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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 06-01-2010 and ending 05-31-2011

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

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

Doing Business As

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

Room/suite

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

D Employer identification number
23-7033369

E Telephone number
(301) 664-8612

G Gross receipts $ 4,297,100

F Name and address of principal officer
STEPHEN J ALLEN
7272 WISCONSIN AVENUE 2ND FLOOR
BETHESDA, MD 20814

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) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW ASHPFOUNDATION ORG

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

L Year of formation 1968

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FOSTERING SAFE AND EFFECITVE MEDICATION USE TO PROMOTE THE PUBLIC INTEREST THROUGH DEVELOPMENT OF HIGH QUALITY PHARMACEUTICAL SERVICES IN HEALTH SYSTEMS TO ENCOURAGE, PROVIDE FOR AND ENGAGE IN SCIENTIFIC RESEARCH, PROFESSIONAL STUDY AND ADVANCEMENT OF THE SCIENCE OF PHARMACY IN HEALTH SYSTEMS TO IMPROVE THE QUALITY AND INCREASE THE AVAILABILITY OF PHARMACEUTICAL SERVICES TO THE PUBLIC

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,993,575	2,697,502
9	Program service revenue (Part VIII, line 2g)	155,612	216,540
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,220,437	1,315,173
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-9,853	-7,191
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,359,771	4,222,024
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	497,824	349,477
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,057,637	1,178,599
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶405,962		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	748,340	1,161,985
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,303,801	2,690,061
19	Revenue less expenses Subtract line 18 from line 12	1,055,970	1,531,963

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,832,251	11,482,201
21	Total liabilities (Part X, line 26)	271,704	389,691
22	Net assets or fund balances Subtract line 21 from line 20	9,560,547	11,092,510

Net Assets or Fund Balances

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

****** 2012-04-02
Signature of officer Date

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

Paid Preparer Use Only

Print/Type preparer's name DEBORAH G KOSNETT	Preparer's signature DEBORAH G KOSNETT	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ TATE AND TRYON				Firm's EIN ▶
Firm's address ▶ 2021 L STREET NW SUITE 400 WASHINGTON, DC 20036				Phone no ▶ (202) 293-2200

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF THE ASHP FOUNDATION IS TO IMPROVE THE HEALTH AND WELL-BEING OF PATIENTS IN HOSPITALS AND HEALTH SYSTEMS THROUGH APPROPRIATE, SAFE AND EFFECTIVE MEDICATION USE THE FOUNDATION PROVIDES LEADERSHIP AND CONDUCTS EDUCATION AND RESEARCH ACTIVITIES THAT FOSTER THE COORDINATION OF INTERDISCIPLINARY MEDICATION MANAGEMENT LEADING TO OPTIMAL PATIENT OUTCOMES EMPHASIS IS GIVEN TO PROGRAMS THAT WILL HAVE A MAJOR IMPACT ON ADVANCING PHARMACY PRACTICE IN HOSPITALS AND HEALTH SYSTEMS, THEREBY IMPROVING PUBLIC HEALTH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,102,167 including grants of $ 87,172) (Revenue $ 216,540)

