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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

2009

Open to Public

A Fo	r the :	2009 caleı	ndar yea	r, or tax year beginning	g 07-01-2009 and ending 06-30-20:	10		·
B Che	eck ıf a	pplicable p i	lease	C Name of organization UNITED STATES PHARMA	CODEIAL CONVENTION		D Employer i	dentification number
☐ Add	dress ch	nange u s	se IRS ibel or		COF LIAL CONVENTION		13-16566	
┌ Nar	me cha	nge p i	rint or	Doing Business As			E Telephone	number
┌ Init	al retu	rn S i	/pe.See pecific	Number and street (or P	O box if mail is not delivered to street addr	ess) Room/suite	(301)881	
┌ Ter	mınate	d ti	nstruc- ons.	12601 TWINBROOK PARI		1	G Gross receip	ts \$ 216,422,043
┌ Am	ended	return		City or town, state or co	untry, and ZIP + 4		-	
☐ Apr	olication	n pending		ROCKVILLE, MD 20852				
		·	F Nan	L ne and address of princ	upal officer	H(2) To 4		um for
				R WILLIAMS	input officer		his a group retu iates?	Yes V No
				TWINBROOK PARKW. /ILLE, MD 20852	AY			
			NO CIV	1222,110 20032		1	all affiliates inclu	•
Ta	x-exem	npt status	√ 501(c)) (3) ◄ (insert no)	1947(a)(1) or 527		No," attach a lis oup exemption i	st (see instructions)
1 W	ehsit e	e:▶ HTTP	//\\/\\	IISP ORG			- ap - a - a - a - a - a - a - a - a - a	
						1		
K Forr	n of or	ganization 🗸	Corporat	ion Trust Association	Other -	L Year of	formation 1820	M State of legal domicile MD
Pa	rt I	Summa	ary				ı	
	1	Briefly des	cribe th	e organization's missio	n or most significant activities			
					AROUND THE WORLD THROUGH			RELATED PROGRAMS
ပို		IHAI HEL	LPENSU	IRE THE QUALITY, SA	FETY, AND BENEFIT OF MEDICIN	ES AND FOC	אַנוּט	
匝								
<u>.</u>								
Governance	2	Check this	s box 🛏	fthe organization dis	scontinued its operations or dispose	d of more tha	n 25% of its ne	t assets
×ő	3	Number of	f voting r	nembers of the govern	ng body (Part VI, line 1a)			311
8	4	Number of	fındepen	ident voting members o	of the governing body (Part VI, line 1	b)		41
星	5	Total num	berofen	nployees (Part V , line 2	2a)			5 597
Activities	6	Total num	ber of vo	lunteers (estimate if n	ecessary)			6750
•	7a	Total gros	s unrela	ted business revenue f	rom Part VIII, column (C), line 12			7a 31,125
	b	Net unrela	ited busi	ness taxable income fr	om Form 990-T, line 34			7b
			ior Year	Current Year				
	8	Contribut	tions and	d grants (Part VIII, line	e 1h)	•	52,825,043	37,060,996
를	9	9 Program service revenue (Part VIII, line 2g)					110,658,671	117,405,402
Rayenue	10	Investme	ent incor	ne (Part VIII, column	(A), lines 3, 4, and 7d)		-5,920,659	2,603,629
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, ai					730,975	139,627
	12				must equal Part VIII, column (A), lıı	ne	158,294,030	157,209,654
	13				X, column (A), lines 1-3)		257,968	
	14				, column (A), line 4)		257,900	202,000
					benefits (Part IX, column (A), lines	_	<u> </u>	
&	15	10)	other co	ompensation, employee	denents (Part 1X, Column (A), lines	5-	57,403,761	61,108,727
Expenses	16a	Profession	nal fund	raising fees (Part IX, c	olumn (A), line 11e)		0	0
Ě	ь			enses (Part IX, column (D),				
Ш	17				nes 11a-11d, 11f-24f)		99,794,885	65,206,396
	18				equal Part IX, column (A), line 25)		157,456,614	
	19				8 from line 12		837,416	30,692,531
<u>~~</u>						Beginni	ng of Current	
Not Assets or Fend Balances							Year	End of Year
35. 18.35.	20	Total ass	sets (Par	t X, line 16)			265,968,845	297,746,557
発	21						132,735,634	141,822,402
	22	Net asse	ts or fun	d balances Subtract lı	ne 21 from line 20		133,233,211	155,924,155
Pai	rt II	Signat						
					examined this return, including accompanyin aration of preparer (other than officer) is bas			
		and belief,	it is tiue, v	correct, and complete Deck	nation of preparer (other than officer) is bas	cu on an inform	ation of which prep	
Sign	1	*****				201	1-02-09	
Here	е	Signatu	re of office	er		Date	e	
				ef operating officer				
		Type or	print nam	e and title				
		Preparer's			Date	Check If		ntıfyıng number
Paid		signature	7			self- empolyed •	(see instructio	ns)
	arer's	Firm's name	e (or yours	Grant Thornton LLP				
Use (ıf self-emple address, an	oyed),	2010 CORPORATE RID	GE SLITTE 400		- EIN Þ	
	_	addicas, all			GC 2011C 400		Phone no	(703) 847-7500
	-h - T -	<u> </u>	this'	MCLEAN, VA 22102	own phoyo? (and instruction)			
ıvı ay t	ine IR	aiscuss 1 د.	ınıs retu	ın with the preparer sh	own above? (see instructions)			▼ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO IMPROVE THE HEALTH OF PEOPLE AROUND THE WORLD THROUGH PUBLIC STANDARDS AND RELATED PROGRAMS THAT HELP ENSURE THE QUALITY, SAFETY, AND BENEFIT OF MEDICINES AND FOODS

<u></u>	Total program serv	ice evnenses t -¢	83 976 33	7		
	(Expenses \$	ınc	luding grants o	f \$) (Revenue \$)
4d	Other program serv	vices (Describe in Sch	nedule O)			
	see scriedule 0					
4c	(Code see schedule o) (Expenses \$	5,258,985	including grants of \$	5,406,515) (Revenue \$	651,469)
	see schedule o	, (_,, 			-,, ,
	(Code) (Expenses \$	2,674,190	ıncludıng grants of \$	172,000) (Revenue \$	1,830,549)
	see schedule o					
4a	(Code) (Expenses \$	76,043,162	including grants of \$) (Revenue \$	114,923,385)
4	Section 501(c)(3) a allocations to others	nd 501(c)(4) organiza s, the total expenses, a	tions and sections and revenue, if a	on 4947(a)(1) trusts a any, for each program		unt of grants and
	If "Yes," describe th	ese changes on Sched	ule O			
3		cease conducting, or				┌ Yes ┌ No
	If "Yes," describe th	ese new services on S	chedule O			
2	-				r which were not listed on	┌ Yes ┌ No

Part IV	Check	dist 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	Yes	-
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II	15	Yes	
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 U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
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	Yes	
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		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

orm	990 (2009)			Page
Par	rt 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 41			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
-	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4.	Yes	
2a	gaming (gambling) winnings to prize winners?	1c	162	
2 a	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь		-
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	Yes	
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		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	36		
-	Prohibited Tax Shelter Transaction?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
ь	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νο
		7f		Νο
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club]		
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
ט	against amounts due or received from them)			
12=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		
_	12b			

year

ROCKVILLE, MD 20852

(301) 230-6348

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 11			
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		Νo
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
Ь	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		
Se	ection 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 Form 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			
19	Own website Another's website Vupon request 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. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n)
	JAMES P THOMPSON 12601 TWINBROOK PARKWAY	3-		

