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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE COMMUNITY PHARMACY FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
P.O. BOX 803878

City or town, state or country, and ZIP + 4
CHICAGO, IL 60680

F Name and address of principal officer

D Employer identification number
36-4346799

E Telephone number
312 630-6000

G Gross receipts $ 5,004,619.

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

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

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website ▶ COMMUNITYPHARMACYFOUNDATION.ORG

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

L Year of formation 2000 **M** State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE STATEMENT 1

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	NONE
6	Total number of volunteers (estimate if necessary)	6	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-505,902.	614,954.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-505,902.	614,954.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	353,034.	698,036.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,500.	15,500.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ NONE		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	233,425.	230,916.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	601,959.	944,452.
19	Revenue less expenses. Subtract line 18 from line 12	-1,107,861.	-329,498.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	17,715,758.	17,386,260.
21	Total liabilities (Part X, line 26)	NONE	NONE
22	Net assets or fund balances. Subtract line 21 from line 20	17,715,758.	17,386,260.

RECEIVED
JUN 07 2011
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E1-15
OGDEN, UT

Part II Signature Block

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

Sign Here

▶ Robert J Osterhaus — Signature of officer — Date: 5-3-2011

▶ Robert J Osterhaus Treasurer — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Rowena S. Ranoa	Preparer's signature: Rowena S. Ranoa	Date: 4/28/11	Check if self-employed ▶ ☐	PTIN: P01299207
Firm's name ▶ THE NORTHERN TRUST COMPANY			Firm's EIN ▶ 36-1561860	
Firm's address ▶ P.O. BOX 803878; CHICAGO, IL 60680			Phone no.	

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

SCANNED JUN 24 2011

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

JSA
0E1010 1 000

Part III **Statement of Program Service Accomplishments**
Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:
SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 100,000. including grants of $ 100,000.) (Revenue $)
GRANT PAID TO COMMON BUSINESS INTEREST ORGANIZATION - PHARMACY QUALITY ALLIANCE

4b (Code:) (Expenses $ 69,499. including grants of $ 69,499.) (Revenue $)
GRANT PAID TO COMMON BUSINESS INTEREST ORGANIZATION - UNIVERSITY OF TEXAS AT AUSTIN

4c (Code:) (Expenses $ 50,000. including grants of $ 50,000.) (Revenue $)
GRANT PAID TO COMMON BUSINESS INTEREST ORGANIZATION - PHARMACY SOCIETY OF WISCONSIN

4d Other program services. (Describe in Schedule O.)
(Expenses $ 478,537. including grants of $ 478,537.) (Revenue $)

4e **Total program service expenses** ▶ 698,036.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization s answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	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*	11c		X
d	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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization s separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
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 (see instructions)*	17		X
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		X
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		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24 a	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 lines 24b through 24d and complete Schedule K. If No, go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		X
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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ 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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If Yes, enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		

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

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
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		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶Illinois

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

☐ Own website ☒ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶NORTHERN TRUST COMPANY TEL: (312)630-6000
P.O. BOX 803878; CHICAGO, IL 60680

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLOS ORTIZ DIRECTOR	5	X						2,500.	NONE	NONE
(2) LINDA GARRELTS MACLEAN DIRECTOR	5	X						2,500.	NONE	NONE
(3) BRIAN JENSON CORPORATE SECRETARY	5	X						2,500.	NONE	NONE
(4) HONORABLE FRANK J. MCGARR DIRECTOR	5	X						500.	NONE	NONE
(5) PHILIP P. BURGESS, R.RH. PRESIDENT	5	X						2,500.	NONE	NONE
(6) ROBERT J. OSTERHAUS, R.PH. TREASURER	5	X						2,500.	NONE	NONE
(7) LONNIE H. HOLLINGSWORTH, P.PH VICE PRESIDENT	5	X						2,500.	NONE	NONE
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								15,500.	NONE	NONE