EXPANSION OF PHARMACISTS' DIRECT PATIENT CARE AND LEADERSHIP ROLES ASHP FOUNDATION RESEARCH ADVISORY PANEL-THE RESEARCH ADVISORY PANEL (RAP), CHAIRED BY DR MICHAEL MILLER OF THE UNIVERSITY OF OKLAHOMA, MET IN PERSON AT THE ASHP MIDYEAR CLINICAL MEETING IN DECEMBER 2010 AND BY TELECONFERENCE THROUGHOUT THE YEAR THE ASHP FOUNDATION VICE PRESIDENT WORKED CLOSELY WITH THE PANEL TO ESTABLISH RESEARCH PRIORITIES FOR THE PHARMACY PRACTICE MODEL INITIATIVE AND THE ASHP FOUNDATION'S NEW INVESTIGATOR RESEARCH GRANT PROGRAMS IN ADDITION, THE RAP PROVIDED GUIDANCE ON REVISIONS TO THE LITERATURE AWARDS PROGRAM CENTER FOR HEALTH-SYSTEM PHARMACY LEADERSHIP-THE CENTER WAS DEVELOPED AS A COLLABORATIVE PROGRAMMATIC OFFERING OF ASHP AND THE ASHP FOUNDATION, AND IS ADMINISTERED BY THE FOUNDATION THE CENTER HAS BEEN IN OPERATION SINCE JANUARY 2007 ITS PRIMARY OBJECTIVES ARE TO (1) ASSURE THAT PHARMACY LEADERS HAVE THE KNOWLEDGE NECESSARY TO PROACTIVELY INFLUENCE THE ADVANCEMENT OF THE MEDICATION-USE PROCESS BY PROVIDING COMPETENCY-BASED EDUCATION OPPORTUNITIES, (2) PROVIDE LEADERSHIP DEVELOPMENT PROGRAMS FOR STUDENTS, RESIDENTS AND NEW PRACTITIONERS THAT PROMOTE THE IMPORTANT ROLE OF THE PHARMACIST AS A CHANGE AGENT AND A LEADER IN PATIENT CARE, (3) INTEGRATE INTO HEALTH-SYSTEM LEADERSHIP DECISION-MAKING THE CRITICAL ROLE FOR PHARMACISTS AS ACTIVE PARTICIPANTS IN ACHIEVING ORGANIZATIONAL OBJECTIVES, (4) CONDUCT RESEARCH ON EFFECTIVE PHARMACY MANAGEMENT AND LEADERSHIP IN ACHIEVING THE OBJECTIVES OF HOSPITALS AND HEALTH SYSTEMS, AS WELL AS IMPROVING COMMUNITY DISEASE PREVENTION AND HEALTH PROMOTION EFFORTS AND (5) EXPLORE THE PURPOSE AND VALUE OF A CREDENTIAL FOR HOSPITAL AND HEALTH-SYSTEM PHARMACY LEADERS THAT RECOGNIZES COMPETENCIES TO DIRECT THE MEDICATION-USE SYSTEMS ENTERPRISE AND PROMOTE SAFETY AND COST-EFFECTIVE MEDICATION OUTCOMES IN FY11 THE CENTER WAS ABLE TO COMPLETE OBJECTIVE #5 BY DETERMINING THAT AN ADDITIONAL CREDENTIAL IS NOT NEEDED FOR HEALTH-SYSTEM PHARMACY DIRECTORS/CHIEF PHARMACY OFFICERS THE CENTER IS NOW EXPANDING OPPORTUNITIES FOR THESE LEADERS TO PURSUE MASTER'S DEGREES IN BUSINESS, HEALTH CARE ADMINISTRATION, INFORMATION MANAGEMENT AND PUBLIC HEALTH THE CENTER ADVISORY PANEL (CAP)-THIS ADVISORY PANEL WAS ESTABLISHED IN FY08 AND IS A 12-MEMBER GROUP THAT HAS SERVED AS AN EXTERNAL RESOURCE OF EXPERTS PROVIDING AN ENVIRONMENTAL SCAN OF PRACTICE ISSUES AND SIGNIFICANT EVENTS THAT MIGHT AFFECT THE CENTER'S PLAN OF ACTION THE CAP MET ONCE IN FY11 AND DETERMINED THAT ITS VALUE WAS OPTIMAL DURING THE INITIAL YEARS OF THE CENTER FOR HEALTH-SYSTEM PHARMACY LEADERSHIP THE CAP OFFICIALLY DISBANDED AT THE END OF FY11, AND PROGRAMMATIC INPUT FOR THE CENTER WILL BE PROVIDED BY THE ASHP SECTION LEADERSHIP, COUNCILS AND COMMISSIONS PHARMACY LEADERSHIP ACADEMY (PLA)-THE PLA IS SUPPORTED IN PART BY AN EDUCATIONAL GRANT FROM AMGEN THE PLA IS DESIGNED TO PROVIDE ADDITIONAL COMPREHENSIVE TRAINING TO PHARMACY LEADERS BEYOND WHAT IS LEARNED IN PHARMACY RESIDENCIES, SHORT COURSES AND OTHER EDUCATIONAL PROGRAMS THE ACADEMY PROVIDES LEADERSHIP TRAINING APPLICABLE TO CLINICAL AND ADMINISTRATIVE PHARMACY PRACTITIONERS IN SMALL TO LARGE HOSPITALS AND HEALTH SYSTEMS WHO ASPIRE TO LEADERSHIP POSITIONS IN HEALTH-SYSTEM PHARMACY MOST IMPORTANTLY, THIS PROGRAM DIRECTLY BENEFITS PATIENTS BECAUSE PARTICIPANTS APPLY THEIR NEW-FOUND SKILLS IN THE HEALTH-SYSTEM ENVIRONMENT TO IMPROVE MEDICATION-USE SAFETY, QUALITY OF CARE AND USE OF HEALTH CARE RESOURCES THE FOURTH CLASS BEGAN IN JANUARY 2011 WITH 83 PARTICIPANTS MAJOR PROGRAM ENHANCEMENTS WERE ACHIEVED IN FY11 WHEN THE PLA CURRICULUM WAS UPGRADED, THE MODULES WERE EXPANDED TO 6 WEEKS, WERE SWITCHED TO THE ECOLLEGE LEARNING MANAGEMENT SYSTEM, AND THE PROGRAM PARTNERED WITH MASTERS DEGREE PROGRAMS IN HEALTH CARE ADMINISTRATION AT SIMMONS COLLEGE IN BOSTON AND NEW ENGLAND COLLEGE IN NEW HAMPSHIRE THE 2011 CLASS INCLUDED FOUR INTERNATIONAL PARTICIPANTS, ONE FROM THE BAHAMAS AND THREE FROM LEBANON THE 2012 APPLICATION CYCLE ENDED ON AUGUST 12, 2011 LEADERSHIP LEARNING COMMUNITY-THE CENTER FOR HEALTH-SYSTEM PHARMACY LEADERSHIP HOSTED A SUCCESSFUL LEARNING COMMUNITY AT THE JUNE 2011 ASHP SUMMER MEETING ENTITLED "WILL, IDEAS AND EXECUTION STRATEGIES FOR SUSTAINED RESULTS AND UNPRECEDENTED PERFORMANCE " THE 5-SESSION SERIES OFFERED MORE THAN 11 HOURS OF MATERIAL AND HAD AN ESTEEMED FACULTY OF SENIOR PHARMACISTS AND HEALTH-SYSTEM EXECUTIVES FROM A VARIETY OF HEALTH-SYSTEM SETTINGS EDUCATIONAL SESSIONS ADDRESSED THE PHARMACY LEADER'S ROLE IN MAKING THE STATUS QUO UNCOMFORTABLE, ENHANCING WORKING RELATIONSHIPS TO GET THE JOB DONE AND ENSURING THAT THE PATIENT IS AT THE CENTER OF THE CARE PROCESS THE PROGRAM WAS EXTREMELY WELL RECEIVED, AND EACH SESSION WAS WELL ATTENDED PHARMACY LEADERSHIP INSTITUTE (PLI)-SINCE 2008 THE SECTION FOR PHARMACY PRACTICE MANAGERS HAS COLLABORATED WITH BOSTON UNIVERSITY TO ESTABLISH THE PLI AS A MAJOR PROGRAM WITHIN THE CENTER'S PORTFOLIO AND TO HAVE IT SERVE AS ITS CAPSTONE PROGRAM THE PLI USES RELEVANT PROGRAM CURRICULUM, HIGH-QUALITY INSTRUCTION AND PEER INTERACTION TO BROADEN BUSINESS SKILLS, MANAGERIAL VERSATILITY AND THE EXTRAORDINARY LEADERSHIP DEMANDED OF TODAY'S HEALTH-SYSTEM PHARMACY LEADERS THE EXPERIENCE ENABLES PHARMACIST LEADERS TO DEVELOP A NEW WAY OF THINKING AND A NEW SET OF BEHAVIORS TO MEET THE DEMANDING CHALLENGES FACING PHARMACY PLI GRADUATES HAVE BECOME A SOURCE OF LEADERSHIP EXPERTS SERVING THE CENTER'S INITIATIVES THE CENTER, WORKING WITH THE SUPPORT OF THE CARDINAL HEALTH FOUNDATION AND EXPERTISE OF THE BOSTON UNIVERSITY SCHOOL OF MANAGEMENT, CONCLUDED THE TWELFTH PROGRAM OFFERING IN APRIL 2011 TWENTY-NINE (29) HEALTH-SYSTEM PHARMACY LEADERS WERE SELECTED TO ATTEND THE WEEK-LONG EXECUTIVE TRAINING PROGRAM AND THREE-HUNDRED TWENTY (320) PHARMACISTS HAVE PARTICIPATED IN THE PROGRAM SINCE ITS INCEPTION CONVERSATIONS WITH HEALTH-SYSTEM PHARMACY'S MOST INFLUENTIAL LEADERS VIDEOS-ASHP PAST PRESIDENT AND WHITNEY AWARD RECIPIENT SARA WHITE PROVIDED THE FOUNDATION WITH ONGOING FINANCIAL SUPPORT AND VOLUNTEERED HER TIME TO HELP PRODUCE A SERIES OF VIDEOS WITH SOME OF THE MOST INFLUENTIAL HEALTH-SYSTEM PHARMACY LEADERS THE VIDEOS ARE HOSTED ON THE ASHP FOUNDATION WEBSITE AS A LEADERSHIP RESOURCE AND A SOURCE OF MOTIVATION FOR HEALTH-SYSTEM PHARMACY PROFESSIONALS THREE NEW VIDEOS WERE ADDED IN THE FALL OF 2010 (JOHN A GANS, LUCINDA MAINS AND PAUL G PIERPAOLI), EXPANDING THE TOTAL NUMBER OF VIDEOS TO 12 THREE NEW VIDEOS ARE PLANNED FOR COMPLETION IN FY12, AND ALL OF THE VIDEOS WILL BE MADE AVAILABLE AS PODCASTS LEADERSHIP SPEAKERS BUREAU (LSB)- THE LSB IS THE FIRST PROGRAM OF THE CENTER FOR HEALTH-SYSTEM PHARMACY LEADERSHIP DEVELOPED SPECIFICALLY FOR STUDENTS PHARMACISTS WHO ARE ASHP STATE AFFILIATE MEMBERS ARE THE PRIMARY SPEAKERS THEY DRAW UPON THEIR PERSONAL AND PROFESSIONAL EXPERIENCES TO ENCOURAGE STUDENTS TO EMBRACE LEADERSHIP AS PART OF THEIR PROFESSIONAL OBLIGATION SPEAKERS HIGHLIGHT LEADERSHIP OPPORTUNITIES AND PRACTICE SUCCESS STORIES IN HEALTH-SYSTEM PHARMACY TO UNDERSCORE THE NEED FOR THIS COMMITMENT AS STUDENTS THE STUDENT FORUM LEADERSHIP SECTION ADVISORY GROUP HAS BECOME AN ACTIVE PARTNER IN THE LSB'S PROMOTION AND EVALUATION THE LSB HAS BEEN TRANSFORMED INTO AN ONLINE TOOL KIT TO INCREASE ITS ACCESSIBILITY AND IS LINKED TO THE STUDENT FORUM WEB PAGE SUPPORTED BY A GRANT FROM ROCHE, THE CENTER HAS SET A TARGET OF 30 SCHOOLS OF PHARMACY TO PARTICIPATE IN THE PROGRAM DURING FY12 OTHER PROGRAMS - COMMUNITY HEALTH SYSTEMS (CHS) LEADERSHIP SEMINAR SERIES- LEADERSHIP RESOURCE CENTER- WILLIAM A ZELLMER LEADERSHIP LECTURE WHERE PRACTICE MEETS POLICY- PGY-1 EXPANSION GRANT- STUDENT LEADERSHIP DEVELOPMENT WORKSHOP- PHARMACY STUDENT CLINICAL SKILLS COMPETITION- DEMONSTRATING PHARMACISTS' VALUE A SYSTEMATIC EVIDENCE REVIEW- HARVEY A K WHITNEY AWARD LECTURE'S ONLINE COLLECTION PROGRAM- LITERATURE AWARDS PROGRAM- PHARMACY PRACTICE MODEL INITIATIVE (PPMI)- RESEARCH BOOT CAMP- STERILE PRODUCTS OUTSOURCING TOOL- ANTITHROMBOTIC ASSESSMENT TOOL- WALTER JONES MEMORIAL PHARMACY STUDENT FINANCIAL AID FUND AND THE ASHP STUDENT LEADERSHIP AWARD

