATIC REVIEW AND META-ANALYSES." A MANUSCRIPT WILL BE SUBMITTED TO A HIGH IMPACT HEALTH POLICY JOURNAL IN FALL 2009 AND DR. CHISHOLM-BURNS WILL PRESENT HER FINDINGS AT THE 2009 ASHP MIDYEAR CLINICAL MEETING.

HARVEY A. K. WHITNEY AWARD LECTURE COLLECTION PROGRAM: THE WHITNEY LECTURE COLLECTION PROGRAM INCLUDES A DESERT RECEPTION, WHICH IMMEDIATELY FOLLOWS THE WHITNEY AWARD DINNER AT THE ASHP SUMMER MEETING, A SPECIAL RECEPTION AT THE ASHP MIDYEAR CLINICAL MEETING THAT ALLOWS RESIDENTS TO MEET MANY OF RECIPIENTS OF THE WHITNEY AWARD AND MAINTAINING THE REPOSITORY OF THE WHITNEY LECTURE COLLECTION. THE WHITNEY AWARD IS ONE OF THE MOST PRESTIGIOUS AWARDS WITHIN THE PROFESSION OF HEALTH-SYSTEM PHARMACY. IN 2008 THE ASHP FOUNDATION LAUNCHED A NEW WEB SITE THAT HOUSES THE HARVEY A.K. WHITNEY AWARD LECTURE COLLECTION. THE WEB SITE PROVIDES ACCESS TO 57 LECTURES THAT

CAN BE BROWSED BY TITLE, AUTHOR, PUBLICATION DATE OR KEYWORD. EACH LECTURE HAS A DEDICATED WEB PAGE CONTAINING THE AWARDEE'S BIOGRAPHY, PHOTOGRAPH, THE LECTURE AND A PDF VERSION THAT CAN BE DOWNLOADED. THE WEB RESOURCE ALSO INCLUDES A HISTORY OF THE AWARD AND BACKGROUND INFORMATION ABOUT THE MAN THE AWARD WAS NAMED FOR; HARVEY A. K. WHITNEY.

LITERATURE AWARDS PROGRAM: TWENTY-TWO APPLICATIONS WERE RECEIVED FOR THIS PROGRAM IN 2008. RECIPIENTS WERE: AWARD FOR SUSTAINED CONTRIBUTIONS TO THE LITERATURE OF PHARMACY PRACTICE - WILLIAM D. FIGG, SR., PHARM.D., M.B.A., NATIONAL CANCER INSTITUTE; AWARD FOR INNOVATION IN PHARMACY PRACTICE - JOAN S. KRAMER, PHARM.D., WESLEY MEDICAL CENTER; 2008 DRUG THERAPY RESEARCH AWARD - KRISTA M. DALE, PHARM.D., HARTFORD HOSPITAL; PHARMACY PRACTICE RESEARCH AWARD - C.A. (CAB) BOND, PHARM.D., AND CYNTHIA L. RAEHL, PHARM.D., TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER SCHOOL OF PHARMACY; AND 2008 STUDENT RESEARCH AWARD - DEBORAH A. CIOS, PHARM.D., UNIVERSITY OF CONNECTICUT SCHOOL OF PHARMACY.

RESEARCH BOOT CAMP (ALSO SUPPORTS STRATEGIC PRIORITIES 1 AND 2): SEED GRANTS WERE AWARDED TO EIGHT INDIVIDUALS WHO PARTICIPATED IN THE ASHP FOUNDATION'S RESEARCH BOOT CAMP FROM FEBRUARY THROUGH MAY 2008.