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Forr	n 990 (2009)				Page 8
1b	Total	4,693,105	0		554,600
2	Total number of individuals (including but not limited to those listed above) who re \$100,000 in reportable compensation from the organization▶165	eceived more than	·		
				Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or hon line 1a? <i>If</i> "Yes," complete Schedule J for such individual	•	nployee 3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and oth organization and related organizations greater than \$150,000? If "Yes," complete individual		he • • 4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelat rendered to the organization? If "Yes," complete Schedule J for such person	=	ces 5		No
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors the \$100,000 of compensation from the organization	nat received more than			
	(A) Name and business address	(B) Description of	services	(C Comper	
See	Schedule O				
2	Total number of independent contractors (including but not limited to those listed a \$100,000 in compensation from the organization ►5	ibove) who received moi	e than		
				Form 99 0	0 (2009)

Form 99	•							Page 9
Part \	/1111	Statement of	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
#\$ \$	1a	Federated cam	paigns 1a					
필드	ь	Membership du	es 1b					
s, g	С	Fundraising eve	ents 1c					
<u>#</u> _₩	d	Related organiz	zations 1d					
Ę.	e	Government grant	s (contributions) 1e	5,406,515				
r S	f	All other contribute similar amounts no	ons, gifts, grants, and 1f	31,654,481				
き	g	Noncash contri	butions included in					
Contributions, gifts, grants and other similar amounts		шез та тг ф _	1,654,481	_	37.060.006			
ें ल	h	Total. Add lines	s 1a-1f		37,060,996			
a E		COMPENDAN ACT	NETEC	Business Code				
Program Service Revenue	2a	COMPENDIAL ACTI		511,190	114,923,384	114,923,384	24.425	
	b	ALLIED COMPENDIA		900,099	1,830,549	1,799,424	31,125	
	C	NON-COMPENDIAL	. ACTIVITIES	900,099	651,469	651,469		
	d e							
Ta E	f	All other progra	am service revenue					
ĮŠ.	'							
	g		s 2a-2f		117,405,402			
	3		ome (including dividen	. F	2,965,291			2,965,291
	4		ar amounts) stment of tax-exempt bond	F	2,303,231			2,303,231
	5			` ▶	131,524			131,524
		·	(ı) Real	(II) Personal				
	6a	Gross Rents		8,103				
	Ь	Less rental expenses						
	c	Rental income or (loss)		8,103				
	d		me or (loss)		8,103			8,103
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	58,850,727					
	Ь	Less cost or other basis and sales expenses	59,212,389					
	c	Gain or (loss)	-361,662	<u> </u>	-361,662			-361,662
	d 8a		rom fundraising		-301,002			-301,002
Other Revenue		events (not inc \$ of contributions						
‡ ∎	ь		penses b					
Ö	С	Net income or ((loss) from fundraising	events 🗠	0			
	9a	Gross income f See Part IV, lir	rom gaming activities ne 19 a					
	b c		penses b (loss) from gamıng actı	vities	0			
		Gross sales of returns and allo	inventory, less owances .	-				
	ь		a oods sold b (loss) from sales of invo	entory •	0			
	Ť	Miscellaneous		Business Code				
	11a							
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		0			
	12	Total revenue.	See Instructions .	▶↑	157,209,654	117,374,277	31,125	2,743,256