4b (Code) (Expenses $ 520,548 including grants of $ 128,308) (Revenue $)

DESIGN AND STUDY OF SAFE AND EFFECTIVE MEDICATION-USE SYSTEMS 2010 AWARD FOR EXCELLENCE IN MEDICATION-USE SAFETY-SUPPORTED BY A GRANT FROM THE CARDINAL HEALTH FOUNDATION, THIS PROGRAM IS DESIGNED TO RECOGNIZE A PHARMACIST-LED MULTIDISCIPLINARY TEAM THAT MAKES SIGNIFICANT INSTITUTION-WIDE SYSTEM IMPROVEMENTS RELATING TO MEDICATION USE THE PROGRAM IS IN ITS SEVENTH YEAR AND IS THE ONLY NATIONAL-LEVEL PROGRAM THAT RECOGNIZES THE PHARMACIST'S LEADERSHIP ROLE IN THE MEDICATION-USE PROCESS THE THREE 2010 FINALIST ORGANIZATIONS WERE SELECTED FROM 16 APPLICANTS USING STRUCTURED SELECTION CRITERIA ESTABLISHED BY AN INDEPENDENT MULTIDISCIPLINARY PANEL OF EXPERTS IN THE FIELD OF MEDICATION SAFETY AND HEALTH-SYSTEM ADMINISTRATION THE MEDICAL UNIVERSITY OF SOUTH CAROLINA IN CHARLESTON RECEIVED THE $50,000 AWARD THE TWO FINALISTS, KINGSBROOK JEWISH MEDICAL CENTER IN BROOKLYN, N Y , AND LANCASTER GENERAL HEALTH IN LANCASTER, PA , EACH RECEIVED $10,000 THE 2010 AWARD FOR EXCELLENCE VIDEO HIGHLIGHTED THE SUCCESS STORIES OF THE RECIPIENT AND FINALISTS AND WAS SHOWN TO MORE THAN 8,000 PHARMACISTS AT THE 2010 ASHP MIDYEAR CLINICAL MEETING OPENING GENERAL SESSION IN ANAHEIM, CALIF A DINNER WAS ALSO HELD AT THE MIDYEAR TO RECOGNIZE THE FINALIST AND RECIPIENT TEAMS THE MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) MEDICAL CENTER'S AWARD WINNING MEDICATION SAFETY INITIATIVE FOCUSED ON OPTIMIZING MEDICATION USE AND OUTCOMES IN KIDNEY TRANSPLANT PATIENTS OVER AN 18-MONTH PERIOD, MUSC IMPLEMENTED A MULTISTEP INITIATIVE TO DECREASE HOSPITAL LENGTH OF STAY AND PREVENTABLE READMISSIONS FOR THESE PATIENTS WHILE OPTIMIZING PATIENT AND TRANSPLANTED ORGAN OUTCOMES THEY REVISED KIDNEY TRANSPLANT PROTOCOLS, ESTABLISHED A DIABETES MANAGEMENT SERVICE TO MANAGE INPATIENT AND OUTPATIENT GLUCOSE CONTROL AND IMPLEMENTED INTENSIVE PATIENT AND CAREGIVER EDUCATION BEFORE AND AFTER DISCHARGE THEY ALSO DEVELOPED A NEW PROCESS TO RECONCILE MEDICATIONS USED BEFORE AND AFTER TRANSPLANT AND STREAMLINED THE WAY THEY PROVIDE HOME MEDICATIONS TO PATIENTS AS A RESULT, MUSC EXPERIENCED A 40-PERCENT REDUCTION IN MEDICATION ERRORS AND ADVERSE DRUG EVENTS, A 25-PERCENT REDUCTION IN ACUTE REJECTION RATES AND A 10-PERCENT DECREASE IN INFECTION RATES MUSC ALSO REDUCED DELAYED DISCHARGES BY 14 PERCENT AND 7-DAY READMISSION RATES BY 50 PERCENT MUSC'S INITIATIVE DEMONSTRATES THAT A SYSTEMATIC AND TEAM-BASED QUALITY IMPROVEMENT PROCESS FOCUSED ON A HIGH-RISK PATIENT POPULATION CAN IMPROVE QUALITY OF CARE AND PATIENT OUTCOMES FOR THE FOURTH YEAR, THE ASHP FOUNDATION, WITH ASSISTANCE FROM ASHP, SPONSORED A NATIONAL RADIO MEDIA TOUR AIMED AT EDUCATING CONSUMERS ABOUT THE VITAL ROLE OF HEALTH-SYSTEM PHARMACISTS THE RADIO MEDIA TOUR OCCURRED IN MARCH 2011 DURING NATIONAL PATIENT SAFETY AWARENESS WEEK FOR THE TOUR, THERE WERE 19 TAPED AND LIVE INTERVIEWS, WHICH REACHED 576,000 LISTENERS DR NICOLE PILCH ALSO TAPED A RADIO NEWS RELEASE FOR NATIONAL PATIENT SAFETY AWARENESS WEEK THAT WAS AIRED BY APPROXIMATELY 779 STATIONS AND WAS HEARD BY 2 7 MILLION LISTENERS IN ADDITION, DRS PILCH AND DAVID TABER PRESENTED AN EDUCATIONAL SESSION AT THE 2011 ASHP SUMMER MEETING ENTITLED "MEDICATION SAFETY IN A HIGH-RISK PATIENT POPULATION THE MUSC STORY "THE 2011 AWARD PROGRAM WAS LAUNCHED IN EARLY SPRING WITH PROMOTION TO HEALTH SYSTEMS ACROSS THE COUNTRY FORTY-EIGHT APPLICATIONS WERE RECEIVED FOR THE 2011 PROGRAM THE AWARD RECIPIENT AND FINALISTS WILL BE SELECTED IN AUGUST 2011 MEDICATION SAFETY TEAM GRANT OPTIMIZING BEDSIDE TECHNOLOGY SOLUTIONS-THE THREE-YEAR COMMITMENT FROM OMNICELL TO SUPPORT THIS PROGRAM ENDED IN MAY 2009 RESEARCH BY THE 2009 RECIPIENTS IS ONGOING DRS ASHLEY DALTON, CRAIG FROST AND STEVEN ABEL PRESENTED THEIR FINDINGS AT THE 2010 ASHP MIDYEAR CLINICAL MEETING IN A SESSION ENTITLED "RESULTS FROM BCMA RESEARCH A TALE OF THREE CITIES " DR FROST'S STUDY, ENTITLED "EFFECT OF BAR-CODE-ASSISTED MEDICATION ADMINISTRATION ON NURSES' ACTIVITIES IN AN INTENSIVE CARE UNIT A TIME-MOTION STUDY," WAS PUBLISHED IN THE AMERICAN JOURNAL OF HEALTH-SYSTEM PHARMACY (SEE DWIBEDI N, SANSGIRY SS, FROST CP, DASGUPTA A, JACOB SM, TIPTON JA, SHIPPY AA EFFECT OF BAR-CODE-ASSISTED MEDICATION ADMINISTRATION ON NURSES' ACTIVITIES IN AN INTENSIVE CARE UNIT A TIME-MOTION STUDY AM J HEALTH SYST PHARM 2011 JUN 1,68(11) 1026-31)THE OTHER GRANT RECIPIENTS FROM 2007 AND 2008 ARE PREPARING MANUSCRIPTS FOR PUBLICATION MEDICATION CONTINUITY OF CARE RECORD RESEARCH (ALSO SUPPORTS STRATEGIC PRIORITY SP 2)-THIS PROGRAM EVALUATION ENTITLED "DEVELOPMENT OF A CONTINUITY OF CARE RECORD BRIDGING THE MEDICATION-USE GAP FROM HOSPITAL TO HOME," IS BEING CONDUCTED BY KIM C COLEY, PHARM D , OF THE UNIVERSITY OF PITTSBURGH SCHOOL OF PHARMACY THIS STUDY IS SUPPORTED BY SANOFI AVENTIS DR COLEY IS STUDYING THE USE OF A CONTINUITY OF CARE RECORD AND MEDICATION THERAPY MANAGEMENT IN THE TRANSITION OF PATIENTS FROM HOSPITAL TO HOME PREPARATION OF THE FIRST TWO MANUSCRIPTS FROM THIS STUDY, A REPORT ON THE TOOL DEVELOPMENT AND A HYPOTHESIS-GENERATING CASE SERIES, IS UNDERWAY THIS STUDY IS BEING MODIFIED TO INCLUDE A FOCUS GROUP COMPONENT THAT WILL BE USED TO ENHANCE THE CONTINUITY OF CARE TOOL PANDEMIC INFLUENZA ASSESSMENT TOOL (ALSO SUPPORTS SP 2 AND 3)-ROCHE PROVIDED A GRANT TO DEVELOP A PANDEMIC READINESS AND EMERGENCY PREPAREDNESS RESOURCE CENTER WHICH IS AVAILABLE AT WWW PHARMACYREADY ORG THIS SITE CONTAINS THE PANDEMIC INFLUENZA ASSESSMENT TOOL FOR HEALTH-SYSTEM PHARMACY DEPARTMENTS (TM) ALONG WITH PRACTICE RESOURCES, RSS FEEDS AND BENCHMARKING DATA BETWEEN JUNE 2009 AND MAY 2010, DURING AN H1N1 INFLUENZA PANDEMIC, THERE WERE MORE THAN 150,000 VISITS TO THIS WEB-BASED TOOL THE TOOL CONTINUES TO BE USED DESPITE THE ABSENCE OF A CURRENT PANDEMIC INFLUENZA THREAT THIS RESOURCE CONTINUES TO RECEIVE A SUBSTANTIAL NUMBER OF VISITORS ON A MONTHLY BASIS