CLINICAL SKILLS COMPETITION FOR PHARMACY STUDENTS: THIS IS THE SECOND YEAR THAT THE FOUNDATION HAS SPONSORED THE CLINICAL SKILLS COMPETITION (CSC) FOR PHARMACY STUDENTS. EACH YEAR THE NUMBER OF SCHOOLS PARTICIPATING CONTINUES TO GROW AND THIS YEAR NINETY-SEVEN TEAMS WHO

WON PRELIMINARY COMPETITIONS AT THEIR LOCAL PHARMACY SCHOOLS PARTICIPATED IN THE COMPETITION. STUDENTS REPRESENTING THEIR SCHOOLS DEMONSTRATE THEIR SKILLS BY ASSESSING PATIENT INFORMATION AND CURRENT THERAPY, IDENTIFYING AND PRIORITIZING DRUG THERAPY PROBLEMS, IDENTIFYING TREATMENT GOALS, AND RECOMMENDING A PHARMACISTS CARE PLAN IN THIS CLINICAL COMPETITION. STUDENTS, LINDSEY ELMORE AND EVAN CLEMENS FROM THE UNIVERSITY OF CALIFORNIA-SAN FRANCISCO WERE VICTORIOUS OVER A RECORD NUMBER OF OPPONENTS IN THE ASHP 13TH NATIONAL CLINICAL SKILLS COMPETITION, HELD AT THE ASHP MIDYEAR CLINICAL MEETING IN DECEMBER 2008 IN ORLANDO. FL.

WALTER JONES MEMORIAL PHARMACY STUDENT FINANCIAL AID FUND AND THE ASHP STUDENT LEADERSHIP AWARD: THE ASHP STUDENT LEADERSHIP AWARDS RECOGNIZES 12 STUDENTS ANNUALLY WHO DEMONSTRATE HIGH ACADEMIC ACHIEVEMENT, EXCEPTIONAL INTEREST IN HEALTH-SYSTEM PHARMACY AND OUTSTANDING LEADERSHIP SKILLS AMONG THEIR CLASSMATES. FOUR STUDENTS ARE SELECTED FROM REPRESENTATIVES OF EACH P2 THROUGH P4 CLASSES. THE 2008 AWARDEES RECEIVED A PLAQUE, A $2,500 AWARD, AND A DRUG INFORMATION LIBRARY CONSISTING OF 10 ASHP PUBLICATIONS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS FOLLOW-UP" WHICH WILL BE CONDUCTED BY LETICIA R. MOCZYGEMBA, PHARM.D., PH.D. OF VIRGINIA COMMONWEALTH UNIVERSITY AND JAMIE C. BARNER, PH.D. OF THE UNIVERSITY OF TEXAS.

AMERICAN FOUNDATION FOR PHARMACEUTICAL EDUCATION (AFPE) PRE-DOCTORAL

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AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN	23-7033369

FELLOWSHIP: THE 2008 ASHP FOUNDATION-AFPE PRE-DOCTORAL FELLOWSHIP WAS AWARDED TO MARK A. ALLEN, A GRADUATE STUDENT AT THE UNIVERSITY OF FLORIDA SCHOOL OF PHARMACY. HIS RESEARCH IS FOCUSED ON HIS DISSERTATION, TITLED "DEVELOPMENT AND VALIDATION OF THE 'MEDICATION AFFORDABILITY SCALE.'"

CRITICAL CARE TRAINEESHIP PROGRAM: THE FOUNDATION SECURED FUNDING FOR THE 2008-2009 PROGRAM FROM SCIOS, INC. FOUR TRAINEES WERE SELECTED FROM 28 APPLICANTS TO THE 2008-2009 PROGRAM. THE SELF-STUDY PROGRAM CONSISTS OF MODULES COVERING THE TOP 27 DISEASE STATES AND CONDITIONS FREQUENTLY ENCOUNTERED IN THE CRITICAL CARE SETTING AND ARE ACCOMPANIED BY A 2-WEEK EXPERIENTIAL PROGRAM. THE 4 TRAINEES RECEIVED THEIR EXPERIENTIAL TRAINING IN FY-09 AT THE UNIVERSITY OF MINNESOTA, MINNEAPOLIS, MN AND THE UNIVERSITY HOSPITAL, CINCINNATI, OHIO.

