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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization  
AMERICAN PHARMACISTS ASSOCIATION

Doing Business As

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

2215 CONSTITUTION AVENUE NW

City or town, state or country, and ZIP + 4  
WASHINGTON, DC 200372985

F Name and address of principal officer  
THOMAS E MENIGHAN  
2215 CONSTITUTION AVENUE NW  
WASHINGTON,DC 200372985

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 ▶ 1335

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) ( 6 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW PHARMACIST COM

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

L Year of formation 1888

M State of legal domicile DC

Part I	Summary
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities THE ASSOCIATION PROVIDES INFORMATION, EDUCATION, AND ADVOCACY TO EMPOWER ITS MEMBERS TO IMPROVE MEDICATION USE AND ADVANCE PATIENT CARE</div>
Revenue	<div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div> <div>3 Number of voting members of the governing body (Part VI, line 1a) . . . . .315</div> <div>4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .411</div> <div>5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .5134</div> <div>6 Total number of volunteers (estimate if necessary) . . . . .6150</div> <div>7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .7a2,818,119</div> <div>7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .7b-501,611</div>
Expenses	<div>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .13152,879</div> <div>14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .140</div> <div>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .1511,502,300</div> <div>16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .16a0</div> <div>16b Total fundraising expenses (Part IX, column (D), line 25) ▶<sup>0</sup></div> <div>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .1721,057,142</div> <div>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .1832,950,854</div> <div>19 Revenue less expenses Subtract line 18 from line 12 . . . . .19733,159</div>
Net Assets or Fund Balances	<div>20 Total assets (Part X, line 16) . . . . .20135,146,087</div> <div>21 Total liabilities (Part X, line 26) . . . . .21120,416,597</div> <div>22 Net assets or fund balances Subtract line 21 from line 20 . . . . .2214,729,490</div>

Part II Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

2012-11-09

Date

JOSEPH JANELA CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ DEBORAH G KOSNETT

Date

Check if self-employed ▶ ☐

Preparer's taxpayer identification number (see instructions)  
P00290720

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ TATE AND TRYON  
2021 L STREET NW SUITE 400  
WASHINGTON, DC 20036

EIN ▶ 52-1855942  
Phone no ▶ (202) 293-2200

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part IIISTatement 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 ASSOCIATION PROVIDES INFORMATION, EDUCATION AND ADVOCACY TO EMPOWER ITS MEMBERS TO IMPROVE MEDICATION USE AND PATIENT CARE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured 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 \$ including grants of \$ ) (Revenue \$ )