4c (Code) (Expenses $ 478,824 including grants of $ 133,997) (Revenue $)

ADVANCEMENT OF OPTIMAL PATIENT MEDICATION OUTCOMES ASHP FDTN JUNIOR INVESTIGATOR RESEARCH GRANT (ALSO SUPPORTS SP 3)-EIGHTEEN APPLICATIONS WERE RECEIVED FOR THE ASHP FOUNDATION JUNIOR INVESTIGATOR RESEARCH GRANT DURING THE FY11 CYCLE THIS GRANT IS OFFERED TO NEW PHARMACIST INVESTIGATORS AND IS INTENDED TO SUPPORT PRACTICE-BASED MEDICATION-USE RESEARCH GRANT FUNDS ARE PROVIDED BY THE ASHP FOUNDATION THROUGH JOSEPH A ODDIS ENDOWMENT A SEVEN-MEMBER REVIEW PANEL COMPOSED OF PHARMACIST AND PHYSICIAN RESEARCHERS RECOMMENDED AWARD OF THE FOLLOWING GRANTS "PHARMACODYNAMIC ANALYSIS OF VANCOMYCIN BASED ON PATIENT-SPECIFIC PROTEIN BINDING," WHICH WILL BE CONDUCTED BY JARED L CRANDON, PHARM D , AND DAVID P NICOLAU, PHARM D , OF HARTFORD HOSPITAL AND "COMPARISON OF IMMUNE RESPONSE TO THE INFLUENZA VACCINE IN OBESE AND NON-OBESE HEALTHCARE WORKERS," WHICH WILL BE CONDUCTED BY MICHAEL A SWEET, PHARM D , OF WEST VIRGINIA UNIVERSITY HOSPITALS, AND RASHIDA A KHAKOO, M D , OF THE WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE STUDIES FUNDED DURING THE FY09 AND FY10 GRANT CYCLES PROGRESSED DURING FY11 2009 RECIPIENT DR LETICIA MOCZYGEMBA RECEIVED THE 2011 BEST NEW INVESTIGATOR PODIUM RESEARCH PRESENTATION AWARD FROM THE INTERNATIONAL SOCIETY FOR PHARMACOECONOMICS AND OUTCOMES RESEARCH (ISPOR) FOR PRESENTATION OF HER STUDY ENTITLED "12-MONTH OUTCOMES OF A PHARMACIST-PROVIDED TELEPHONE MEDICATION THERAPY " RESEARCH FROM THE 2010 PROGRAM IS ONGOING AMERICAN FOUNDATION FOR PHARMACEUTICAL EDUCATION (AFPE) PRE-DOCTORAL FELLOWSHIP- THE ASHP FOUNDATION PARTNERED WITH ASHP TO SUPPORT ANNUAL FUNDING OF $7,500 FOR THE 2010 AFPE PRE-DOCTORAL FELLOWSHIP PROGRAM THE ASHP/ASHP FOUNDATION SCHOLARSHIP WAS AWARDED TO DEANNA S FLORA, A PH D CANDIDATE IN CLINICAL PHARMACEUTICAL SCIENCE AT VIRGINIA COMMONWEALTH UNIVERSITY COLLEGE OF PHARMACY HER DISSERTATION TOPIC IS "DRUG BURDEN AND COGNITION IN COMMUNITY-DWELLING OLDER ADULTS "ANTITHROMBOTIC PHARMACOTHERAPY TRAINEESHIP PROGRAM-IN COLLABORATION WITH ASHP AS PART OF A MULTI TIERED EDUCATIONAL PROGRAM, THE FOUNDATION RECEIVED FUNDING FOR THE 2009/2010 ANTITHROMBOTIC PHARMACOTHERAPY TRAINEESHIP FROM SANOFI-AVENTIS THE 2009/2010 PROGRAM OFFERING WAS REVISED TO INCLUDE A COMPREHENSIVE WEB-BASED DISTANCE EDUCATION PROGRAM AND COMPARISON OF ANTITHROMBOTIC MEDICATION-RELATED PRE/POST-PROCESS AND PATIENT OUTCOMES THE TRAINEESHIP CONCLUDED WITH A 5-DAY STRUCTURED EXPERIENTIAL PROGRAM THAT PREPARED PHARMACISTS TO ESTABLISH AND MAINTAIN SPECIALIZED SERVICES FOR THE MANAGEMENT OF PATIENTS' ANTITHROMBOTIC THERAPY TWENTY-NINE TRAINEES WERE SELECTED FROM 31 APPLICANTS FOR THE 2009 PROGRAM, WITH 11 TRAINEES PARTICIPATING IN SESSION I AND 18 PARTICIPATING IN SESSION II THE ASHP FOUNDATION TRACKED PROCESS AND PATIENT POPULATION OUTCOMES FOR EACH TRAINEE OVER A 1-YEAR PERIOD OF TIME POSITIVE PATIENT CARE AND PROCESS EFFECTS WERE OBSERVED IN ESTABLISHMENT OF SERVICES IN THE INPATIENT AND OUTPATIENT SETTING CRITICAL CARE TRAINEESHIP PROGRAM- PLANS ARE UNDERWAY TO ESTABLISH AN EXPERT PANEL TO REVISE THE CURRICULUM FOR THIS TRAINEESHIP IN EARLY WINTER 2011 THIS TRAINEESHIP WILL BE CONSIDERED FOR INCLUSION IN THE TUITION-BASED TRAINEESHIP MODEL THAT IS CURRENTLY BEING CONSIDERED FEDERAL SERVICES JUNIOR INVESTIGATOR GRANT PROGRAM OPTIMIZING CHRONIC DRUG THERAPY IN THE ELDERLY-FOUR APPLICATIONS WERE RECEIVED FOR THE ASHP FOUNDATION FEDERAL SERVICES JUNIOR INVESTIGATOR GRANT PROGRAM DURING THE MOST RECENT CYCLE THIS GRANT IS OFFERED TO NEW PHARMACIST INVESTIGATORS AND IS INTENDED TO SUPPORT PRACTICE-BASED RESEARCH THAT FOCUSES ON OPTIMIZATION OF CHRONIC MEDICATION USE IN PATIENTS GREATER THAN 60 YEARS OF AGE GRANT FUNDS ARE PROVIDED BY THE ASHP FOUNDATION THROUGH THE SUPPORT OF NOVARTIS A FOUR-MEMBER REVIEW PANEL COMPOSED OF PHARMACIST AND PHYSICIAN RESEARCHERS RECOMMENDED AWARD OF THE FOLLOWING GRANTS "EFFECT OF VIDEO-CONSULTATION ON MEDICATION ADHERENCE AND CLINICAL HEALTH OUTCOMES IN ELDERLY ALASKA NATIVES AND AMERICAN INDIANS IN RURAL ALASKA," WHICH WILL BE CONDUCTED BY SARA DORAN-ATCHISON, PHARM D , OF THE ALASKAN NATIVE TRIBAL HEALTH CONSORTIUM, AND RENEE ROBISON, PHARM D , OF THE