FEDERAL SERVICES JUNIOR INVESTIGATOR RESEARCH GRANT PROGRAM: OPTIMIZING CHRONIC DRUG THERAPY IN THE ELDERLY (ALSO SUPPORTS STRATEGIC PRIORITY 3): THIS GRANT PROGRAM WAS OFFERED THROUGH A GRANT FROM ABBOTT. A SIX-MEMBER REVIEW PANEL COMPOSED OF PHARMACISTS, PHYSICIANS AND NURSES RECOMMENDED AWARD OF THE FOLLOWING TWO GRANTS: (1) "IMPROVING MEDICATION ADHERENCE THROUGH A STUDENT INITIATED MEDICATION RECONCILIATION PROGRAM IN VETERANS AFFAIRS PATIENTS WITH DYSLIPIDEMIA," WHICH IS BEING UNDERTAKEN BY DAVID M. SCHNEE, PHARM.D. AND CAROLINE ZEIND, PHARM.D. OF THE MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCES/VA BOSTON HEALTHCARE SYSTEM; AND (2) ANTIRETROVIRAL REGIMEN DURABILITY IN HIV-INFECTED ADULTS WHICH IS BEING UNDERTAKEN BY BIRGITT

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L. DAU, M.D. AND MARK HOLODNIY, M.D. OF THE VA PALO ALTO HEALTH CARE SYSTEM. RESEARCH SUPPORTED BY THE FY07 AND FY08 PROGRAMS IS ONGOING.

HOSPITAL PHARMACIST - HOSPITALIST COLLABORATIONS (ALSO SUPPORTS STRATEGIC PRIORITY 3): SANOFI-AVENTIS PROVIDED SPONSORSHIP FOR THIS PROGRAM THAT STUDIES MULTIDISCIPLINARY INITIATIVES BETWEEN HOSPITALISTS AND HOSPITAL PHARMACISTS FOCUSED ON VENOUS THROMBOEMBOLISM PREVENTION/TREATMENT OR GLYCEMIC CONTROL IN HOSPITALIZED PATIENTS. RESEARCH FROM THESE TWO PROGRAMS FROM FY07 AND FY08 IS ONGOING.

EMERGENCY PHYSICIAN/HOSPITAL PHARMACIST RESEARCH GRANT PROGRAM: ORTHO-MCNEIL PROVIDED SPONSORSHIP FOR THIS PROGRAM WHICH SUPPORTS RESEARCH, CONDUCTED BY HOSPITAL PHARMACISTS AND EMERGENCY PHYSICIANS, RELATED TO THE CARE OF PATIENTS WITH INFECTIOUS DISEASES WHO PRESENT TO THE EMERGENCY DEPARTMENT. THIRTY-SEVEN APPLICATIONS WERE RECEIVED FOR THIS PROGRAM WHICH HAD A JUNE 2009 DEADLINE. RECIPIENTS OF TWO $50,000 GRANTS WILL BE ANNOUNCED IN SEPTEMBER 2009.

ONCOLOGY PATIENT CARE TRAINEESHIP: THE FOUNDATION WAS SUCCESSFUL IN SECURING GRANTS FOR THE 2008-2009 AND 2009-2010 PROGRAMS FROM AMGEN, INC. SIX TRAINEES WERE SELECTED FROM 22 APPLICANTS FOR THE 2008-2009 PROGRAM. PARTICIPANTS RECEIVED THEIR EXPERIENTIAL TRAINING AT THE FOLLOWING FOUR SITES: MD ANDERSON CANCER CENTER, DUKE UNIVERSITY MEDICAL CENTER, JOHNS HOPKINS HOSPITAL, AND THE UNIVERSITY OF WASHINGTON MEDICAL CENTER. THE APPLICATION PERIOD FOR THE 2009-2010 PROGRAM CLOSED IN AUGUST 2009 AND 25 APPLICATIONS WERE RECEIVED.