THE AMERICAN PHARMACISTS ASSOCIATION (APHA) IS THE ORGANIZATION WHOSE MEMBERS ARE RECOGNIZED IN SOCIETY AS ESSENTIAL IN ALL PATIENT CARE SETTINGS FOR OPTIMAL MEDICATION USE THAT IMPROVES HEALTH, WELLNESS, AND QUALITY OF LIFE THROUGH INFORMATION, EDUCATION, AND ADVOCACY APHA EMPOWERS ITS MEMBERS TO IMPROVE MEDICATION USE AND PATIENT CARE BY PROVIDING TIMELY AND ACCURATE INFORMATION THAT IS VITAL TO OUR MEMBERS, RAISING SOCIETAL AWARENESS ABOUT THE ROLE OF PHARMACISTS AS ESSENTIAL IN PATIENT CARE FOR OPTIMAL MEDICATION USE, PROVIDING STATE-OF-THE-ART RESOURCES TO ENHANCE OUR MEMBERS' CONTINUING PROFESSIONAL DEVELOPMENT, EDUCATING AND INFLUENCING LEGISLATORS, POLICY MAKERS, REGULATORS, AND THE PUBLIC TO ADVANCE OUR VISION AND MISSION, CREATING UNIQUE OPPORTUNITIES FOR OUR MEMBERS TO CONNECT AND SHARE WITH THEIR PEERS ACROSS PRACTICE SETTINGS APHA WAS THE FIRST-ESTABLISHED NATIONAL PROFESSIONAL SOCIETY OF PHARMACISTS, HAVING BEEN FOUNDED IN 1852 AS THE AMERICAN PHARMACEUTICAL ASSOCIATION IT REMAINS THE LARGEST ASSOCIATION OF PHARMACISTS IN THE UNITED STATES, BOASTING MORE THAN 60,000 PRACTICING PHARMACISTS, PHARMACEUTICAL SCIENTISTS, STUDENT PHARMACISTS, PHARMACY TECHNICIANS, AND OTHERS INTERESTED IN ADVANCING THE PROFESSION THROUGH A HOUSE OF DELEGATES THAT MEETS EACH YEAR AT THE APHA ANNUAL MEETING AND EXPOSITION, APHA PROVIDES A FORUM FOR DISCUSSION, CONSENSUS BUILDING, AND POLICY SETTINGS FOR THE PROFESSION OF PHARMACY IN FACT, NEARLY ALL OF PHARMACY'S SPECIALTY ORGANIZATIONS TRACE THEIR ROOTS TO APHA, HAVING ORIGINALLY BEEN A SECTION OR PART OF THIS BROAD FOUNDATION OF PHARMACY POLICY AND REGULATORY - THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) PHARMACY SERVICES SUPPORT CENTER (PSSC) IS A RESOURCE THAT WAS ESTABLISHED IN 2002 TO ASSIST HRSA GRANTEEES AND ELIGIBLE HEALTH CARE SITES OPTIMIZE THE VALUE OF THE 340B PROGRAM AND PROVIDE CLINICALLY AND COST EFFECTIVE PHARMACY SERVICES THAT IMPROVE MEDICATION USE AND ADVANCE PATIENT CARE THE PSSC OPERATES UNDER A CONTRACT BETWEEN THE AMERICAN PHARMACISTS ASSOCIATION (APHA) AND THE OFFICE OF PHARMACY AFFAIRS (OPA), IN THE HRSA HEALTHCARE SYSTEMS BUREAU THE MISSION OF PSSC IS TO PROVIDE INFORMATION, EDUCATION, AND POLICY ANALYSIS TO HELP ELIGIBLE ENTITIES OPTIMIZE THE VALUE OF THE 340B PROGRAM AND PROVIDE CLINICALLY AND COST EFFECTIVE PHARMACY SERVICES THAT IMPROVE MEDICATION USE AND ADVANCE PATIENT CARE

4b

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

PUBLISHING - APHA PRODUCES PHARMACY TODAY, THE JOURNAL OF AMERICAN PHARMACISTS ASSOCIATION, STUDENT PHARMACISTS, TRANSITIONS, AND DRUGINFOLINE THE JOURNAL OF AMERICAN PHARMACISTS ASSOCIATION PROVIDES MEMBERS AND NONMEMBERS WITH PEER-REVIEWED ARTICLES , WHILE THE OTHER PUBLICATIONS PROVIDE NEWS AND INFORMATION TO MEMBERS AND NONMEMBERS IN PHARMACY PRACTICE, RESEARCH AND EDUCATION SETTINGS APHA PRODUCES THE JOURNAL OF PHARMACEUTICAL SCIENCES WHICH INCLUDES ARTICLES OF IMPORTANCE TO PHARMACEUTICAL SCIENTISTS APHA ALSO PUBLISHES BOOKS RELATED TO THE PHARMACY PROFESSION AND TEXT BOOKS USED BY STUDENT PHARMACISTS

4c

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

PROFESSIONAL EDUCATION - APHA DEVELOPS EDUCATIONAL TOOLS TO ENABLE PHARMACISTS TO MAINTAIN AND EXPAND THEIR KNOWLEDGE AND SKILLS IN ALL DISCIPLINES OF PHARMACY AS WELL AS EDUCATION TO ASSIST PHARMACISTS IN IMPLEMENTING NEW CONCEPTS AND TECHNIQUES IN THE DELIVERY OF PATIENT CARE SERVICES THESE EDUCATIONAL COURSES INCLUDE CERTIFICATE TRAINING PROGRAMS WHICH ENHANCE THE PHARMACIST'S KNOWLEDGE, SKILLS, AND ATTITUDES TO MEET THE NEEDS OF PATIENTS WITH VARIOUS CONDITIONS APHA'S CERTIFICATE TRAINING PROGRAMS INVOLVE IN-DEPTH COMMITMENT ON THE PART OF LEARNERS, INCLUDING BOTH SELF-STUDY AND ATTENDANCE AT LIVE SEMINAR PRESENTATIONS THESE COURSES INCLUDE PHARMACY-BASED IMMUNIZATION DELIVERY, PHARMACEUTICAL CARE FOR PATIENTS WITH DIABETES, PHARMACY-BASED LIPID MANAGEMENT, AND DELIVERING MEDICATION THERAPY MANAGEMENT SERVICES IN THE COMMUNITY