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

26 Joint costs. Check here F if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.							
Part						(D)		
In the U.S. See Part IV, line 21 60,000 60,000		•		Program service	Management and	Fundraising		
Commonstrate Comm	1							
U.S. See Part IV, Jime 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, Jime 27 and 16 4 Benefits part to or for members 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation of current officers of disqualified persons (as defined under section 495 8(1)(1)) and persons described in section 495 8(1)(1) and persons described in section 495 8(1) and persons described in section 495 8(1) and persons described in section 495 8(1) and persons described in 495 8(1) and p		in the U.S. See Part IV, line 21	60,000	60,000				
3 Grants and other assistance to governments organizations, and individuals outside the U.S. See 32,000	2	Grants and other assistance to individuals in the						
See		U S See Part IV, line 22	110,000	110,000				
Part IV, lines 15 and 16	3	Grants and other assistance to governments,						
## Benefits paid to or for members			22.000	22.000				
5 Compensation of current officers, directors, trustees, and key employees 5,247,706 3,515,494 1,772,302	4		-	32,000				
See		·	-					
(as defined under section 49 58 (f)(11) and persons described in section 49 58 (f)(13) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	5		5,247,706	3,515,404	1,732,302			
7 Other salaries and wages 44,869,408 28,785,940 16,083,468 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). 4,148,906 2,775,582 1,373,324 9 Other employee benefits 3,803,146 2,070,876 1,772,720 11 Fees for services (non-employees) 2 2,033,440 1,006,121 11 Fees for services (non-employees) 2 223,591 0.00 224,092 a Management 0 432,998 200,906 224,092 224,092 d Legal 432,998 200,906 224,092 224,092 d Lobbying 216,000 216,000 216,000 216,000 e Professional fundraising See Part IV, Ine 17 0 0 1 f Investment management fees 489,452 489,452 489,452 g Other 4,202,203 2,209,337 2,2172,866 g Other 4,202,203 2,029,337 2,2172,865 g Other 4,202,203 3,209,337 3,2172,865 g Sala	6	(as defined under section 4958(f)(1)) and persons						
Pension plan contributions (include section 401(k) and section 403(b) employer contributions). 1. 4,148,906 2,775,592 1,373,224 2,070,876 1,732,270 2,033,440 1,006,121 2,033,440 1,006,121 2,033,440 1,006,121 2,033,440 1,006,121 2,033,440 1,006,121 2,033,440 1,006,121 2,033,440 1,006,121 2,033,440 1,006,121 2,033,440 1,006,121 2,033,440 1,006,121 2,033,440 1,006,121 2,033,440 1,006,121 2,033,440 1,006,121 2,033,440 1,006,121 2,033,440 1,006,121 2,033,440 1,006,121 2,008,906 2,24,092 2,009,906 2,009,907	_							
403(b) employer contributions) . 4,148,906 2,775,582 1,373,324 1 10 Payroll taxes . 3,033,561 2,033,440 1,006,121 1 11 Fees for services (non-employees)		-	44,869,408	28,785,940	16,083,468			
10 Payroll taxes	8		4,148,906	2,775,582	1,373,324			
a Management	9	Other employee benefits	3,803,146	2,070,876	1,732,270			
a Management	10	Payroll taxes	3,039,561	2,033,440	1,006,121			
b Legal	11							
c Accounting 235,591 93,579 142,012 d Lobbying 216,000 216,000 216,000 e Professional fundraising See Part IV, Inne 17 0 489,452 489,452 489,452 g Other 4,202,203 2,029,337 2,172,866 2,172,866 2,247,711 419,128 1,382,8583 12 Advertising and promotion 555,779 1,724 554,055 3 13 Office expenses 2,247,711 419,128 1,828,583 14 Information technology 838,095 336,396 591,699 15 Royalties 0 0 0 16 Occupancy 696,031 696,031 696,031 696,031 17 Travel 1,669,423 1,142,665 726,758 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 5 726,758 19 Conferences, conventions, and meetings 1,665,422 1,028,962 636,580 648,510 648,510 648,510 648,510 20 Interest 648,510 648,510 648,510 648,510 648,510 648,510 648,510 648,510 648,	а	Management	0					
d Lobbying	b	Legal	432,998	208,906	224,092			
Professional fundraising See Part IV, line 17 . 0 489,452 489,452 489,452	c	Accounting	235,591	93,579	142,012			
Towestment management fees	d	Lobbying	216,000		216,000			
Q Other	e	Professional fundraising See Part IV, line 17	0					
12 Advertising and promotion	f	Investment management fees	489,452		489,452			
13 Office expenses	g	Other	4,202,203	2,029,337	2,172,866			
14 Information technology	12	Advertising and promotion	555,779	1,724	554,055	_		
15 Royalties	13	Office expenses	2,247,711	419,128	1,828,583			
16 Occupancy	14	Information technology	838,095	336,396	501,699			
17 Travel 1,869,423 1,142,665 726,758 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings 1,665,542 1,028,962 636,580 20 Interest 648,510 648,510 21 Payments to affiliates 0 0 22 Depreciation, depletion, and amortization 5,515,851 412,041 5,103,810 23 Insurance 439,133 192,368 246,765 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) 36,490,441 36,490,441 a COST OF GOODS SOLD 36,490,441 36,490,441 1,687,816 b EQUIPMENT RENTAL AND MAINT 2,780,953 1,093,137 1,687,816 c UTILITIES 1,328,664 36,585 1,292,079 d BANK FEES 724,274 340,623 383,651 e VALIDATION AND CALIBRATION 603,874 603,874 f All other expenses 3,225,871 767,203 2,458,668 25 <t< th=""><th>15</th><th>Royalties</th><th>0</th><th></th><th></th><th></th></t<>	15	Royalties	0					
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	16	Occupancy	696,031		696,031			
19 Conferences, conventions, and meetings 1,665,542 1,028,962 636,580 20 Interest 648,510 648,510 21 Payments to affiliates 0	17	Travel	1,869,423	1,142,665	726,758			
20 Interest	18	·	0					
21 Payments to affiliates	19	Conferences, conventions, and meetings	1,665,542	1,028,962	636,580			
22 Depreciation, depletion, and amortization	20	Interest	648,510		648,510			
23 Insurance	21	Payments to affiliates	0					
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 COST OF GOODS SOLD 36,490,441 b EQUIPMENT RENTAL AND MAINT 2,780,953 1,093,137 1,687,816 c UTILITIES 1,328,664 36,585 1,292,079 d BANK FEES 724,274 340,623 383,651 e VALIDATION AND CALIBRATION 603,874 f All other expenses 3,225,871 767,203 2,458,668 25 Total functional expenses. A dd lines 1 through 24f 126,517,123 83,976,337 42,540,786 C Omplete this line only if the organization reported in column (B) joint costs from a combined educational	22	Depreciation, depletion, and amortization	5,515,851	412,041	5,103,810			
grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a COST OF GOODS SOLD 36,490,441 36,490,441 b EQUIPMENT RENTAL AND MAINT 2,780,953 1,093,137 1,687,816 c UTILITIES 1,328,664 36,585 1,292,079 d BANK FEES 724,274 340,623 383,651 e VALIDATION AND CALIBRATION 603,874 603,874 f All other expenses 3,225,871 767,203 2,458,668 25 Total functional expenses. Add lines 1 through 24f 126,517,123 83,976,337 42,540,786 (Complete this line only if the organization reported in column (B) joint costs from a combined educational	23	Insurance	439,133	192,368	246,765			
a COST OF GOODS SOLD b EQUIPMENT RENTAL AND MAINT c UTILITIES d BANK FEES round Fees For Infollowing SO P 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	24	grouped together and labeled miscellaneous may not exceed 5% of						
c UTILITIES 1,328,664 36,585 1,292,079 d BANK FEES 724,274 340,623 383,651 e VALIDATION AND CALIBRATION 603,874 603,874 f All other expenses 3,225,871 767,203 2,458,668 25 Total functional expenses. Add lines 1 through 24f 126,517,123 83,976,337 42,540,786 0 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 0 0	а		36,490,441	36,490,441				
d BANK FEES 724,274 340,623 383,651 e VALIDATION AND CALIBRATION 603,874 f All other expenses 767,203 2,458,668 25 Total functional expenses. Add lines 1 through 24f 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	b	EQUIPMENT RENTAL AND MAINT	2,780,953	1,093,137	1,687,816	_		
e VALIDATION AND CALIBRATION f All other expenses 767,203 767,	c	UTILITIES	1,328,664	36,585	1,292,079			
All other expenses 767,203 2,458,668 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here Infollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	d	BANK FEES	724,274	340,623	383,651			
Total functional expenses. Add lines 1 through 24f 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	e	VALIDATION AND CALIBRATION	603,874		603,874			
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	f	All other expenses	3,225,871	767,203	2,458,668			
Complete this line only if the organization reported in column (B) joint costs from a combined educational	25	Total functional expenses. Add lines 1 through 24f	126,517,123	83,976,337	42,540,786	0		
Complete this line only if the organization reported in column (B) joint costs from a combined educational	26	Joint costs. Check here ► □ If following SOP 98-2				-		
campaign and fundraising solicitation		Complete this line only if the organization reported in						

					(A)		(D)	
	_				Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			8,061,755	1	17,909,028	
	2	Savings and temporary cash investments	•		6,362,840	2	3,608,903	
	3	Pledges and grants receivable, net			475,630	3	637,725	
	4	Accounts receivable, net			8,844,075	4	10,536,515	
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	m current and former officers, directors, trustees, key employees, and isated employees. Complete Part II of					
		Schedule L						
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		1 4958(f)(1)) and				
		Schedule L				6		
Assets	7	Notes and loans receivable, net				7		
8	8	Inventories for sale or use			66,748,410	8	66,093,680	
⋖	9	Prepaid expenses and deferred charges			1,764,995	9	1,925,694	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	153,198,805				
	b	Less accumulated depreciation	10b	41,694,373	106,462,540	10c	111,504,432	
	11	Investments—publicly traded securities			57,581,653	11	79,441,052	
	12	Investments—other securities See Part IV, line 11			6,501,164	12	3,844,733	
	13	Investments—program-related See Part IV, line 11				13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			3,165,783	15	2,244,795	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			265,968,845	16	297,746,557	
	17	Accounts payable and accrued expenses .			11,151,364	17	19,345,796	
	18	Grants payable		18				
	19	Deferred revenue			3,387,112	19	3,121,606	
	20	Tax-exempt bond liabilities			98,650,000	20	109,250,000	
୍ର	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u></u>		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties			15,000,000	23	10,105,000	
	24	Unsecured notes and loans payable to unrelated third parties			4,547,158	24	0	
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			132,735,634	26	141,822,402	
ş e		Organizations that follow SFAS 117, check here ▶	lete l	ines 27				
ᆲ	27	Unrestricted net assets			133,233,211	27	155,924,155	
Balance	28	Temporarily restricted net assets		28				
	29	Permanently restricted net assets				29		
훈		Organizations that do not follow SFAS 117, check here ▶ ☐ ar	d con	plet e				
or Fund		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32		
Ř	33	Total net assets or fund balances			133,233,211	33	155,924,155	
	34	Total liabilities and net assets/fund balances			265,968,845	34	297,746,557	

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection

UNITED STATES PHARMACOPEIAL CONVENTION Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizat col (i) org	ion in anized	(vii) A mount of support?
		instructions)) Y	Yes	No	Yes	No	Yes	No	
Total									

and (III) below, the governing body of the the supported organization?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) a family member of a person described in (i) above?