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a-1f $				
	h Total. Add lines 1a-1f				
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	532,010.			532,010.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		(i) Real / (ii) Personal			
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory	4,472,609.			
	b Less: cost or other basis and sales expenses	4,389,665.			
	c Gain or (loss)	82,944.			
	d Net gain or (loss)	82,944.			82,944.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a				
	b Less: direct expenses b				
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	614,954.			614,954.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	698,036.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	15,500.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	812.			
c Accounting	1,000.			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	67,406.			
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	71,138.			
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a LOUIS SESTI, CONSULTANT	72,000.			
b FOREIGN TAX ON INVESTMENT	7,421.			
c WEBSITE DEVELOPMENT	11,109.			
d IL ATTORNEY GENERAL	30.			
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	944,452.			
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	327,234.	2	355,529.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments - publicly traded securities	17,388,524.	11	17,030,731.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	17,715,758.	16	17,386,260.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	NONE	26	NONE
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	17,715,758.	30	17,386,260.
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	17,715,758.	33	17,386,260.
	34	Total liabilities and net assets/fund balances	17,715,758.	34	17,386,260.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	614,954.
2	Total expenses (must equal Part IX, column (A), line 25)	2	944,452.
3	Revenue less expenses. Subtract line 2 from line 1	3	-329,498.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,715,758.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	17,386,260.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
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 separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate 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		X
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		

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

THE COMMUNITY PHARMACY FOUNDATION

Employer identification number

36-4346799

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE STATEMENT 2							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 19

3 Enter total number of other organizations . . . . . ▶ 9

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
N/A					
2					
3					
4					
5					
6					
7					

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

EXPLANATION FOR FORM 990, SCHEDULE I, PART 1, LINE 2

SEE ATTACHED STATEMENT

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

THE COMMUNITY PHARMACY FOUNDATION

Employer identification number

36-4346799

EXPLANATION FOR FORM 990-EZ, PAGE 2, PART III, LINE 4d

GRANT PAID TO COMMON BUSINESS INTEREST ORGANIZATIONS

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8b

NOT APPLICABLE

FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REVIEW

A COPY OF FORM 990 IS SENT TO THE TRUSTEE FOR REVIEW AND COMMENTS

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 12c

SEE ATTACHED STATEMENT

DESCRIPTION FOR MAKING DOCUMENTS PUBLIC

FORM 990, PAGE 6, PART VI, LINE 19

AVAILABLE UPON REQUEST

FORM 990, PART I AND PART III - ORGANIZATION'S MISSION

SUPPORT RESEARCH TO INVESTIGATE PHARMACEUTICAL PRICING PRACTICES. DEVELOP TOOLS AND PRACTICES THAT WILL HELP COMMUNITY PHARMACISTS MEET THE NEEDS OF THEIR PATIENTS. DEVELOP PUBLIC EDUCATION TOOLS THAT WILL HELP PATIENTS BECOME AWARE OF, UNDERSTAND, AND USE SERVICES THAT ARE OFFERED BY COMMUNITY PHARMACIST. ESTABLISH A LIBRARY RELEVANT TO THE NEEDS OF THE COMMUNITY PHARMACISTS.

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US

NAME OF ORGANIZATION:
REGENTS OF THE UNIVERSITY OF MINNESOTA
ADDRESS:
200 OAK STREET SE, SUITE 450
MINNEAPOLIS, MN 55455
EIN: 41-6007513
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 12,000.
PURPOSE OF GRANT:
GENERAL SUPPORT

NAME OF ORGANIZATION:
DRAKE UNIVERSITY
ADDRESS:
2507 UNIVERSITY AVE.
DES MOINES, IA 50311
EIN: 42-0680460
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 10,127.
PURPOSE OF GRANT:
GENERAL SUPPORT

NAME OF ORGANIZATION:
AMERICAN PHARMACISTS ASSOCIATION
ADDRESS:
1100 15TH STREET NW, SUITE 400
WASHINGTON, DC 20005
EIN: 94-3207687
IRC SECTION: 501(c)(6)
AMOUNT OF CASH GRANT..... 40,797.
PURPOSE OF GRANT:
PHARMACY REFERENCE LIBRARY