SOUTHCENTRAL FOUNDATION, "A PILOT STUDY TO EVALUATE A TELEPHARMACY INTERVENTION TO IMPROVE INHALER ADHERENCE IN VETERANS WITH COPD," WHICH WILL BE CONDUCTED BY AMANDA R MARGOLIS, PHARM D , AND CHRISTINE SORKNESS, PHARM D OF THE UW-MADISON SCHOOL OF PHARMACY AND "A PROSPECTIVE EVALUATION OF A MEDICATION THERAPY MANAGEMENT CLINIC VERSUS USUAL MEDICAL CARE IN PATIENTS POST ACUTE CORONARY SYNDROME THE MUMPS STUDY" WHICH WILL BE CONDUCTED BY CASSANDRA D BENGE, PHARM D , AND JAMES ANTHONY S MULDOWNEY, M D , OF TENNESSEE VALLEY HEALTH CARE SYSTEM PHARMACY RESEARCH FUNDED DURING THE FY08 AND FY09 CYCLES CONTINUES TO BE ONGOING 2007 RECIPIENT, DR KRISTEN SCHMITT OF THE CINCINNATI VA MEDICAL CENTER AND UNIVERSITY OF CINCINNATI COLLEGE OF PHARMACY, PUBLISHED HER RESEARCH REGARDING THE USE OF ANTIHYPERTENSIVE AGENTS IN PATIENTS WITH CHRONIC KIDNEY DISEASE (SEE SCHMITT KE, EDIE CF, LAFLAM P, SIMBARTL LA, THAKAR CV ADHERENCE TO ANTIHYPERTENSIVE AGENTS AND BLOOD PRESSURE CONTROL IN CHRONIC KIDNEY DISEASE AM J NEPHROL 2010,32(6) 541-8 EPUB 2010 NOV 2)HOSPITAL PHARMACIST - HOSPITALIST COLLABORATIONS (ALSO SUPPORTS SP 3)-SANOFI-AVENTIS PROVIDED SPONSORSHIP FOR THIS PROGRAM THAT STUDIES MULTIDISCIPLINARY INITIATIVES BETWEEN HOSPITALISTS AND HOSPITAL PHARMACISTS FOCUSED ON VENOUS THROMBOEMBOLISM PREVENTION/TREATMENT OR GLYCEMIC CONTROL IN HOSPITALIZED PATIENTS DRS JEFFREY KETZ OF THE CLEVELAND CLINIC AND DR KEVIN BOX OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO PRESENTED THEIR RESEARCH FINDINGS IN A JOINT SESSION AT THE 2010 ASHP MIDYEAR CLINICAL MEETING DR KETZ ALSO PRESENTED HIS RESEARCH AT THE 2011 SOCIETY FOR HOSPITAL MEDICINE ANNUAL MEETING EMERGENCY PHYSICIAN/HOSPITAL PHARMACIST RESEARCH GRANT PROGRAM (ALSO SUPPORTS SP 3)-ORTHO-MCNEIL PROVIDED SPONSORSHIP FOR THIS PROGRAM WHICH SUPPORTS RESEARCH CONDUCTED BY HOSPITAL PHARMACISTS AND EMERGENCY PHYSICIANS RELATED TO THE CARE OF PATIENTS WITH INFECTIOUS DISEASES WHO PRESENT TO THE EMERGENCY DEPARTMENT A 10-MEMBER REVIEW PANEL COMPOSED OF PHARMACISTS AND EMERGENCY PHYSICIANS RECOMMENDED AWARD OF THE FOLLOWING GRANTS "ED PHARMACISTS OPTIMIZE ANTIMICROBIAL USE PROCESS IN SEVERE SEPSIS AND SEPTIC SHOCK," WHICH WILL BE CONDUCTED BY MARIA I RUDIS, PHARM D , AND CHRISTOPHER S RUSSI, D O , OF MAYO CLINIC ROCHESTER, "THE VALUE OF MRSA NARES CARRIAGE STATUS FOR TREATMENT OF SKIN AND SOFT INFECTIONS IN THE EMERGENCY DEPARTMENT," WHICH WILL BE CONDUCTED BY NICOLE M ACQUISTO, PHARM D , AND SHARON G HUMISTON, M D , M P H , OF THE UNIVERSITY OF ROCHESTER MEDICAL CENTER THE PROPOSED RESEARCH IS ONGOING AS SCHEDULED AT THE RESPECTIVE SITES ONCOLOGY PATIENT CARE TRAINEESHIP PROGRAM-SUPPORT FOR THE 2011 PROGRAM WAS PROVIDED BY AMGEN EIGHT TRAINEES WERE SELECTED FROM 33 APPLICANTS DISTANCE EDUCATION COMMENCED IN FEBRUARY 2011 PARTICIPANTS WILL RECEIVE THEIR EXPERIENTIAL TRAINING AT THE FOLLOWING THREE SITES BETWEEN AUGUST AND NOVEMBER 2011 THE JOHNS HOPKINS HOSPITAL, UNIVERSITY OF TEXAS M D ANDERSON CANCER CENTER, AND THE UNIVERSITY OF WASHINGTON MEDICAL CENTER PAIN AND PALLIATIVE CARE TRAINEESHIP PROGRAM-ENDO PHARMACEUTICALS PROVIDED SUPPORT FOR A REDESIGN OF THE FORMER PAIN MANAGEMENT TRAINEESHIP TO INCLUDE PALLIATIVE CARE AND TO TRANSFORM THE DISTANCE EDUCATION COMPONENT TO REACH MORE PHARMACISTS THE DISTANCE EDUCATION PROGRAM WILL INCLUDE A PAIN MANAGEMENT AND PALLIATIVE CARE SELF-ASSESSMENT TOOL AND MODULES TO ADDRESS APPLICATION OF THE PRINCIPLES OF PAIN MANAGEMENT AND PALLIATIVE CARE DR MARY LYNN MCPHERSON OF THE UNIVERSITY OF MARYLAND HAS BEEN ENGAGED TO SUPPORT THE CONTENT REDESIGN ADDITIONAL FACULTY HAS BEEN RECRUITED FOR LEVEL 2 DEVELOPMENT OF CONTENT FOR LEVELS 1 AND 2 WAS ONGOING FROM OCTOBER 2010 THROUGH MAY 2011 FOLLOWING REDESIGN, TEN INDIVIDUALS WHO COMPLETE THE DISTANCE EDUCATION COMPONENTS WILL BE SELECTED TO PARTICIPATE IN ONSITE TRAINING AT FIVE HEALTH SYSTEMS ACROSS THE U S OTHER PROGRAMS - PHARMACY RESIDENCY EXCELLENCE AWARDS PROGRAM-PHARMACY RESIDENT PRACTICE-BASED RESEARCH GRANT PROGRAM- PROMOTING INFLUENZA PREVENTION PHARMACISTS AS IMMUNIZATION ADVOCATES-MULTICENTER MEDICATION RECONCILIATION QUALITY IMPROVEMENT STUDY (MARQUIS)- UNIVERSITY OF ALABAMA MUSCULOSKELETAL CERTS- MULTISITE UNSOLICITED GRANT