11g(i)

11g(ii)

11g(iii)

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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 through 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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

1	(Complete onl	v if vou	checked	the box	on line	9 of Part I	٠.

Se	ection A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,912,384	11,772,541	26,931,741	52,825,043	37	,060,996	137,502,705
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	74,696,993	90,362,415	103,539,671	111,335,523	117	,254,467	497,189,069
3	purpose 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							
5	behalf The value of services or facilities furnished by a governmental unit to the organization without charge							
6 7a	Total. Add lines 1 through 5 A mounts included on lines 1, 2, and 3 received from disqualified persons	83,609,377	102,134,956	130,471,412	164,160,566	154	,315,463	634,691,774
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the							
c	the amount on line 13 for the year Add lines 7a and 7b							
8	Public Support (Subtract line 7c from line 6)							634,691,774
Se	ection B. Total Support		LL				<u>'</u>	
	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
9	beginning in) A mounts from line 6	83,609,377	102,134,956	130,471,412	164,160,566	154	315,463	634,691,774
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,816,989	2,592,887	3,131,158	1,515,718		104,918	12,161,670
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	1,816,989	2,592,887	3,131,158	1,515,718	3,	104,918	12,161,670
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)	970,702	999,894	325,812	54,123		0	2,350,531
13	Total support (Add lines 9, 10c, 11 and 12)	86,397,068	105,727,737	133,928,382	165,730,407	157	420,381	649,203,975
14	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	zation,
	ction C. Computation of Pub							
15	Public Support Percentage for 200	•		13 column (f))		15		97 765 %
16	Public support percentage from 20	08 Schedule A , F	art III, line 15			16		97 640 %
Se	ction D. Computation of Inv							
17	Investment income percentage for	2009 (line 10c c	olumn (f) dıvıded l	oy line 13 columr	n (f))	17		1 873 %

15	97 765 9	%
16	97 640 9	— %

18 Investment income percentage from 2008 Schedule A, Part III, line 17

17	1 873	%
18	1 952	%

19a 33 1/3% support tests—2009. 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

33 1/3% support tests—2008. 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493040002211

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

(e) A mount of political

contributions received

and promptly and

directly delivered to a separate political organization If none, enter -0-

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

(b) Address

Section 527 organizations Complete Part I-A only

(a) Name

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line	35a (reg	arding	proxy tax)	, then
N a	rection 501(c)(4), (5), or (6) organizations Complete Part III me of the organization ITED STATES PHARMACOPEIAL CONVENTION Er	mployer ıd	entifica	ation numbe	er
ON		3-165669	2		
Par	t I-A Complete if the organization is exempt under section 501(c) or is a se			anizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part 1			·	
2	Political expenditures	. ·	4		
	·		\$_		
3	Volunteer hours		_		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	þ-	\$ _		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	>	\$ _		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No
4a	Was a correction made?			☐ Yes	┌ No
b	If "Yes," describe in Part IV				
Pai	t I-C Complete if the organization is exempt under section 501(c) except se	ection 5	01(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activ	vities 🕨	\$_		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 52	.7			
	exempt funtion activities	>	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17	'b ►	\$		
4	Did the filing organization file Form 1120-POL for this year?			┌ Yes	┌ No
5	State the names, addresses and employer identification number (EIN) of all section 527 political of were made. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization fund or a political action committee (PAC). If additional space is needed, provide information in Pa	Also ente n, such as	rthe a	mount of po	litical

(c) EIN

(d) A mount paid from

filing organization's

funds If none, enter - 0 -

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

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). Check if the filing organization belongs to an affiliated group if the filing organization checked box A and "limited control" provisions apply B Check (a) Filing (b) Affiliated Limits on Lobbying Expenditures Organization's Group (The term "expenditures" means amounts paid or incurred.) Totals Totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) 216,000 c Total lobbying expenditures (add lines 1a and 1b) 216,000 83,976,337 d Other exempt purpose expenditures 84,192,337 e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both 1,000,000 columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) 250.000 h Subtract line 1g from line 1a If zero or less, enter -0-

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expend	itures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount		1,000,000	43,200	1,000,000	2,043,200
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					3,064,800
_ c	Total lobbying expenditures		205,166	216,000	216,000	637,166
_d	Grassroots non-taxable amount		250,000	10,800	250,000	510,800
e 	Grassroots ceiling amount (150% of line 2d, column (e))					766,200
f	Grassroots lobbying expenditures					

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\ <u>\</u>		
2611	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

DLN: 93493040002211

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

terna	I Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.			Inspec	tion
	me of the organi			Emplo	oyer identificat	ion numb	er
UN.	ITED STATES PHARM	ACOPEIAL CONVENTION		13-1	656692		
Pa			dvised Funds or Other Similar Fu	ınds o	r Accounts.	Comple	te if the
	organiz	zation answered "Yes" to Form 99	90, Part IV, line 6. (a) Donor advised funds	/1) Funds and ot	har a a a a .	
	Total number at	t and of year	(a) Donor advised lunds	(1) Funds and ot	ner accou	nts
,		ributions to (during year)					
3		its from (during year)					
1		e at end of year					
5	_		isors in writing that the assets held in dono organization's exclusive legal control?	or advis	ed	┌ Yes	── ── ── ── ── ── ── ── ──
5	used only for cl	- , , , , , , , , , , , , , , , , , , ,	donor advisors in writing that grant funds lefit of the donor or donor advisor, or for an	•		☐ Yes	┌ No
Pa	rt III Consei	rvation Easements. Complete	ıf the organization answered "Yes" to	Form	990, Part IV	, lıne 7.	
2	Preservation Preservation Complete lines	onservation easements held by the or on of land for public use (e g , recreating of natural habitat on of open space 2a-2d if the organization held a qualing last day of the tax year		ertıfıed	historic struct		a
		io iast au, si the tax , su	Γ		Held at the I	End of the	Year
а	Total number o	f conservation easements		2a			
b	Total acreage r	restricted by conservation easements		2b			
c	Number of cons	servation easements on a certified his	storic structure included in (a)	2c			
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d			
3		servation easements modified, transfe ar 🛌	erred, released, extinguished, or terminate	d by the	e organization d	luring	
1	Number of state	es where property subject to conserva	ation easement is located ►				
5		nization have a written policy regarding the conservation easements it holds?	g the periodic monitoring, inspection, hand ?	lling of v	/iolations, and	┌ Yes	∏ No
5	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents du	rıng the year ►		
7	A mount of expe	enses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	the year 🟲 🕏 🔔		
3		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of sec	tion		┌ Yes	☐ No
•	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial nents	•	•		
ar			ons of Art, Historical Treasures, on "Yes" to Form 990, Part IV, line 8.	or Oth	er Similar A	Assets.	
la	art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc nancial statements that describes these it	h in furt			е,
b	historical treas	· ·	116, to report in its revenue statement a public exhibition, education, or research ir s			•	
	(i) Revenues in	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets incl	luded in Form 990, Part X			► \$		
2	If the organizat	•	orical treasures, or other similar assets fo S 116 relating to these items	r financ	ıal gaın, provid	e the	
а	Revenues inclu	ided in Form 990, Part VIII, line 1			► \$		