4d

Other program services (Describe in Schedule O )




















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

4e

Total program service expenses

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 . . . . .		No
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)?  . . . . .	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  . . . . .		No
4	<b>Section 501(c)(3) organizations.</b> 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 . . . . .		
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  . . . . .	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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  . . . . .		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  . . . . .		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  . . . . .		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  . . . . .		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  . . . . .		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  . . . . .	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.  . . . . .		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.  . . . . .		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.  . . . . .		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  . . . . .	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.  . . . . .	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  . . . . .		No
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  . . . . .	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I . . . . .  . . . . .	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV . . . . .  . . . . .	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV . . . . .  . . . . .		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 . . . . .		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 . . . . .		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .		

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
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? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	403
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	134
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes
<b>4a</b>	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 or securities account)?	<b>4a</b>	No
<b>b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	Yes
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	Yes
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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	No
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	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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
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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made 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. JOSEPH JANELA CFO 2215 CONSTITUTION AVENUE NW WASHINGTON, DC 20037 (202) 628-4410

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) MARIALICE BENNETT PRESIDENT	5 00	X		X				11,000	0	0
(2) JENELLE SOBOTKA PRESIDENT-ELECT	5 00	X		X				10,000	0	0
(3) HAROLD GOODWIN PAST PRESIDENT	5 00	X		X				10,000	0	0
(4) CLARK GUSTAFSON TREASURER	1 00	X		X				0	0	0
(5) BRAD TICE TRUSTEE	1 00	X						0	0	0
(6) MICHAEL HOGUE TRUSTEE	1 00	X						1,798	0	0
(7) WALT CHAMBLISS TRUSTEE	1 00	X						0	0	0
(8) SARA MCELROY TRUSTEE	1 00	X						0	0	0
(9) NANCY ALVAREZ TRUSTEE	1 00	X						0	0	0
(10) LAWRENCE BROWN TRUSTEE	1 00	X						800	0	0
(11) JONATHAN MARQUESS TRUSTEE	1 00	X						0	0	0
(12) MATT OSTERHAUS TRUSTEE	1 00	X						0	0	0
(13) MIKE PAVLOVICH TRUSTEE	1 00	X						0	0	0
(14) STEVE SIMENSON TRUSTEE	5 00	X						0	0	0
(15) THOMAS E MENIGHAN CHIEF EXECUTIVE OFFICER	40 00	X		X				524,158	0	36,680
(16) ROGER K BROWNING CHIEF FINANCIAL OFFICER (1/1-6/6)	40 00			X				137,176	0	3,677
(17) JOSEPH J JANELA CHIEF FINANCIAL OFFICER (8/1-12/31)	40 00			X				84,263	0	0



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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) ELIZABETH E KEYES CHIEF OPERATING OFFICER	40 00			X				218,466	17,500	17,326
(19) WILLIAM ELLIS EXECUTIVE DIRECTOR, BPS	40 00				X			185,483	0	12,844
(20) KAREN K TRACY SENIOR VICE PRESIDENT, COMUNICATIONS	40 00				X			170,796	0	6,072
(21) LISA M SCHOLZ VICE PRESIDENT, PSSC	40 00					X		167,843	0	11,480
(22) MICHAEL L POSEY DIRECTOR, PERIODICALS	40 00					X		165,496	0	18,012
(23) MITCHEL C ROTHHOLZ CHIEF STRATEGY OFFICER	40 00					X		208,089	0	12,771
(24) BRIAN A GALLAGHER SENIOR VICE PRESIDENT, GOVERNMENT AFFAIRS	40 00					X		223,495	0	7,000
(25) ANNE L BURNS SENIOR VICE PRESIDENT, PROFESSIONAL AFFAIRS	40 00					X		161,892	0	13,791
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								2,280,755	17,500	139,653
<b>2</b>	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶29									