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶$ 2,101,539

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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		
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? *If "Yes," complete Schedule D, Part II*	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*	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? *If "Yes," complete Schedule D, Part V*	10	Yes	
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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	Yes	
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	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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, Parts II and IV*	15		No
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, Parts III and IV*	16		No
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		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	Yes	
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement 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)*

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 lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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**		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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
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**		No
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)?	**35**		No
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**	Yes	
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	

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	87		
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	Yes	
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		No
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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
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		No
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	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	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
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? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
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		No
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 lines 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 . . . . . ☑

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	10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b		No
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		No

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		No
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	Yes	
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	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its 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

☐ 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ELIZABETH HARTNETT
7272 WISCONSIN AVENUE 2ND FLOOR
BETHESDA, MD 20814
(301) 664-8612

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, 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, 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) KEVIN J COLGAN MA FASHP CHAIR	1 00	X		X				0	0	0
(2) DAVID R GAUGH VICE CHAIR	1 00	X		X				0	0	0
(3) HENRI R MANASSE JR PHD SCD PRESIDENT/ASHP EVP-CEO	1 00	X		X				0	746,154	76,276
(4) PHILIP J SCHNEIDER BS PHARMD TREASURER	1 00	X		X				0	0	0
(5) STEPHEN J ALLEN MS FASHP SECRETARY/EVP-CEO	40 00	X		X				240,214	0	30,422
(6) BARBARA BALIK RN MS EDD DIRECTOR AT LARGE	1 00	X						0	0	0
(7) MICK L HUNT MS MBA FASHP DIRECTOR AT LARGE	1 00	X						0	0	0
(8) MICHAEL S FLAGSTAD MS RPH DIRECTOR AT LARGE	1 00	X						0	0	0
(9) LYNNAE M MAHANEY MBA FASHP DIRECTOR AT LARGE	1 00	X						0	10,000	0
(10) BRUCE E SCOTT PHARMD FASHP DIRECTOR AT LARGE	1 00	X						0	0	0
(11) DALLAS J HOWE DIRECTOR AT LARGE	1 00	X						0	0	0
(12) GORDON S WILLCOX DIRECTOR AT LARGE	1 00	X						0	0	0
(13) DANIEL COBAUGH VICE PRESIDENT	40 00					X		161,174	0	22,820
(14) RICHARD WALLING DIRECTOR, CTR FOR HLTH-SYS PHARM LDRSHP	40 00					X		148,484	0	12,973
(15) MYRNA KONAJESKI DIRECTOR OF DEVELOPMENT	40 00					X		106,899	0	21,441

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			
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								656,771	756,154	163,932

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 ▶ 4

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

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
ENVISION CHANGE LLC 3324D WEST CARY STREET RICHMOND, VA 23221	CONSULTING	111,483

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 ▶ 1

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	27,315				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	2,670,187				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		2,697,502			
Program Service Revenue		Business Code				
	2a PHARMACY LEADERSHIP AC	900099	216,540	216,540		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		216,540			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		232,970			232,970
	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	1,095,594	47,409			
	b Less cost or other basis and sales expenses		60,800			
	c Gain or (loss)	1,095,594	-13,391			
	d Net gain or (loss) . . . . . ▶		1,082,203			1,082,203
Other Revenue	8a Gross income from fundraising events (not including $ 27,315 of contributions reported on line 1c) See Part IV, line 18 . . . a		7,085			
	b Less direct expenses . . . b		14,276			
	c Net income or (loss) from fundraising events . . ▶		-7,191			-7,191
	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 . . . ▶		4,222,024	216,540	0	1,307,982

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	269,944	269,944		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	79,533	79,533		
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	275,172	189,739	11,264	74,169
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	730,698	501,090	26,523	203,085
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	73,975	49,751	5,764	18,460
9 Other employee benefits	45,214	27,377	2,398	15,439
10 Payroll taxes	53,540	43,494	3,956	6,090
a Fees for services (non-employees) Management				
b Legal				
c Accounting	9,600		9,600	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	634,990	539,920	62,057	33,013
12 Advertising and promotion				
13 Office expenses	15,056	9,812	1,330	3,914
14 Information technology				
15 Royalties				
16 Occupancy	59,691	32,851	12,509	14,331
17 Travel	263,690	233,471	27,349	2,870
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,806	14,263	10,543	
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 GENERAL EXPENSES	146,543	115,471	3,331	27,741
b TEMPORARY SERVICES	17,600	8,800	2,640	6,160
c BANK CHARGES	2,473		2,473	
d STAFF DEVELOPMENT	1,812	299	823	690
e SPECIAL EVENT EXPENSE T	-14,276	-14,276		
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	2,690,061	2,101,539	182,560	405,962
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		1,019,149	2	2,073,427
	3	Pledges and grants receivable, net		214,572	3	197,662
	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) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		9,325	9	1,847
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 136,358			
	b	Less accumulated depreciation	10b 107,479	65,332	10c	28,879
	11	Investments—publicly traded securities		8,377,415	11	9,058,798
	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		146,458	15	121,588
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,832,251	16	11,482,201
Liabilities	17	Accounts payable and accrued expenses		194,520	17	182,577
	18	Grants payable			18	
	19	Deferred revenue		77,184	19	152,829
	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		0	25	54,285
	26	**Total liabilities.** Add lines 17 through 25		271,704	26	389,691
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		1,869,549	27	2,060,723
	28	Temporarily restricted net assets		2,912,954	28	4,253,393
	29	Permanently restricted net assets		4,778,044	29	4,778,394
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		9,560,547	33	11,092,510
	34	Total liabilities and net assets/fund balances		9,832,251	34	11,482,201

Part XI Reconcilliation 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	4,222,024
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,690,061
3	Revenue less expenses Subtract line 2 from line 1	3	1,531,963
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	9,560,547
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
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	11,092,510

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		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		No
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 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		No
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		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.**

OMB No 1545-0047

2010

Open to Public Inspection

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

Employer identification number
23-7033369

Part I 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)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 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 See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,606,236	1,802,114	1,610,656	1,993,575	2,697,502	9,710,083
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,606,236	1,802,114	1,610,656	1,993,575	2,697,502	9,710,083
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)						4,658,390
6 **Public Support.** Subtract line 5 from line 4						5,051,693

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,606,236	1,802,114	1,610,656	1,993,575	2,697,502	9,710,083
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	357,682	307,359	299,628	234,578	232,970	1,432,217
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	36,582	6,720	9,285	8,760	7,085	68,432
11 **Total support** (Add lines 7 through 10)						11,210,732

12	Gross receipts from related activities, etc (See instructions)	12	567,862

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	45 060 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	44 450 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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

Employer identification number
23-7033369

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	5,934,328	5,554,292	6,505,305		
b Contributions	350	7,295	900		
c Investment earnings or losses	886,373	899,095	-1,659,001		
d Grants or scholarships					
e Other expenditures for facilities and programs	539,855	526,354	-707,088		
f Administrative expenses					
g End of year balance	6,281,196	5,934,328	5,554,292		

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

- a Board designated or quasi-endowment ▶ 7 960 %
- b Permanent endowment ▶ 76 070 %
- c Term endowment ▶ 15 970 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		136,358	107,479	28,879
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				28,879

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO ASHP	54,285
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	54,285

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,222,024
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,690,061
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,531,963
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,531,963

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

1	Total revenue, gains, and other support per audited financial statements			1	4,289,014
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	39,323		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	27,667		
e	Add lines **2a** through **2d**			2e	66,990
3	Subtract line **2e** from line **1**			3	4,222,024
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,222,024