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PAIN MANAGEMENT TRAINEESHIP PROGRAM: FUNDING WAS SECURED FROM ENDO PHARMACEUTICALS FOR THE 2008-2009 PAIN MANAGEMENT TRAINEESHIP. THIS PROGRAM CONSISTS OF FOUR SELF-STUDY MODULES AND A 2-WEEK EXPERIENTIAL PROGRAM. THE CURRICULUM FOCUSES ON KNOWLEDGE AND SKILLS REQUIRED TO HELP MEET PAIN ASSESSMENT AND MANAGEMENT STANDARDS ISSUED BY THE JOINT COMMISSION. SIX TRAINEES WERE SELECTED FROM 12 APPLICANTS TO PARTICIPATE IN THE 2008-2009 PROGRAM. PARTICIPANTS RECEIVED THEIR EXPERIENTIAL TRAINING AT LAKELAND REGIONAL MEDICAL CENTER, THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO, AND THE UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY.

PHARMACY RESIDENCY EXCELLENCE AWARDS PROGRAM: THE 2008 PHARMACY RESIDENCY EXCELLENCE AWARDS PROGRAM AND RECEPTION WERE SUPPORTED BY AN EDUCATION DONATION FROM AMGEN, INC. THE PHARMACY RESIDENCY EXCELLENCE AWARDS PROGRAM CONSISTS OF THREE AWARD CATEGORIES: 1) PRECEPTOR AWARD - RECOGNIZES A PHARMACY RESIDENCY PRECEPTOR WHO HAS EXCELLED IN THE TRAINING OF PHARMACY RESIDENTS; 2) NEW PRECEPTOR AWARD - RECOGNIZES A PHARMACY RESIDENCY PRECEPTOR WHO HAS EXCELLED IN THE TRAINING OF PHARMACY RESIDENTS IN HIS OR HER FIRST 3-5 YEARS AS A PRECEPTOR; AND 3) PROGRAM AWARD - RECOGNIZES A PHARMACY RESIDENCY PROGRAM THAT HAS A TRACK RECORD OF EXCELLENCE IN THE TRAINING OF PHARMACY RESIDENTS AND CONSISTENTLY PROVIDES AN EXCEPTIONALLY POSITIVE AND REWARDING EXPERIENCE TO ITS RESIDENTS. THE RECIPIENTS WERE: PRECEPTOR AWARD - CINDY J. WORDELL, B.S., PHARM.D., THOMAS JEFFERSON UNIVERSITY HOSPITALS; NEW PRECEPTOR AWARD - SUSAN L. DAVIS, PHARM.D., HENRY FORD

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HOSPITAL AND; PROGRAM AWARD - MEDICAL UNIVERSITY OF SOUTH CAROLINA AND COLLEGE OF PHARMACY FOR THEIR POSTGRADUATE-YEAR ONE PHARMACY RESIDENCY.

PHARMACY RESIDENT HEALTH SERVICES RESEARCH GRANT PROGRAM (ALSO SUPPORTS STRATEGIC PRIORITY 3): FIFTY-EIGHT APPLICATIONS WERE RECEIVED FOR THE 2008 PHARMACY RESIDENT HEALTH SERVICES RESEARCH GRANT PROGRAM. THIS PROGRAM WAS FUNDED WITH THE ASHP DUES CONTRIBUTION TO THE FOUNDATION. THIS GRANT IS OFFERED TO PHARMACY RESIDENTS PARTICIPATING IN AN ASHP-ACCREDITED RESIDENCY PROGRAM AND IS INTENDED TO SUPPORT HEALTH SERVICES RESEARCH RELATED TO MEDICATION USE. A 9-MEMBER EXTERNAL PEER REVIEW PANEL SELECTED FIVE RECIPIENTS AND EACH WAS AWARDED $25,000.