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

<b>1</b>	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year	
(A) Name and business address	(B) Description of services	(C) Compensation
BROWN PRINTING COMPANY 11595 MCCONNELL ROAD PO BOX 1149 WOODSTOCK, IL 60098	PRINTING SERVICES	1,226,649
PROFESSIONAL EXAMINATION SERVICES 475 RIVERSIDE DRIVE NEW YORK, NY 10249	ADMINISTERS BPS EXAM	516,284
LEARNSOMETHING 2457 CARE DRIVE SUITE 203 TALLAHASSEE, FL 32308	IT SERVICES	344,342
SILVERCHAIR SCIENCE & COMMUNIC 310 EAST MAIN STREET SUITE 110 CHARLOTTESVILLE, VA 22902	WEBSITE SERVICES	281,046
MIDTOWN PERSONNEL INC 900 7TH STREET NW SUITE 725 WASHINGTON, DC 20001	STAFFING	234,795
<b>2</b>	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶25	

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d	80,729				
	e	Government grants (contributions)	1e	4,790,891				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,026,850				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .		5,898,470				
Program Service Revenue			Business Code					
	2a	MEETINGS & EDUCATIONAL	611710	14,318,335	14,148,335	170,000		
	b	MEMBERSHIP DUES	900099	4,547,747	4,547,747			
	c	PUBLICATIONS	511190	3,759,520	3,759,520			
	d	PUBLICATION ADVERTISIN	541800	3,258,454		3,258,454		
	e	COUNCIL FEES	900099	820,205	820,205			
	f	All other program service revenue		362,344	362,344			
	g	Total. Add lines 2a-2f . . . . .		27,066,605				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		482,726			482,726	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .		723,159			723,159	
	6a	Gross rents	(i) Real	(ii) Personal				
			9,571,559					
			10,526,043					
			-954,484					
	d	Net rental income or (loss) . . . . .		-954,484		-954,484		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			3,998,737					
			4,674,151					
			-675,414					
	d	Net gain or (loss) . . . . .		-675,414			-675,414	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a					
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances . . . . .	a					
b	Less cost of goods sold . . . . .	b						
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	OTHER INVESTMENT INCOM	900099	589,333			589,333		
b	GARAGE RENTAL INCOME	812930	344,149		344,149			
c	CONSULTING FEE	900099	177,280	177,280				
d	All other revenue . . . . .		76,035	25,572		50,463		
e	Total. Add lines 11a-11d . . . . .		1,186,797					
12	Total revenue. See Instructions . . . . .		33,727,859	23,841,003	2,818,119	1,170,267		

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)

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

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 United States See Part IV, line 21	109,390			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	43,489			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	1,496,643			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	8,580,098			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	417,445			
9	Other employee benefits . . . . .	674,010			
10	Payroll taxes . . . . .	635,732			
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	110,843			
c	Accounting . . . . .	70,329			
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	104,555			
g	Other . . . . .	9,305,357			
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	4,393,695			
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	4,370,875			
17	Travel . . . . .	1,599,480			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	1,327,992			
20	Interest . . . . .	7,167,342			
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	4,580,677			
23	Insurance . . . . .	245,104			
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	INCOME TAX	148			
b	PUBLICATION AND EDITORI	1,594,375			
c	OTHER EXPENSES	854,252			
d	REPAIRS & MAINTENANCE	358,273			
e					
f	All other expenses	-13,612,311			
25	Total functional expenses. Add lines 1 through 24f	34,427,793			
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			540	1	401
	2	Savings and temporary cash investments . . . . .			13,029,065	2	15,075,325
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			5,162,695	4	4,835,390
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			416,294	8	454,804
	9	Prepaid expenses and deferred charges . . . . .			1,094,516	9	850,995
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	107,287,506			
	b	Less: accumulated depreciation . . . . .	10b	13,323,316	98,050,441	10c	93,964,190
	11	Investments—publicly traded securities . . . . .			12,425,123	11	15,075,398
	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 . . . . .			4,967,413	15	4,726,249
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			135,146,087	16	134,982,752
Liabilities	17	Accounts payable and accrued expenses . . . . .			5,047,587	17	4,946,377
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			6,091,267	19	6,946,173
	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 . . . . .			108,000,000	23	108,000,000
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			1,277,743	25	749,200
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			120,416,597	26	120,641,750
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets . . . . .			14,319,233	27	14,034,153
	28	Temporarily restricted net assets . . . . .			395,257	28	291,849
	29	Permanently restricted net assets . . . . .			15,000	29	15,000
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	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	<b>Total net assets or fund balances</b> . . . . .			14,729,490	33	14,341,002
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .			135,146,087	34	134,982,752