NAME OF ORGANIZATION:
UNIVERSITY OF PITTSBURGH SCHOOL OF PHARMACY
ADDRESS:
3501 TERRACE STREET
PITTSBURGH, PA 15261
EIN: 25-0965591
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 20,040.
PURPOSE OF GRANT:
GENERAL SUPPORT

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US

NAME OF ORGANIZATION:
TEMPLE UNIVERSITY SCHOOL OF PHARMACY
ADDRESS:
3307 NORTH BROAD STREET
PHILADELPHIA, PA 19140
EIN: 23-1365971
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 28,000.
PURPOSE OF GRANT:
GENERAL SUPPORT

NAME OF ORGANIZATION:
SAINT ELIZABETH FOUNDATION
ADDRESS:
6900 L STREET, SUITE 100
LINCOLN, NE 68510
EIN: 47-0625523
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 17,497.
PURPOSE OF GRANT:
GENERAL SUPPORT

NAME OF ORGANIZATION:
MOUNTAIN PARK HEALTH CENTER FOUNDATION
ADDRESS:
2702 N. 3RD STREET, SUITE 4020
PHOENIX, AZ 85004
EIN: 86-0498020
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 30,000.
PURPOSE OF GRANT:
ASSESSING THE IMPACT OF MEDICATION THERAPY MANAGEMENT PROJECT

NAME OF ORGANIZATION:
UNIVERSITY OF MICHIGAN
ADDRESS:
503 THOMPSON STREET
ANN ARBOR, MI 48109
EIN: 38-6006309
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 36,769.
PURPOSE OF GRANT:
MARKET ANALYSIS OF PHARMACIST PATIENT CARE SERVICES PROJECT

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US

NAME OF ORGANIZATION:
KDI HEALTH SOLUTIONS
ADDRESS:
3220 SPRING FOREST DRIVE
RALEIGH, NC 27616
AMOUNT OF CASH GRANT..... 11,988.
PURPOSE OF GRANT:
IMPLEMENTATION OF A COMPREHENSIVE MEDICATION REVIEW PROGRAM

NAME OF ORGANIZATION:
UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY
ADDRESS:
1985 ZONAL AVENUE
LOS ANGELES, CA 90089
EIN: 95-1642394
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 15,900.
PURPOSE OF GRANT:
HYPERTENSION MEDICATION THERAPY MANAGEMENT PROJECT

NAME OF ORGANIZATION:
CREIGHTON UNIVERSITY
ADDRESS:
2500 CALIFORNIA PLAZA
OMAHA, NE 68178
EIN: 47-0376583
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 34,605.
PURPOSE OF GRANT:
GENERAL SUPPORT

NAME OF ORGANIZATION:
WVU RESEARCH CORPORATION
ADDRESS:
P.O. BOX 6002
MORGANTOWN, WV 26506
EIN: 55-6021899
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 9,512.
PURPOSE OF GRANT:
GENERAL SUPPORT

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US

NAME OF ORGANIZATION:
VIRGINIA PHARMACIST ASSOCIATION
ADDRESS:
2530 PROFESSIONAL ROAD
RICHMOND, VA 23235
EIN:
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 20,629.
PURPOSE OF GRANT:
GENERAL SUPPORT

NAME OF ORGANIZATION:
PHARMACIST SERVICES TECHNICAL ADVISORY COALITION
ADDRESS:
100 DAINGERFIELD ROAD
ALEXANDRIA, VA 22314
AMOUNT OF CASH GRANT..... 20,600.
PURPOSE OF GRANT:
GENERAL SUPPORT

NAME OF ORGANIZATION:
NCPA
ADDRESS:
100 DAINGERFIELD ROAD
ALEXANDRIA, VA 22314
EIN: 36-1520710
IRC SECTION: 501(c)(6)
AMOUNT OF CASH GRANT..... 26,000.
PURPOSE OF GRANT:
GENERAL SUPPORT