UNIVERSITY OF ALABAMA MUSCULOSKELETAL CERTS (ALSO SUPPORTS STRATEGIC PRIORITY 3): FOUNDATION STAFF MEMBERS, DRS. DANIEL COBAUGH AND CYNTHIA LACIVITA CONTINUE TO COLLABORATE WITH THE AGENCY FOR HEALTH CARE RESEARCH AND QUALITY (AHRQ)-FUNDED MUSCULOSKELETAL CENTER FOR EDUCATION AND RESEARCH IN THERAPEUTICS (CERTS) AT THE UNIVERSITY OF ALABAMA. THIS COLLABORATION HAS RESULTED IN TWO PUBLICATIONS AND A PUBLICATION ACCEPTANCE.

UNSOLICITED GRANT: IN APRIL 2008, THE ASHP FOUNDATION MADE A GRANT AWARD TO JEFFREY ROTHSCHILD, M.D. AND WILLIAM CHURCHILL, R.PH., OF THE BRIGHAM AND WOMEN'S HOSPITAL, FOR A STUDY ENTITLED "MEDICATION ERRORS RECOVERED BY EMERGENCY DEPARTMENT PHARMACISTS." THIS MULTICENTER STUDY ALSO INCLUDED THE UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AND CEDARS SINAI MEDICAL CENTER. THE RESULTS OF THIS STUDY WILL BE

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PRESENTED AT THE AMERICAN COLLEGE OF EMRGENCY PHYSICIANS MEETING IN OCTOBER 2009 AND AT THE ASHP MIDYEAR CLINICAL MEETING IN DECEMBER 2009. A MANUSCRIPT HAS BEEN SUBMITTED TO THE ANNALS OF EMERGENCY MEDICINE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

MEDICATION SAFETY AND HEALTH-SYSTEM ADMINISTRATION. NOVANT HEALTH OF WINSTON-SALEM, NC RECEIVED THE $50,000 AWARD. THE TWO FINALISTS, NORTHWESTERN MEMORIAL HOSPITAL CHICAGO, IL AND THE RICHARD M. ROSS HEART HOSPITAL AT THE OHIO STATE UNIVERSITY MEDICAL CENTER, COLUMBUS, OHIO EACH RECEIVED $10,000.

IV SAFETY SUMMIT: THE ASHP FOUNDATION WAS ONE OF THE CO-CONVENERS FOR THE ASHP'S IV SAFETY SUMMIT HELD ON JULY 14 AND 15, 2008 AT THE UNITED STATES PHARMACOPEIA HEADQUARTERS IN ROCKVILLE, MD. ASHP'S IV SAFETY SUMMIT GATHERED AN ESTEEMED GROUP OF HEALTHCARE PRACTITIONERS, THOUGHT LEADERS AND MEDICATION-SAFETY EXPERTS FROM AROUND THE NATION TO ACHIEVE CONSENSUS ON ACTIONS THAT CAN BRING ABOUT REAL AND LASTING IMPROVEMENTS IN THE USE OF IV MEDICATIONS, PROTECTING PATIENTS FROM HARM AND DEATH DUE TO ERRORS. THE PROCEEDINGS OF THE SUMMIT WERE PUBLISHED IN THE DECEMBER 15, 2008 ISSUE OF AJHP.

MEDICATION SAFETY TEAM GRANT: OPTIMIZING BEDSIDE TECHNOLOGY SOLUTIONS: FY-09 WAS THE THIRD YEAR OF ADMINISTRATION OF THIS GRANT THAT WAS RECEIVED FROM OMNICELL FOR A 3-YEAR RESEARCH PROGRAM THAT SUPPORTS STUDIES OF THE USE OF BARCODE SCANNING TECHNOLOGY AT THE POINT OF BEDSIDE MEDICATION ADMINISTRATION. THESE GRANTS WERE AVAILABLE TO

RESEARCH TEAMS COMPOSED OF A COMBINATION OF PHARMACISTS, PHYSICIANS, NURSES AND INFORMATICS EXPERTS. THE APPLICATION DEADLINE WAS APRIL 1, 2009 AND 6 APPLICATIONS WERE RECEIVED. TWO $40,000 GRANTS WERE AWARDED.