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	stori	<u>cal Tı</u>	reas	ures, or C	<u> the</u>	r Similar A	ssets	(continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing	that a	ire a signific	ant u	ise of its collec	tion	
а	Public exhibition		d	Γ	Loan	orex	change prog	rams			
b	Scholarly research		e	Γ	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	er the	organization	n's ex	xempt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	┌ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermo	edıary	forc	ontribu	ıtıons	or other ass	ets	not	┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г		A	mount	
С	Beginning balance							1c			
d	Additions during the year						ŀ	1d			
e	Distributions during the year						ŀ	1e			
f	Ending balance						ļ	1f			
2a	Did the organization include an amount on Fo	orm 990 Part X lin	e 21?				L			┌ Yes	Г№
	If "Yes," explain the arrangement in Part XIV		621.							, 163	, 140
	rt V Endowment Funds. Complete		n ans	wer	od "Ye	s" to	Form 990	Pai	rt IV line 10		
	Endownient Fands: Complete	(a)Current Year)Prior			wo Years Back		Three Years Back	(e)Fou	r Years Back
1a	Beginning of year balance										
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨	%									
ь	Permanent endowment - %										
с	Term endowment ► %										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are hel	d and	admınıstere	d for	the		
	organization by									Ye	s No
	(i) unrelated organizations					•		•		(i)	
_	(ii) related organizations							•		(ii)	<u> </u>
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•				•		•	3	Ь	
4 Dar	t VI Investments—Land, Buildings					ιοο τ	Part V Juno	10			
Fai	Till vestments—Land, Buildings	s, and Equipme	iii. S				,			.	
	Description of investment				Cost or s (invest		(b)Cost or o basis (othe		(c) Accumulated depreciation	(d)	Book value
1a	and		•				11,439	9,846			11,439,846
Ь	Buildings		•				106,524	1,084	16,199,70	15	90,324,379
c	_easehold improvements										
d	Equipment		•				34,640),214	25,494,66	8	9,145,546
	Other						594	1,661	L		594,661
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B,), line	10(c).)		<u> </u>	•			111,504,432
									Schedule	D (Form	990) 2009

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(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		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
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
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	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
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

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DLN: 93493040002211

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspect ion

Name of the organization	Employer identification number
UNITED STATES PHARMACOPEIAL CONVENTION	
	13-1656692

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. 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 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region fundraising, program services, offices in the employees or describe specific type of grants to recipients located in agents in region region service(s) in region the region) 5,040,001 South America 1 11 Program Services COMPENDIAL East Asia and the Pacific 1 21 Program Services COMPENDIAL 2.257.933 Europe (Including Iceland and 1 4 Program Services SALES OFFICE 758,400 Greenland) South Asia 1 39 Program Services COMPENDIAL 2,459,498

			<u></u>	L
Totals	4	75		10,515,832

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		South America	Support		OTHER	32,000	воокѕ	FMV
								+
								<u> </u>
2 Enter total nu	ımber of recipi	ent organizations l	isted above that are	recognized as char	rities by the foreign c 01(c)(3) equivalency	country, recognized	as	0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Complete this part	t to provide the information requ	ired in Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
foreign activities		Grantee will report in writing to USP within three months of delivery of the USP-NF books as to the uses it has put USP's grant and will provide promptly such additional information, reports, and documents as USP may request USP may also require a narrative Statement about the progress made in accomplishing the purpose of the grant
_		

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

DLN: 93493040002211

Department of the Treasury Internal Revenue Service

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

Name of the organization UNITED STATES PHARMACO	DEIAL CONVENTION					Employer identific	cation number
UNITED STATES PHARMACO	PEIAL CONVENTION					13-1656692	
Part I General Inform	nation on Grants a	and Assistance				•	
Does the organization ma the selection criteria usedDescribe in Part IV the or	d to award the grants or	assistance?		·			▽ Yes ┌ N
Form 990, Part I	V, line 21 for any re	Governments and ecipient that received if additional space in	l more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 FOUNDATION FOR PHARMA EDU (AFPE) ONE CHURCH STREET STE 400 ROCKVILLE, MD 20850	530214882	501(C)(3)	15,000				SCIENCE AWARDS
pan american health & education foundation525 23rd st NW Washington, DC 20037	237072046		40,000				support

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Research Fellowships	6	150,000			
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.						
Ident if ier	Return Reference	Explanation				
Schedule I, Part I, Line 2	Process for Monitoring Use of Grant Funds	USP will establish a specific reporting process and timing with each individual grant recipient. The reporting methodology and timing of the reports will vary on a per grant basis. At a minimum, the grantee will be expected to provide a narrative statement as to the progress made in accomplishing the purpose of the grant.				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493040002211

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization UNITED STATES PHARMACOPEIAL CONVENTION **Employer identification number**

13-1656692

Pa	rt I Questions Regarding Compensation		•			
					Yes	Νo
1a	Check the appropiate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri			1b		
2	Did the organization require substantiation prior to re					
	officers, directors, trustees, and the CEO/Executive l	Directo	or, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha	t apply	,			
	Compensation committee		Written employment contract			
	Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymen	t?	4a	Yes	
b	Participate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	t comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa					
	subject to the initial contract exception described in	Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(111) 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 (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp									
(i) Base incentive reportable compensation reportable compensation compensation reportable	(A) Name	(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns		
See Additional Data Table		(i) Base compensation	ıncentive	(iii) Other reportable compensation		benefits	(B)(ı)-(D)	Form 990 or	
	See Additional Data Table								

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
FORM 990, SCHEDULE J, PART I, LINE 4A	SEVERENCE	Darrell Abernathy \$96,923 Paul Steven Lane \$19,497

Schedule J (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493040002211

OMB No 1545-0047

Schedule K (Form 990) 2009

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Nam	ne of the organization									Emplo	yer identifi	cation n	ımber	
UN	ITED STATES PHARMACOPEIAL CO	NVENTION								13-1	656692			
Р	art I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	e Issued	(e) Issue	e Price	(f) De	scription of Pu	rpose	(g) De	feased	Beh	On alf of uer
											Yes	No	Yes	No
A	MARYLAND ECONOMIC DEVELOPMENT CORPORATION 2008A	52-1376562	57420NAZ4	11-20	-2008	49,	325,000 re	efinance				X		X
В	MARYLAND ECONOMIC DEVELOPMENT CORPORATION 2008B	52-1376562	57420NBA8	11-20	-2008	49,	325,000 re	efinance				X		X
С	MARYLAND ECONOMIC DEVELOPMENT CORPORATION	52-1376562		09-16	-2009	10,	600,000 P	URCHAS	E LAND			X		x
Pa	art II Proceeds													
	Tabal was and a stress.			A		В			С		D		Е	
1	Total proceeds of issue			49	,325,000	49	9,325,000		10,600,000					
2	Gross proceeds in reserve funds				18,868		18,867		176,986					
3	Proceeds in refunding or defeasance	e escrows		49	242,588	49	9,242,588							
4	Other unspent proceeds Issuance costs from proceeds				62.544		62.545		120.072					
5	Working capital expenditures from	proceeds			63,544		63,545		129,972					
6 7	Capital expenditures from proceeds			1 (202442				10 202 442					
8	Year of substantial completion	.		200),293,442	200	n 0		10,293,442 009					
	, car or substantial completion			Yes	No No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	current refunding issu	ie [?]	X		X			X					
10	Were the bonds issued as part of a	n advance refunding is	sue?		X		X		X					
11	Has the final allocation of proceeds	_		Х		X		Х						
12	Does the organization maintain ade		rds to support	X				X						
	the final allocation of proceeds?			^		Х		^						
Pa	rt III Private Business Use				Α		3		C		D		E	
				Yes	n No	Yes	No	Yes	No	Yes	No	Ye	_	No
1	Was the organization a partner in a which owned property financed by t		nber of an LLC,		Х		Х		X					
2	Are there any lease arrangements which may result in private busines		anced property		x		X		X					