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

1	Total expenses and losses per audited financial statements			1	2,757,051
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	39,323		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	27,667		
e	Add lines **2a** through **2d**			2e	66,990
3	Subtract line **2e** from line **1**			3	2,690,061
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,690,061

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION'S ENDOWMENT PRIMARILY CONSISTS OF CONTRIBUTIONS TO THE JOSEPH A ODDIS ENDOWMENT CAMPAIGN, THE PURPOSE OF WHICH WAS TO RAISE FUNDS FOR PROGRAMS THAT IMPROVE PHARMACY PRACTICE AND THE SAFE AND EFFECTIVE USE OF MEDICATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	DURING THE YEAR ENDED MAY 31, 2011, MANAGEMENT DID NOT IDENTIFY ANY UNCERTAIN INCOME TAX POSITIONS AT A MINIMUM, THE TAX YEARS BEGINNING IN 2007 THROUGH 2010 ARE OPEN FOR EXAMINATION BY TAX AUTHORITIES
PART XII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON DISPOSITION OF ASSETS 13,391 SPECIAL EVENTS DIRECT EXPENSES 14,276
PART XIII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON DISPOSITION OF ASSETS 13,391 SPECIAL EVENTS DIRECT EXPENSES 14,276

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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

Employer identification number
23-7033369

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

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

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

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

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

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

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

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

Revenue / Direct Expenses		(a) Event #1 WALTER JONES GOLF CLASSIC (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	34,400			34,400
	2 Less Charitable contributions	27,315			27,315
	3 Gross income (line 1 minus line 2)	7,085			7,085
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	853			853
	6 Rent/facility costs	4,192			4,192
	7 Food and beverages	4,669			4,669
	8 Entertainment				
	9 Other direct expenses	4,562			4,562
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				14,276
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-7,191

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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
AMERICAN SOCIETY OF HEALTH-SYSTEM
PHARMACISTS RESEARCH AND EDUCATION FDTN

Employer identification number
23-7033369

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ 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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 26

3 Enter total number of other organizations . . . ▶ 1

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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) STERILE PRODUCTS OUTSOURCING TOOL PROGRAM	14	13,000			
(2) LITERATURE AWARDS PROGRAM	10	16,500			
(3) RESEARCH BOOT CAMP	1	3,200			
(4) STUDENT LEADERSHIP AWARDS	10	25,000			
(5) ANTITHROMBOTIC TOOL PANEL	10	10,000			
(6) EXCELLENCE AWARDS	12	7,600			
(7) MULTI-SITE SPECIAL HONORARIA	11	4,233			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ASHP FOUNDATION HAS A DETAILED REPORTING REQUIREMENT FOR ALL GRANTS AWARDED WHICH INCLUDES REPORTING PROGRESS AT 6-MONTH INTERVALS ANY UNUSED GRANT FUNDS MUST BE RETURNED THE ASHP FOUNDATION HAS A GOOD TRACK RECORD OF ENSURING STUDY COMPLETION AND PUBLICATION OF STUDY RESULTS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-7033369
Name: AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLINA HOSPITALS AND CLINICSPO BOX 43 MINNEAPOLIS,MN 55440	36-3261413	501(C)(3)	12,910				2009 MEDICATION SAFETY GRANT
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS7272 WISCONSIN AVE BETHESDA,MD 20814	52-0807628	501(C)(6)	24,766				CLINICAL SKILLS COMPETITION GRANT
AMERICAN FOUNDATION FOR PHARMACEUTICAL EDUCATION1 CHURCH ST STE 202 ROCKVILLE,MD 20850	53-0214882	501(C)(3)	5,000				PRE-DOCTORAL FELLOWSHIP
ARIZONA BOARD OF REGENTSPO BOX 3308 TUCSON,AZ 857223308	86-0779656	501(C)(3)	5,000				2010 PHARMACY RESIDENT PRACTICAL GRANT
BOARD OF REGENTS UNIV OF WISCONSIN1220 LINDEN DR MADISON,WI 53706	39-6006492	501(C)(3)	6,406				FEDERAL SERVICES RESEARCH GRANT
BRIGHAM AND WOMEN'S HOSPITAL75 FRANCIS STREET BOSTON,MA 02115	04-2312909	501(C)(3)	6,605				2010 JR INVESTING RESEARCH GRANT
DUKE UNIVERSITY MEDICAL CENTER2301 ERWIN ROAD DURHAM,NC 27705	56-2070036	501(C)(3)	5,000				ONCOLOGY TRAINEESHIP
KAISER FOUNDATION HEALTH PLAN OF COLORADO16601 E CENTRETECH PKWY AURORA,CO 800119045	84-0591617	501(C)(3)	6,520				2010 JR INVEST GRANT
KAISER FOUNDATION HEALTH PLAN OF GEORGIA INCONE KAISER PLAZA STE 15L OAKLAND,CA 94612	58-1592076	501(C)(3)	5,000				2010 PHARMACY RESIDENT PRACTICAL GRANT
KINGSBROOK JEWISH MEDICAL CENTER585 SCHENECTADY AVE BROOKLYN,NY 11203	11-1631759	501(C)(3)	10,000				2010 AWARD FOR EXCELLENCE
LANCASTER GENERAL HOSPITALPO BOX 3555 LANCASTER,PA 17604	23-1365353	501(C)(3)	10,000				2010 AWARD FOR EXCELLENCE
MASSACHUSETTS COLLEGE OF PHARMACY179 LONGWOOD AVE BOSTON,MA 02115	04-2104700	501(C)(3)	8,333				2009 JR INVEST GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAYO CLINIC200 FIRST STREET SW ROCHESTER,MN 55905	41-6011702	501(C)(3)	16,500				2009 EMERGENCY CARE GRANT
MEDICAL UNIVERSITY HOSPITAL AUTHORITY169 ASHLEY AVE STE 203 CHARLESTON,SC 29403	57-1098556	501(C)(3)	50,000				2010 AWARD FOR EXCELLENCE
SAINT LUKE'S EPISCOPAL HOSPITAL6720 BERTNER HOUSTON,TX 77030	74-1161938	501(C)(3)	13,600				2008 MEDICATION SAFETY
TENNESSEE VALLEY HEALTH CARE SYSTEMMIDDLE TENN RES INSTITUTE1310 24TH AVE S NASHVILLE,TN 37212	74-1161938	501(C)(3)	7,619				2010 FEDERAL SERVICES JR INVESTIGATOR GRANT
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS506 S WRIGHT STREET 209 HAB MC 339 URBANA,IL 61801	37-6000511	501(C)(3)	5,000				2010 PHARMACY RESIDENT PRACTICE GRANT
UNIVERSITY HOSPITAL234 GOODMAN ST CINCINNATI,OH 45219	31-1479038	501(C)(3)	5,000				2010 PHARMACY RESIDENT PRACTICE GRANT
UNIVERSITY OF IOWA4 JESSUP HALL IOWAS CITY,IA 52242	42-6004813	501(C)(3)	13,200				2009 MEDICATION SAFETY TEAM GRANT
UNIVERSITY OF MARYLAND BALTIMORE620 W LEXINGTON ST BALTIMORE,MD 21201	52-6002033	501(C)(3)	8,250				2010 PROMOTING INFLUENZA PREVENTION
UNIVERSITY OF ROCHESTER MEDICAL CENTER601 ELMWOOD AVE ROCHESTER,NY 14642	16-0743209	501(C)(3)	13,670				RESIDENCY GRANT/2009 EMERGENCY CARE GRANT
VIRGINIA COMMONWEALTH UNIVERSITYPO BOX 980568 RICHMOND,VA 232980568	54-6001758	501(C)(3)	6,800				JR INVESTIGATOR GRANT
WEST VIRGINIA UNIVERSITY HOSPITAL1 MEDICAL CENTER DR MORGANTOWN,WV 26506	55-0643304	501(C)(3)	6,667				JR INVESTIGATOR GRANT
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION886 CHESTNUT RIDGE RD RM723 MORGANTOWN,WV 26505	55-0665758	501(C)(3)	8,250				2010 PROMOTING INFLUENZA PREVENTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WISHARD FOUNDATION 1001 W 10TH ST INDIANAPOLIS,IN 462022879	31-1132066	501(C)(3)	13,598				2008 MEDICATION SAFETY GRANT
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 4000 AMBASSADOR DRIVE ANCHORAGE,AK 99508	92-0162721	501(C)(3)	8,250				FEDERAL SERVICES RESEARCH GRANT
PALO ALTO INSTITUTE FOR RESEARCH & EDUCATIONPO BOX V-38 PALO ALTO,CA 943040038	77-0207331	501(C)(3)	-12,000				2009 FEDERAL SERVICES GRANT/RESEARCH BOOT CAMP REFUNDS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2010