MEDICATION CONTINUITY OF CARE RECORD RESEARCH (ALSO SUPPORTS STRATEGIC PRIORITY 2): THIS PROGRAM EVALUATION, SPONSORED WITH SUPPORT FROM SANOFI-AVENTIS, IS ONGOING AT THE UNIVERSITY OF PITTSBURGH SCHOOL OF PHARMACY. THIS EVALUATION, ENTITLED "DEVELOPMENT OF A CONTINUITY OF CARE RECORD: BRIDGING THE MEDICATION-USE GAP FROM HOSPITAL TO HOME," IS BEING CONDUCTED BY KIM C. COLEY, PHARM.D. SHE IS STUDYING THE USE OF A CONTINUITY OF CARE RECORD AND MEDICATION THERAPY MANAGEMENT IN THE TRANSITION OF PATIENTS FROM HOSPITAL TO HOME.

PANDEMIC INFLUENZA ASSESSMENT TOOL (ALSO SUPPORTS STRATEGIC PRIORITIES 2/3): THE ROCHE FOUNDATION PROVIDED A GRANT TO DEVELOP A PANDEMIC READINESS AND EMERGENCY PREPAREDNESS RESOURCE CENTER WHICH IS AVAILABLE AT WWW.PHARMACYREADY.ORG. THIS SITE CONTAINS THE PANDEMIC INFLUENZA ASSESSMENT TOOL FOR HEALTH-SYSTEM PHARMACY DEPARTMENTSTM ALONG WITH PRACTICE RESOURCES, RSS FEEDS AND BENCHMARKING DATA.

UNIVERSITY OF IOWA MEDICATION SAFETY GRANT: WORK RELATED TO A 2005 ASHP FOUNDATION GRANT TO FRANK H. MORRIS, JR., M.D AND PAUL W. ABRAMOWITZ, PHARM.D., OF THE UNIVERSITY OF IOWA MEDICAL CENTER, TO CONDUCT A STUDY ENTITLED "EFFECTIVENESS OF POINT OF CARE MEDICATION BARCODE SCANNING IN THE NICU," WAS COMPLETED AND THIS STUDY WAS PUBLISHED IN

THE JOURNAL OF PEDIATRICS. (MORRISS FH JR, ABRAMOWITZ PW, NELSON SP, MILAVETZ G, MICHAEL SL, GORDON SN, PENDERGAST JF, COOK EF. EFFECTIVENESS OF A BARCODE MEDICATION ADMINISTRATION SYSTEM IN REDUCING PREVENTABLE ADVERSE DRUG EVENTS IN A NEONATAL INTENSIVE CARE UNIT: A PROSPECTIVE COHORT STUDY. J PEDIATR 2009;154:363-8.)

FORM 990, PART VI, SECTION A, LINE 7A: THREE MANDATORY MEMBERS OF THE FOUNDATIONS BOARD OF DIRECTORS ARE: THE IMMEDIATE PAST PRESIDENT, EXECUTIVE VICE PRESIDENT, AND TREASURER OF THE AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS, A RELATED 501(C)(6) MEMBERSHIP ORGANIZATION. THE AFOREMENTIONED TREASURER AND EXECUTIVE VICE PRESIDENT SHALL SERVE, RESPECTIVELY, AS THE TREASURER AND PRESIDENT OF THE THE FOUNDATION, AND THE IMMEDIATE PAST PRESIDENT SHALL SERVE AS A DIRECTOR OF THE FOUNDATION. THE BOARD OF DIRECTORS OF THE AMERICAN SOCIETY OF HEALTHSYSTEM PHARMACISTS MAY ALSO APPOINT ONE OR MORE MEMBERS OF THE PUBLIC TO SERVE AS MEMBERS OF THE FOUNDATION'S BOARD.

FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES THAT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS REVIEWED BY THE CHIEF OPERATIONS AND FINANCIAL OFFICERS AND BY THE BOARD (SERVING AS THE AUDIT COMMITTEE) BEFORE IT IS FILED. A COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY AT THE MARCH MEETING

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 SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

Employer identification number: 23-7033369

FORM 990, PART VI, SECTION B, LINE 15: CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT: A "CEO EVALUATION SUBCOMMITTEE" IS APPOINTED BY THE BOARD AND MEETS SEVERAL TIMES ON AN ANNUAL BASIS. THIS SUBCOMMITTEE IS RESPONSIBLE FOR EVAULATING CEO PERFORMANCE ANNUALLY AND NEGOTIATING A CONTRACT THAT CUSTOMARILY SPANS A 3-YEAR PERIOD. THE TREASURER CHAIRS THE SUBCOMMITTEE DURING THE CONTRACT RENEGOTIATION YEAR AND THE BOARD CHAIR LEADS THE SUBCOMMITTEE DURING NON-CONTRACT YEAR ANNUAL REVIEWS. ALL SUBCOMITTEE ACTIONS ARE REVIEWED BY THE FULL BOARD PRIOR TO TAKING ANY ACTIONS. ONE FULL YEAR PRIOR TO THE COMPLETION OF A CONTRACT CYCLE, THE SUBCOMMITTEE COORDINATES A 360-DEGREE PERFORMANCE REVIEW, SECURING INPUT FROM THE FOUNDATION AND ASHP STAFF, FOUNDATION VOLUNTEERS, AND REPRESENTATIVES FROM THE CORPORATE COMMUNITY WHO HAVE SPONSORED PROGRAMS FOR THE FOUNDATION. ADDITIONALLY, A CEO SELF-ASSESSMENT IS COMPLETED AND REVIEWED BY THE SUBCOMMITTEE. THE 360-DEGREE PERFORMANCE REVIEW AND SELF-ASSESSMENT IS CONSIDERED BY THE BOARD AND A DECISION IS MADE AS TO WHETHER THE BOARD DESIRES TO RENEGOTIATE A NEW CONTRACT WITH THE EXISTING CEO OR SEEK A REPLACEMENT. IF A REPLACEMENT IS DESIRED, THEN A SEARCH COMMITTEE IS APPOINTED. IF CONTRACT RENEGOTIATION WITH THE CURRENT CEO IS DESIRED, THE CEO EVALUATION COMMITTEE LEADS CONTRACT RENEGOTIATIONS UNDER THE LEADERSHIP OF THE TREASURER. A CONTRACT FOR THE BOARD'S CONSIDERATION IS ESTABLISHED IN WRITING WITH ALL PROVISIONS OUTLINED, INCLUDING COMPENSATION AND BENEFITS. TO DETERMINE PROPOSED COMPENSATION THE SUBCOMMITTEE REVIEWS 1) NATIONAL SURVEY DATA FOR CHIEF PHARMACY OFFICERS SINCE THIS IS A LIKELY AND COMPETITIVE CANDIDATE POOL FOR THE CEO POSITION, 2) THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVE (ASAE) COMPENSATION DATA FOR EXECUTIVES IS REVIEWED

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

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Name of the organization: AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

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FOCUSING ON SIMILAR/COMPETITIVE HEALTHCARE ORGANIZATIONS IN THE MID-ATLANTIC REGION, AND 3) GUIDESTAR'S DATABASE IS REFERENCED TO IDENTIFY CEO COMPENSATION IN COMPETITIVE ORGANIZATION'S 990 FILINGS. ULTIMATELY, A NEW CONTRACT IS PRESENTED TO THE BOARD FOR APPROVAL THAT OUTLINES COMPENSATION AND PERFORMANCE EXPECTATIONS. IN NON-CONTRACT RENEWAL YEARS, THE SUBCOMMITTEE COMPLETES A DRAFT ANNUAL PERFORMANCE REVIEW FOR THE BOARDS CONSIDERATION PRIOR TO CONDUCTING THE ANNUAL PERFORMANCE REVIEW ALONG WITH A SET OF CEO PERFORMANCE OBJECTIVES FOR THE UPCOMING YEAR AND A CEO SELF-ASSESSMENT SUMMARY. IN ALL CASES CEO PERFORMANCE IS MEASURED AGAINST BOARD-APPROVED ANNUAL PERFORMANCE OBJECTIVES.