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,727,859
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,427,793
3	Revenue less expenses Subtract line 2 from line 1	3	-699,934
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,729,490
5	Other changes in net assets or fund balances (explain in Schedule O)	5	311,446
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	14,341,002

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization AMERICAN PHARMACISTS ASSOCIATION	Employer identification number  53-0026265
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) AMERICAN PHARMACISTS ASSOCIATION - POLITICAL ACTION COMMITTEE	2215 CONSTITUTION AVENUE NW WASHINGTON,DC 20037	52-2114318		33,455

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	4,547,747
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	880,461
b	Carryover from last year	2b	-43,741
c	Total	2c	836,720
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	903,637
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-66,917

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES	PART I-A, LINE 1	ALL EXPENDITURES ARE MADE VIA AMERICAN PHARMACIST ASSOCIATION'S CONNECTED POLITICAL ACTION COMMITTEE. SEE PART I-C.



SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
Attach to Form 990. See separate instructions.

Name of the organization  
AMERICAN PHARMACISTS ASSOCIATION

Employer identification number  
53-0026265

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?	
	<input type="checkbox"/> Yes <input type="checkbox"/> 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	
	<input type="checkbox"/> Yes <input type="checkbox"/> 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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
1c	
1d	
1e	
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 . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		5,298,139		5,298,139
b Buildings . . . . .		81,004,055	7,146,208	73,857,847
c Leasehold improvements . . . . .		15,760,261	3,643,027	12,117,234
d Equipment . . . . .		4,214,078	1,938,618	2,275,460
e Other . . . . .		1,010,973	595,463	415,510
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				93,964,190



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	33,727,859
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	34,427,793
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-699,934
4	Net unrealized gains (losses) on investments	4	260,615
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	50,831
9	Total adjustments (net) Add lines 4 - 8	9	311,446
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-388,488

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	44,456,707
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	260,615
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	46,745
e	Add lines 2a through 2d . . . . .	2e	307,360
3	Subtract line 2e from line 1 . . . . .	3	44,149,347
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	104,555
b	Other (Describe in Part XIV) . . . . .	4b	-10,526,043
c	Add lines 4a and 4b . . . . .	4c	-10,421,488
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	33,727,859

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	44,822,380
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	10,499,142
e	Add lines 2a through 2d . . . . .	2e	10,499,142
3	Subtract line 2e from line 1 . . . . .	3	34,323,238
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	104,555
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	104,555
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	34,427,793

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 UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ASSOCIATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND THEREFORE, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ASSOCIATION'S INCOME TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND OTHER STATE AND LOCAL TAXING AUTHORITIES FOR THREE YEARS AFTER THEY WERE FILED.
PART XI, LINE 8 - OTHER ADJUSTMENTS		INCREASE IN MINIMUM PENSION LIABILITY 50,831
PART XII, LINE 2D - OTHER ADJUSTMENTS		PAC REVENUE 46,745
PART XII, LINE 4B - OTHER ADJUSTMENTS		BUILDING RENTAL EXPENSES -10,526,043
PART XIII, LINE 2D - OTHER ADJUSTMENTS		PAC EXPENSE 23,930 DECREASE IN MINIMUM PENSION LIABILITY BUILDING RENTAL EXPENSES 10,526,043 INCREASE IN MINIMUM PENSION LIABILITY -50,831



Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☐

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAND & GREENLAND) -	DUES	43,489	EFT			

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

0

3

Enter total number of other organizations or entities . . . . .