Cat No 50193E

Е

С

D

В

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3а	Are there any management or service contracts with respect to th financed property which may result in private business use?			X		Χ		X				
3b	Are there any research agreements with respect to the financed provided may result in private business use?	roperty		X		Χ		X				
3с	Does the organization routinely engage bond counsel or other outs counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X					
4	Enter the percentage of financed property used in a private busine by entities other than a section $501(c)(3)$ organization or a state of government			0 443 %		0 %						
5	Enter the percentage of financed property used in a private busine as a result of unrelated trade or business activity carried on by yo organization, another section 501(c)(3) organization, or a state or government	ur		0 %		0 %						
6	Total of lines 4 and 5			0 443 %		0 %						
7 Par	Has the organization adopted management practices and procedule ensure the post-issuance compliance of its tax-exempt bond liability. Arbitrage		X		Х		X					
I GI	Albitrage	Α			В		С		D		E	
		Yes	No	Yes	No	Yes	N	o	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?											
	the bond issue.	X		Х		X						
2	Is the bond issue a variable rate issue?	X		X			>	<				
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		x		>	(
ь	Name of provider											
c	Term of hedge											
4a	Were gross proceeds invested in a GIC?		Х		X		>	<				
b	Name of provider											
С	Term of GIC											
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?											
5	Were any gross proceeds invested beyond an available temporary period?		X		X		>	<				
6	Did the bond issue qualify for an exception to rebate?	Х		Х		x						
1										Schedule	K (Form 990)	2009

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OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization UNITED STATES PHARMACOPEIAL CONVENTION

Employer identification number

Рa	rt I Types of Property				13-1656692			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	- etermı	nıng	
1	Art—Works of art	аррисавис		<u> </u>				
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
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							
	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	CHEMICAL Other►(<u>DONATIONS</u>)	х	54	31,654,481	COST/SELLING PR	ICE		
	O ther ▶()							
	O ther ▶()							
	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			0
30~	During the year, did the organiza	ition receive	e by contribution any areas	rty reported in Part I lines	1 - 28 that it		Yes	No
SUA	• • •							
	must hold for at least three year for exempt purposes for the enti				a to be used			NI -
	• • •					30a		No_
ъ 31	 If "Yes," describe the arrangement Does the organization have a gif 			eview of any non-standard	contributions?	31	Yes	
<i>32</i> a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-casn	32a		No
Ь	If "Yes," describe in Part II							
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							

Page 2

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.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

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SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

DLN: 93493040002211

Open to Public Inspection

Name of the organization
UNITED STATES PHARMACOPEIAL CONVENTION

Employer identification number

13-1656692

		13-1030092
ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4A		Compendial Programs - USP establishes internationally recognized public standards (both documentary standards and the physical reference materials that support the application and use of these documentary standards) to help assure good quality medicines, dietary supplements, food ingredients, and related healthcare products. These standards are developed using an open, public process by volunteers representing pharmacy, medicine, and other healthcare professions as well as academia, government, the pharmaceutical and food industries, health plans, and consumer organizations. Prescription and over the counter medicines available in the United States must, by federal law, meet USP's public standards, where such standards exist. Many other countries require the use of high-quality standards such as USP's to assure the quality of medicines, food ingredients, and related products. USP disseminates its standards to pharmaceutical manufacturers, pharmacists, food manufacturers, and other users through its USP-NF, Food Chemicals Codex (FCC), and other compendia, and allied reference standard. USP standards are used in more than 130 countries worldwide. Regulatory authorities and pharmaceutical companies in many countries rely on these standards to improve the quality of medicines, dietary supplements and food ingredients provided both for their domestic markets and for export. In addition, volunteer experts from many countries outside the US are active participants in USP's standards-setting bodies.
Form 990, Part III, Line 4B		Allied Compendial Programs - USP conducts verification programs for pharmaceutical ingredients, and for dietary supplement ingredients and products. These programs involve independent testing and review to verify the identity, strength, quality and purity of ingredients and products for manufacturers who choose to participate. They help to improve the quality of medicines and dietary supplements that are manufactured and then provided to patients and consumers through the global supply chain. USP conducts educational classes and programs for chemists, scientists, and healthcare practioners in the United States and around the world. Through these programs, USP seeks to raise awareness and understanding of how. USP standards can be used to improve the quality of pharmaceuticals, dietary supplements, and food ingredients.
Form 990, Part III, Line 4C		Non Compendial Programs USP develops standards that are vital to ensuring and improving patient safety in a variety of settings related to the appropriate use of medicines. Health care clinicians rely on these standards in their labeling, storage, distribution, and use of drugs - and patients relay on these standards to help ensure that they are receiving the proper doses of the right medications. USP also serves as the secretariat for a major group of other non-profit organizations that join to coordinate patient safety/medical error efforts. USP develops authoritative, unbiased information relating to various aspects of drug quality and use and disseminates this information to practitioners, pharmacists, and others who make decisions about health care around the world. Under federal law, one of USP's health care information initiatives is the development of a drug classification system that Medicare Part D prescription drug benefit plans may use to develop their formularies. USP also participates in a cooperative agreement with the US Agency for International Development (USAID). This agreement advances drug quality and the appropriate use of drugs in some of the poorest parts of the world. This is accomplished through continuing education for healthcare professionals, access to current evidence based drug information, and providing technical leadership for regional and international cooperation.
Form 990, Part V, Line 4B		Brazıl India China
Form 990, Part VI, Line 4		USP amended and restated its Bylaw's in order to 1 Streamline and simply the format and structure 2 Eliminate the concept of Constitutionally-named members and provide greater flexibility in membership categories 3 Reduce the number of Convention committees and provide committees with clearly-defined roles and responsibilities 4 Create flexibility in the size and composition of the Board 5 Remove operational detail regarding Council of Experts while preserving fundamental standards-setting policies and principles
FORM 990, PART VI, SECTION A, LINE 6		The members of USP are accredited delegates representing educational institutions, professional and scientific organizations, and designated divisions of the federal government
FORM 990, PART VI, SECTION A, LINE 7A and 7b		The members of USP elect the members of the Board of Trustees
Form 990, Part VI, Line 11a		the draft form 990 was reviewed by our chief operating officer for accuracy once approved by the chief operating officer, the form 990 was provided to our audit committee for review and approval a copy of the form 990 was also provided to the board