OTHER OFFICERS OR KEY EMPLOYEES: THE CEO DETERMINES COMPENSATION FOR KEY EMPLOYEES RELYING HEAVILY UPON THE GUIDANCE OF THE HUMAN RESOURCES DEPARTMENT OF ASHP. ASAE SURVEY DATA IS REVIEWED WHEN COMPARABLE POSITIONS EXIST FOR THE KEY EMPLOYEE POSITION (E.G. DIRECTOR OF COMMUNICATIONS). THE HUMAN RESOURCES DEPARTMENT UTILIZES ADDITIONAL SALARY SURVEY DATABASES TO COMPARE SALARIES. FOR POSITIONS WHERE A PHARAMCIST IS A JOB REQUIREMENT, PHARMACIST POSITIONS IN HOSPITALS AND HEALTH-SYSTEMS THAT WOULD BE LIKELY CANDIDATE POOLS ARE QUERIED IN THE SALARY SURVEY DATABASES. ADDITIONALLY, THE HR DEPARTMENT CAN PROVIDE COMPARATIVE DATA FOR PHARMACIST POSITIONS AT ASHP.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST PER ITS ANNUAL REPORT. THE FOUNDATION ALSO MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

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 SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

Employer identification number: 23-7033369

PART XI, QUESTION 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No 1545-0047

2008
Open to Public Inspection

Name of the organization AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

Employer identification number 23-7033369

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS (ASHP) - 52-0807628, 7272 WISCONSIN AVENUE, BETHESDA, MD 20814	TO ADVANCE PUBLIC HEALTH BY SUPPORTING THE PHARMACY PROFESSION	MARYLAND	501(C)(6)		N/A
7272 WISCONSIN BUILDING CORPORATION - 52-1760057, 7272 WISCONSIN AVENUE, BETHESDA, MD 20814	TITLE HOLDING COMPANY	MARYLAND	501(C)(2)		AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

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

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	B	56,674.
(2) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	O	1,339,775.
(3) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	M	1,357,297.
(4) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	R	622,089.
(5) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	C	468,664.
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations? Yes	(D) No	(E) Share of end-of-year assets	(F) Disproportionate allocations? Yes	(F) No	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner? Yes	(H) No

832164
12-23-08

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** *Only submit original (no copies needed).*

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN	23-7033369
	Number, street, and room or suite no. If a P.O. box, see instructions. 7272 WISCONSIN AVENUE, 2ND FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BETHESDA, MD 20814	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ THE ORGANIZATION 7272 WISCONSIN AVENUE, 2ND FLOOR - BETHESDA, MD 20814
  Telephone No ▶ (301)664-8612 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until JANUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUN 1, 2008, and ending MAY 31, 2009.

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN	23-7033369
	Number, street, and room or suite no If a P.O. box, see instructions. 7272 WISCONSIN AVENUE, 2ND FLOOR	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions BETHESDA, MD 20814	

Check type of return to be filed (File a separate application for each return)

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ THE ORGANIZATION 7272 WISCONSIN AVENUE, 2ND FLOOR - BETHESDA, MD 20814
  Telephone No ▶ (301)664-8612 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until APRIL 15, 2010

5 For calendar year _____, or other tax year beginning JUN 1, 2008, and ending MAY 31, 2009

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$
b	If this application is for Form 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] Title ▶ CPA Date ▶ 1/11/10