NAME OF ORGANIZATION:
PHARMACY QUALITY ALLIANCE
ADDRESS:
9687 SOUTH RUN OAKS DRIVE
FAIRFAX STATION, VA 22039
EIN: 26-2968498
AMOUNT OF CASH GRANT..... 100,000.
PURPOSE OF GRANT:
CPF SUPPORT/PHASE II PROJECT

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US

NAME OF ORGANIZATION:
PHARMACY SOCIETY OF WISCONSIN
ADDRESS:
701 HEARTLAND TRAIL
MADISON, WI 53717
AMOUNT OF CASH GRANT..... 50,000.
PURPOSE OF GRANT:
GENERAL SUPPORT

NAME OF ORGANIZATION:
CAMPBELL UNIVERSITY
ADDRESS:
205 DAY DORM ROAD
BUIES CREEK, NC 27506
EIN: 56-0529940
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 8,650.
PURPOSE OF GRANT:
GENERAL SUPPORT

NAME OF ORGANIZATION:
MERCER UNIVERSITY
ADDRESS:
1400 COLEMAN AVE.
MACON, GA 31207
EIN: 58-0566167
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 9,500.
PURPOSE OF GRANT:
DEPT. OF PHARMACY PRACTICE PEDIATRIC MEDICATION TREATMENT MGMT. STUDY

NAME OF ORGANIZATION:
KERR HEALTH
ADDRESS:
3220 SPRING FOREST ROAD
RALEIGH, NC 27616
AMOUNT OF CASH GRANT..... 10,000.
PURPOSE OF GRANT:
GENERAL SUPPORT

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US

NAME OF ORGANIZATION:
OREGON STATE UNIVERSITY
ADDRESS:
B306 KERR ADMINISTRATIVE BUILDING
CORVALLIS, OR 97331
EIN: 93-6022772
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 13,812.
PURPOSE OF GRANT:
GENERAL SUPPORT

NAME OF ORGANIZATION:
UNIVERSITY OF CALIFORNIA
ADDRESS:
1855 FOLSOM STREET
SAN FRANCISCO, CA 94143
EIN: 94-2829914
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 24,358.
PURPOSE OF GRANT:
GENERAL SUPPORT

NAME OF ORGANIZATION:
OHIO STATE UNIVERSITY
ADDRESS:
1960 KENNY ROAD
COLUMBUS, OH 43210
EIN: 31-6401599
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 20,000.
PURPOSE OF GRANT:
GENERAL SUPPORT

NAME OF ORGANIZATION:
PURDUE UNIVERSITY
ADDRESS:
1281 WIN HENTSCHEL BLVD.
WEST LAFAYETTE, IN 47906
EIN: 35-1052049
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 7,055.
PURPOSE OF GRANT:
GENERAL SUPPORT

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US

NAME OF ORGANIZATION:
RXTRA CARE INC.
ADDRESS:
7317 35TH AVENUE NE
SEATTLE, WA 98115
AMOUNT OF CASH GRANT..... 10,200.
PURPOSE OF GRANT:
GENERAL SUPPORT

NAME OF ORGANIZATION:
ALLIANCE FOR PATIENT MEDICATION SAFETY
ADDRESS:
2530 PROFESSIONAL ROAD
RICHMOND, VA 23235
AMOUNT OF CASH GRANT..... 10,000.
PURPOSE OF GRANT:
GENERAL SUPPORT

NAME OF ORGANIZATION:
UNIVERSITY OF TEXAS AT AUSTIN
ADDRESS:
P.O. BOX 250
AUSTIN, TX 78767
EIN: 74-1587488
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 69,499.
PURPOSE OF GRANT:
GENERAL SUPPORT

NAME OF ORGANIZATION:
UNIVERSITY OF WISCONSIN
ADDRESS:
777 HIGHLAND AVE.
MADISON, WI 53711
EIN: 39-0743975
IRC SECTION: 501(c)(3)
AMOUNT OF CASH GRANT..... 25,000.
PURPOSE OF GRANT:
GENERAL SUPPORT

TOTAL CASH GRANTS..... 692,538.