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C		USPs conflict of interest policy is reflected in its Bylaw's and in its Code of Ethics. This policy is implemented with respect to our employees and volunteers (members of the Board of Trustees and the Council of Experts and Expert Commttees, USPs standards-setting bodies) through specific provisions in the Employee Handbook, the Rules of Business Practice for the Board of Trustees, and the Rules and Procedures of the Council of Experts All Trustees, members of the Council of Experts and Expert Commttees, and employees in director level or above positions or positions where they work with Expert Commttees are required to submit and keep current a disclosure statement identifying any conflict of interest. For USPs volunteers, a conflict of interest is defined broadly under the Bylaw's to include a financial interest in a company or any other relationship or interest that could interfere with the individual's ability to exercise independent judgment. Trustees, experts and employees are required to recuse themselves from any matter in which they have a potential conflict, and employees may also be required to divest themselves of interests that present a potential conflict. At each meeting of the Board and all Expert Commttees, the Chair reminds members of the conflict of interest rules. The identification and resolution of conflicts of interest is handled as follows for USP employees and volunteers. Employees Disclosure statements are collected annually by the Legal Department from employee as at the director level and above and employees who work directly with USP's Expert Commttees. If an employee discloses that he or she has a financial interest above the specified threshold, the General Counsel reviews the interest with the CEO if the CEO determines that the interest is an isolated one and one that would be difficult to divest (e.g., a retirement plan from a former employer, or a spouse's employment), the employee is allowed to retain the interest but must recuse himself/herself in any situation where there i

provisions - USP will link base pay and variable pay to performance in such a way that it aligns with USP's strategic planning process and outcome-based metrics, and results in differential rewards - USP will continually evaluate and realign performance measures to conform to changing strategic goals and other business needs - USP's total cash compensation program will be designed using a market-drive whole job family structure to deliver above average total compensation, direct and indirect, relative to those offered within various labor markets in which USP competes for talent - The total compensation package will be established, reviewed, and approved in a manner that qualifies for the rebuttable presumption of reasonableness and will be reviewed periodically to ensure that it continues to be aligned with USP's strategic direction and financial limits and continues to be both reasonable and competitive. The USP Compensation and Continuity Committee ("C&C Committee"), is a standing committee of the Board of Trustees ("Board"), appointed by the Board of Trustees Chairperson and is composed of at least three members of the Board. The C&C Committee works with staff, to perform the following functions. make recommendations to the Executive Committee and the Board regarding USP's total compensation philosophy - Periodically engage an independent compensation consultant to evaluate USP's compensation systems, structure and methodologies, including 1) clearly identifying USP's peer group, 2) compiling and analyzing detailed data about base pay, variable pay and health, welfare, pension and work life benefits in like organizations, 3) evaluating the reasonableness of total compensation for USP positions in relation to market norms, 4) preparing a detailed written report and making recommendations, as warranted - Debate and fully document its decisions about USP's compensation systems, structure and methodologies and make recommendations to the Executive Committee and the Board. In addition to periodic independent consultant evaluations, management annually uses published studies of the Human Resources Association of the National Capital Area, the American Research Company, CEO Update and Cordum to align and adjust the compensation structure and practices according to market trends. Further, individual compensation decisions are made in partnership between Human Resources and the hiring supervisor, reviewed by department vice presidents and/or division chiefs. All staff compensation actions are ultimately reviewed and approved by the CEO For CEO compensation, the Board Chair annually receives current market data for chief staff executive positions which is shared with the Executive Committee The Executive Committee makes all CEO compensation decisions and the Board Chair and Board Treasurer approve those decisions in writing FORM 990, PART VI, SECTION C, LINE 19 INDEPENDENT CONTRACTORS NAME & ADDRESS DESCRIPTION OF SERVICES COMPENSATION GRANT THRONTON LLP AUDIT AND TAX SERVICES \$ 278,276 2010 CORPORATE RIDGE MCLEAN, VA 22102 BAKER & MCKENZIE LLP LEGAL SERVICES \$ 103,972 14TH FLOOR, HUTCHINSON HOUSE HONG KONG, CHINA VINOD SHAH CONSULTING \$ 147,596 11309 DUNLEITH PLACE NORTH POTOMAC, MD 20878 ARENT FOX KITNER PLOTKIN DEBT FINANCING SRVCS \$ 138,180 & KAHN, PLLC 1050 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036 BUCHANAN INGERESOLL & ROONEY LEGAL SERVICES \$ 132,684 1700 K STREET, NW, #300 WASHINGTON, DC 20006 FORM 990, PART XI, LINE 2B THE FINANCIAL STATEMENTS OF THE ORGANIZATION WERE AUDITED BY INDEPENDENT ACCOUNTANTS AND A CONSOLIDATED REPORT WAS PREPARED IN ACCORDANCE WITH US GAAP

Cat No 51056K

Schedule O (Form 990) 2009

For Paperwork Reduction Act Notice, see the Instructions for Form 990

FORM 990, PART VI, SECTION B, LINES 15A & 15B The USP Board of Trustees approved a total compensation philosophy with the following key

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493040002211

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNITED STATES PHARMACOPEIAL CONVENTION Employer identification number

13-1656692

(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	
USP HOLDING LLC 12601 TWINBROOK PARKWAY ROCKVILLE. MD 20852	HOLDING	MD	C)	0	

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

HOLDING

ROCKVILLE, MD 20852 56-2515663 USP HOLDING INTERNATIONAL LLC 12601 TWINBROOK PARKWAY ROCKVILLE, MD 20852 56-2515662

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c)
Legal domicile (state or foreign country)

MD

(d) Exempt Code section (e)
Public charity status
(if section 501(c)(3))

(f) Direct controlling entity

13-1656692

Yes

No

Part III	Identification of Related Organizations Taxable as a Partnership	(Complete if the organization a	answered "Ye	es" on Form	990, Part IV,	line 3
	because it had one or more related organizations treated as a partnership					

(h) Disproprtionate **(j)** General or (i) Code V—UBI (c) **(e)** Predominant income (d) Direct controlling **(f)** Share of total income (a) Name, address, and EIN of (b) Lègal Primary activity domicile Share of end-of-year allocations? amount in box 20 of managing (related, unrelated, related organization (state or entity assets Schedule K-1 partner? excluded from tax (Form 1065) foreign under sections 512country) 514)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
US Pharmacopeia India Private Ltd ICICI KNOWLEDGE PARK GENOME VALLEY LABS 7-10, PHASE III, TURKAPALLLY, SHAMEERPET, HYDERABAD 500 728 IN 13-1656692	SCIENTIFIC	IN		C CORP	2,743,239	3,889,293	100 000 %
US Pharmacopeia Research and DVP Corp BUILDING 11 ALLEY 67 LIBING ROAD ZAHANGIJANG HI-TECH PARK, SHANGHAI 201203 CH 13-1656692	SCIENTIFIC	СН		C CORP	2,722,932	3,000,283	100 000 %
United States Farmacopeia Brasil LTDA WTORRE TECHNOLOGY PARK AVENIDA CECI, N 1600, TAMBORE/BARUERI, SAO PAULO, BRASIL BR	SCIENTIFIC	BR		C CORP	10,994,190	6,103,252	100 000 %

(3)

(4)

(5)

(6)