Open to Public Inspection

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

Employer identification number
23-7033369

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HENRI R MANASSE JR PHD SCD	(i)	0	0	0	0	0	0	0
	(ii)	683,798	32,500	29,856	61,000	22,898	830,052	0
(2) STEPHEN J ALLEN MS FASHP	(i)	219,538	10,000	10,676	24,943	10,015	275,172	0
	(ii)	0	0	0	0	0	0	0
(3) DANIEL COBAUGH	(i)	154,062	6,647	465	17,341	9,828	188,343	0
	(ii)	0	0	0	0	0	0	0
(4) RICHARD WALLING	(i)	139,836	6,874	1,774	12,973	1,736	163,193	0
	(ii)	0	0	0	0	0	0	0
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

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

Employer identification number
23-7033369

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	58,615	CASH SALE VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

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

Part II

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

Identifier	Return Reference	Explanation

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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 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
AMERICAN SOCIETY OF HEALTH-SYSTEM
PHARMACISTS RESEARCH AND EDUCATION FDTN

Employer identification number
23-7033369

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		BUSINESS RELATIONSHIP - MICHAEL S FLAGSTAD AND LYNNAE M MAHANEY

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

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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS REVIEWED BY THE CHIEF OPERATIONS AND FINANCIAL OFFICERS AND BY THE BOARD (SERVING AS THE AUDIT COMMITTEE) BEFORE IT IS FILED A COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY AT THE MARCH MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT A "CEO EVALUATION SUBCOMMITTEE" IS APPOINTED BY THE BOARD AND MEETS SEVERAL TIMES ON AN ANNUAL BASIS THIS SUBCOMMITTEE IS RESPONSIBLE FOR EVAULATING CEO PERFORMANCE ANNUALLY AND NEGOTIATING A CONTRACT THAT CUSTOMARILY SPANS A 3-YEAR PERIOD THE TREASURER CHAIRS THE SUBCOMMITTEE DURING THE CONTRACT RENEGOTIATION YEAR AND THE BOARD CHAIR LEADS THE SUBCOMMITTEE DURING NON-CONTRACT YEAR ANNUAL REVIEWS ALL SUBCOMITTEE ACTIONS ARE REVIEWED BY THE FULL BOARD PRIOR TO TAKING ANY ACTIONS ONE FULL YEAR PRIOR TO THE COMPLETION OF A CONTRACT CYCLE, THE SUBCOMMITTEE COORDINATES A 360-DEGREE PERFORMANCE REVIEW, SECURING INPUT FROM THE FOUNDATION AND ASHP STAFF, FOUNDATION VOLUNTEERS, AND REPRESENTATIVES FROM THE CORPORATE COMMUNITY WHO HAVE SPONSORED PROGRAMS FOR THE FOUNDATION ADDITIONALLY, A CEO SELF-ASSESSMENT IS COMPLETED AND REVIEWED BY THE SUBCOMMITTEE THE 360-DEGREE PERFORMANCE REVIEW AND SELF-ASSESSMENT IS CONSIDERED BY THE BOARD AND A DECISION IS MADE AS TO WHETHER THE BOARD DESIRES TO RENEGOTIATE A NEW CONTRACT WITH THE EXISTING CEO OR SEEK A REPLACEMENT IF A REPLACEMENT IS DESIRED, THEN A SEARCH COMMITTEE IS APPOINTED IF CONTRACT RENEGOTIATION WITH THE CURRENT CEO IS DESIRED, THE CEO EVALUATION COMMITTEE LEADS CONTRACT RENEGOTIATIONS UNDER THE LEADERSHIP OF THE TREASURER A CONTRACT FOR THE BOARD'S CONSIDERATION IS ESTABLISHED IN WRITING WITH ALL PROVISIONS OUTLINED, INCLUDING COMPENSATION AND BENEFITS TO DETERMINE PROPOSED COMPENSATION THE SUBCOMMITTEE REVIEWS 1) NATIONAL SURVEY DATA FOR CHIEF PHARMACY OFFICERS SINCE THIS IS A LIKELY AND COMPETITIVE CANDIDATE POOL FOR THE CEO POSITION, 2) THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVE (ASAE) COMPENSATION DATA FOR EXECUTIVES IS REVIEWED FOCUSING ON SIMILAR/COMPETITIVE HEALTHCARE ORGANIZATIONS IN THE MID-ATLANTIC REGION, AND 3) GUIDESTAR'S DATABASE IS REFERENCED TO IDENTIFY CEO COMPENSATION IN COMPETITIVE ORGANIZATION'S 990 FILINGS ULTIMATELY, A NEW CONTRACT IS PRESENTED TO THE BOARD FOR APPROVAL THAT OUTLINES COMPENSATION AND PERFORMANCE EXPECTATIONS IN NON-CONTRACT RENEWAL YEARS, THE SUBCOMMITTEE COMPLETES A DRAFT ANNUAL PERFORMANCE REVIEW FOR THE BOARDS CONSIDERATION PRIOR TO CONDUCTING THE ANNUAL PERFORMANCE REVIEW ALONG WITH A SET OF CEO PERFORMANCE OBJECTIVES FOR THE UPCOMING YEAR AND A CEO SELF-ASSESSMENT SUMMARY IN ALL CASES CEO PERFORMANCE IS MEASURED AGAINST BOARD-APPROVED ANNUAL PERFORMANCE OBJECTIVES OTHER OFFICERS OR KEY EMPLOYEES THE CEO DETERMINES COMPENSATION FOR KEY EMPLOYEES RELYING HEAVILY UPON THE GUIDANCE OF THE HUMAN RESOURCES DEPARTMENT OF ASHP ASAE SURVEY DATA IS REVIEWED WHEN COMPARABLE POSITIONS EXIST FOR THE KEY EMPLOYEE POSITION (E G DIRECTOR OF COMMUNICATIONS) THE HUMAN RESOURCES DEPARTMENT UTILIZES ADDITIONAL SALARY SURVEY DATABASES TO COMPARE SALARIES FOR POSITIONS WHERE A PHARAMCIST IS A JOB REQUIREMENT, PHARMACIST POSITIONS IN HOSPITALS AND HEALTH-SYSTEMS THAT WOULD BE LIKELY CANDIDATE POOLS ARE QUERIED IN THE SALARY SURVEY DATABASES ADDITIONALLY, THE HR DEPARTMENT CAN PROVIDE COMPARATIVE DATA FOR PHARMACIST POSITIONS AT ASHP

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

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

Employer identification number
23-7033369

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (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)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS (ASHP) 7272 WISCONSIN AVENUE BETHESDA, MD 20814 52-0807628	TO ADVANCE PUBLIC HEALTH BY SUPPORTING THE PHARMACY PROFESSION	MD	501(C)(6)		N/A		No
(2) 7272 WISCONSIN BUILDING CORPORATION 7272 WISCONSIN AVENUE BETHESDA, MD 20814 52-1760057	TITLE HOLDING COMPANY	MD	501(C)(2)		AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership 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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-7033369
Name: AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	O	1,523,144	RECORDED EXPENSES
(2)	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	M	679,084	RECORDED EXPENSES
(3)	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	R	844,059	CASH
(4)	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	C	328,400	CASH
(5)	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	N	39,323	FAIR VALUE
(6)	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	B	24,766	CASH
(7)	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	L	81,500	CASH