CPF GRANT AWARD PROCESS

The grant award process of the Community Pharmacy Foundation is a two-step process by which all applications are measured against the mission statement of the Foundation and according to consideration and review of the Board of Directors Furthermore, the process is 24/7 according the schedule of meetings of the Board for each year, ordinarily about calendar- quarter sequence

The first step of the two-step process is the submission of a "Grant Application" for which form is online at the CPF Website The essential elements of the application portion are the identification of the essential Goals & Objectives of the anticipated study/project and its estimated budget as well as timeframe for completion

If the application is approved by the Board at one meeting the applicant/Principal Investigator is invited to submit a full proposal for consideration at the next Board meeting. The applicant is provided a memo detailing both the format and scope that the "Grant Proposal" must be prepared, it being no more than 12 pages and focusing on· Needs Assessment; Capacity, Organization and Readiness; a Business Plan and a Budget. The Board reviews the Grant Proposals at the meeting and subsequent notifies the applicant if the study/project has or has not been approved for funding

Those approved for funding become a CPF "Grant Award" and the support staff then work directly with each applicant/Principal Investigator to monitor the progress of the endeavor consistent with the Grant Proposal approved by the Board of Directors

GRANT MONITORING

CPF support staff monitors the progress of each Grant Award and submit an overview report at each Board meeting for all proposals that have been approved. The study/project is evaluated on an ongoing basis consistent with the budget and timeframe in the Grant Proposal as well as the key benchmark points outlined in the Business Plan

Once finished the study/projects is a "Completed Grant" for which a synopsis is available on the CPF Website for any interest person Additional information for each Completed Grant is available upon request via the CPF Website. In the near future all such final reports will be directly available via the Website as the Foundation has recently enhanced its website capacity and functionality

Furthermore the Foundation has established a component of funding which it classifies as "Special Projects " These special projects ordinarily involved pharmacy-related organizations that provide special programming, studies, activities for which the Board feels the Foundation should be involved These are most often identified according to the general expertise of Board members or support staff, by Grant Awards completed deserving further examination or pursuit, or for operational aspects for the conduct of Foundation business (i e. enhancement to CPF Website) In all such cases involving Special Projects of the Foundation customary good business practices are followed· such projects must be approved by the Board along with which is a proposal for the vendor/supporting organization, dollars are issued by the bank upon approval of a support staff person or Board member affirming the work performed, and the Board received an update cumulative report at each meeting.

CONFLICT of INTEREST

Each year each Board member and support staff person must sign a legal document affirming and disclosing any conflicts of interest with the operation or administration of the Foundation. Furthermore a Board member will abstain from voting on any Grant Proposal or Special Project for which there could be any aspect of a conflict of interest.

Furthermore, each year the Board meets with its legal counsel during which session the retained counsel updates the Board on any and all aspects of the operation of a 501(c)3 and 501(c)6 foundation including application of the then applicable provisions associated with conflict of interest.

GRANT FUNDS

The Board directs and supervises the expenditures of all funds of the Foundation ... assuring such resources are allocated consistent with the mission statement and organizing documents of the organization. To date only United States based persons, organizations and Universities have been awarded grants or provided funding for special projects The Board exercises verification and validation procedures consistent with good business practices for non-profit corporations and associations All dollars of the Foundation are maintained by Northern Trust Bank for which support persons of this financial institution are directed by the Board for the issuance of any and all monies of the Foundation and apply verification procedures to verify the allocations have been approved by attendance at Board meetings and by receiving minutes of the Board meetings.

HOURS FOR EACH DIRECTOR

It is estimated that each of the seven directors on average volunteer at least 5 hours per week for the conduct of Foundation business, not including any travel time associated with the 4 or 5 meetings convened annually plus any applicable special conference call meetings.