Schedule	R (Form 990) 2009		Р	age 3
Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, F	Part IV, line 34, 35, or 36.)		
Note	e. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	s No
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Pa	arts II-IV?		
a Rec	eipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	-	No
b Gift	, grant, or capital contribution to other organization(s)	16	Yes	s
c Gift,	, grant, or capital contribution from other organization(s)	10	:	No
d Loa	ns or loan guarantees to or for other organization(s)	10	i	No
e Loa	ns or loan guarantees by other organization(s)	1e	•	No
f Sale	e of assets to other organization(s)	1f	1	No
g Pur	chase of assets from other organization(s)	1 g	,	No
h Exc	change of assets	1h	· 📗	No
i Leas	se of facilities, equipment, or other assets to other organization(s)	1i		No
j Leas	se of facilities, equipment, or other assets from other organization(s)			No
k Per	formance of services or membership or fundraising solicitations for other organization(s)	1k	τ	No
l Perf	ormance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sha	ring of facilities, equipment, mailing lists, or other assets	1n	n	No
n Sha	aring of paid employees	1n	<u> </u>	No
o Reir	mbursement paid to other organization for expenses	10	,	No
p Reir	mbursement paid by other organization for expenses	1p)	No
q Oth	ner transfer of cash or property to other organization(s)	19		No
r Oth	er transfer of cash or property from other organization(s)	1r		No
2 If th	ne answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered re	lationships and transaction thresholds		
	(a) Name of other organization	(b) Transaction Amour type(a-r)	(c) nt invol	ved
(1) US Phar	rmacopeia India Private Limited	b	1,0	000,00
(1) See Add (2)	ditional Data Table			

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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 No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: Software Version:

EIN: 13-1656692

Name: UNITED STATES PHARMACOPEIAL CONVENTION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and I		ent co			JI 5			(5)	(=)	(5)
(A) Name and Title	(B) Average		() tion (che		П		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	t	hat a	pply		lm T	ı	compensation from the	compensation from related	amount of other compensation
	week	오늘	lngt		X ₀			organization (W- 2/1099-MISC)	organizations (W- 2/1099-	from the organization and
		Mude direc	itutio	<u>⊊</u>	9 er) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	٦ ق	-,	MISC)	related organizations
		in let	Ma lenk	Officei	employee	j	Former			organizacions
		Individual trustee or director	Institutional Trustee		90	Highest compensat employee				
		IL:	&			<u> </u>				
RENE BRAVO MD FAAP PRESIDENT	4 0	X						0	0	0
D Craig Brater MD PAST PRESIDENT	4 0	X						0	0	0
Larry L Braden RPh DSc TREASURER	4 0	X						0	0	0
John Mauger PhD Pharm Sciences Trustee	4 0	X						0	0	0
Mary Anne Koda-Kımble PharmD Pharm Sciences Trustee	4 0	X						0	0	0
Ellen Cosgrove MD FACP Medical Sciences Trustee	4 0	X						0	0	0
June Osborn MD Medical Sciences Trustee	4 0	X						0	0	0
Carolyn Asbury Sc MPH PhD Public Trustee	4 0	X						0	0	0
Duane Kirking PharmD PhD At-Large Trustee	4 0	X						0	0	0
Rıta R Colwell PhD DSc At-Large Trustee	4 0	X						0	0	0
Judith A Oulton RN MEd At-Large Trustee	4 0	Х						0	0	0
Roger L Williams CEO	38 0			X				530,088	0	57,231
JOHN T FOWLER CHIEF GLOBAL SERV OFFICER	38 0			X				395,712	0	52,687
DARRELL R ABERNETHY CHIEF SCIENCE OFFICER	38 0			X				280,649	0	37,246
WILLIAM F KOCH STACQ & METROLOGY OFFICER	38 0			X				313,980	0	31,528
SUSAN S DE MARS GEN COUNSEL & CHIEF DOC STDS	38 0			X				331,501	0	46,266
BRIAN HENDRIX CHIEF FINANCE & ADMIN OFC	38 0			X				288,477	0	41,964
RICHARD C WAILES VP, SALES & MKTG	38 0				X			279,064	0	40,184
VIJAYARAGHAVAN S SRINIVASAN VP, DSVP	38 0				X			263,153	0	35,446
COLLEEN M GREINER VP, INFORMATION TECH	38 0				X			230,349	0	22,985
LAURA L VIEHMYER VICE PRESIDENT, HR	38 0				X			226,831	0	31,814
Shawn F Dressman VP, Standards ACQ	38 0				X			191,835	0	32,156
Matthew Heyman VP, EXTERNAL AFFAIRS	38 0				X			218,500	0	2,372
PAUL STEVEN LANE VP, RSO & APPLIED COMPENDIAL	38 0					X		275,379	0	40,654
BARBARA B HUBERT DIRECTOR, SALES	38 0					Х		219,043	0	25,831

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

	•									
(A) Name and Title	(B) A verage hours per week	1	that a	•		Highest compens:	Former	(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
		tiustee r	l Trustee	<u>"</u>	oyee	pensated	<u>e</u>			
JAMES C GRIFFITHS VP, FOOD, DIETARY SUPPL & EXCI	38 0)				Х		216,930	0	21,966
TODD L CECIL VP, STDS DEVELOPMENT	38 0)				X		214,772	0	34,270
Kevin Hool Vice President, ACR	38 0)				Х		216,842	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
COST OF GOODS SOLD	36,490,441	36,490,441		
EQUIPMENT RENTAL AND MAINT	2,780,953	1,093,137	1,687,816	
UTILITIES	1,328,664	36,585	1,292,079	
BANK FEES	724,274	340,623	383,651	
VALIDATION AND CALIBRATION	603,874		603,874	

(A) Name

(F) Compensation

(D) Nontaxable (E) Total of columns

Software ID: Software Version:

EIN: 13-1656692

Name: UNITED STATES PHARMACOPEIAL CONVENTION

(C) Deferred

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (B) Breakdown of W-2 and/or 1099-MISC compensation

(A) Name	(i) Base Compensation		(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Roger L Williams	(I) (II)	529,588 0	500 0	0 0	52,959 0	4,272 0	587,319 0	0 0
JOHN T FOWLER	(I) (II)	395,212 0	500 0	0	39,521 0	13,166 0	448,399 0	0
DARRELL R ABERNETHY	(ı) (ıı)	280,649 0	0	0	28,065 0	9,181 0	317,895 0	0
WILLIAM F KOCH	(I) (II)	313,480 0	500 0	0	31,348 0	180 0	345,508 0	0
RICHARD C WAILES	(I) (II)	278,564 0	500 0	0	27,856 0	12,328 0	319,248 0	0
SUSAN S DE MARS	(I) (II)	331,001 0	500 0	0 0	33,100 0	13,166 0	377,767 0	0
BRIAN HENDRIX	(I) (II)	287,977 0	500 0	0	28,798 0	13,166 0	330,441 0	0
PAUL STEVEN LANE	(I) (II)	274,879 0	500 0	0 0	27,488 0	13,166 0	316,033 0	0
VIJAYARAGHAVAN S SRINIVASAN	(I) (II)	262,653 0	500 0	0 0	26,265 0	9,181 0	298,599 0	0
COLLEEN M GREINER	(I) (II)	229,849 0	500 0	0 0	22,985 0	0	253,334 0	0
BARBARA B HUBERT	(I) (II)	218,543 0	500 0	0 0	21,854 0	3,977 0	244,874 0	0
JAMES C GRIFFITHS	(ı) (ıı)	216,430 0	500 0	0	21,643 0	323 0	238,896 0	0
TODD L CECIL	(ı) (ıı)	214,272 0	500 0	0	21,427 0	12,843	249,042	0
LAURA L VIEHMYER	(ı) (ıı)	226,331 0	500 0	0	22,633 0	9,181	258,645 0	0
Kevin Hool	(ı) (ıı)	216,342 0	500 0	0	0	0	216,842 0	0
Shawn F Dressman	(ı) (ıı)	191,335 0	500 0	0	19,133 0	13,023	223,991 0	0
Matthew Heyman	(ı) (ıı)	218,000 0	500 0	0	2,077 0	295 0	1	0