1

## Part III

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No



Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

**Schedule F (Form 990) 2011**

Name of the organization  
AMERICAN PHARMACISTS ASSOCIATION

Employer identification number  
53-0026265

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(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
(1) AMERICAN COUNCIL ON PHARMACY EDUCATION20 NORTH CLARK STREET SUITE 2500 CHICAGO,IL 60160	36-2123871	501(C)(3)	74,600				DUES
(2) PQA9687 SOUTH RUN OAKS DRIVE FAIRFAX STATION,VA 22039	26-2968498	501(C)(3)	16,500				DUES
(3) AMERICAN ASSOCOATION OF COLLEGES OF PHARMACY 1426 PRINCE STREET ALEXANDRIA,VA 22314	36-2376972	501(C)(3)	5,000				DUES
(4) AMERICAN FOUNDATION FOR PHARMACEUTICAL EDUCATIONONE CHURCH STREET SUITE 400 ROCKVILLE,MD 20850	53-0214882	501(C)(3)	7,500				FELLOWSHIP AWARDS
(5) PHARMACY WORKFORCE CENTER INC (PHARMACY MANPOWER PROJECT)1727 KING STREET ALEXANDRIA,VA 22314	54-1569970	501(C)(3)	5,790				DUES

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

5

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

0

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

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 APHA SERVES OR HAS REPRESENTATION ON THE GOVERNING BODIES OF SOME OF THE GRANTEEES APHA IS INVITED TO PARTICIPATE IN THE BUSINESS MEETINGS OF THE GRANTEEES

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  
  
2011  
  
Open to Public Inspection

Name of the organization AMERICAN PHARMACISTS ASSOCIATION	Employer identification number  53-0026265
--	--

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
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?		
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 <div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
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?		
b Any related organization? 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?		
b Any related organization? 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		
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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) THOMAS E MENIGHAN	(i) (ii)	456,425 0	46,523 0	21,210 0	26,300 0	15,031 0	565,489 0	0 0
(2) ELIZABETH E KEYES	(i) (ii)	194,823 17,500	23,262 0	381 0	5,461 0	14,414 0	238,341 17,500	0 0
(3) WILLIAM ELLIS	(i) (ii)	179,201 0	5,815 0	467 0	7,538 0	7,827 0	200,848 0	0 0
(4) KAREN K TRACY	(i) (ii)	146,844 0	23,262 0	690 0	5,826 0	2,642 0	179,264 0	0 0
(5) LISA M SCHOLZ	(i) (ii)	164,149 0	3,414 0	280 0	6,532 0	7,221 0	181,596 0	0 0
(6) MICHAEL L POSEY	(i) (ii)	160,792 0	3,414 0	1,290 0	6,853 0	13,698 0	186,047 0	0 0
(7) MITCHEL C ROTHOLZ	(i) (ii)	184,137 0	23,262 0	690 0	7,210 0	8,818 0	224,117 0	0 0
(8) BRIAN A GALLAGHER	(i) (ii)	207,076 0	13,569 0	2,850 0	0 0	9,645 0	233,140 0	0 0
(9) ANNE L BURNS	(i) (ii)	137,940 0	23,262 0	690 0	5,024 0	11,169 0	178,085 0	0 0

**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 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

**2011****Open to Public  
Inspection**Name of the organization  
AMERICAN PHARMACISTS ASSOCIATION**Employer identification number**

53-0026265

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE APHA BOARD OF TRUSTEES EXECUTIVE COMMITTEE (BTEXC) IS COMPRISED OF THE ASSOCIATION'S OFFICERS (PRESIDENT, IMMEDIATE PAST PRESIDENT, PRESIDENT-ELECT, TREASURER, AND EXECUTIVE VICE PRESIDENT), AND ONE AT-LARGE TRUSTEE APPOINTED BY THE PRESIDENT AND APPROVED BY THE APHA BOARD THE BTEXC IS CHARGED WITH CONDUCTING BUSINESS ON BEHALF OF THE APHA BOARD OF TRUSTEES IN ACCORDANCE WITH THE BOARD'S DELEGATION AND AUTHORITY THE BTEXC DUTIES INCLUDE A THE BTEXC IS AUTHORIZED TO ACT FOR THE APHA BOARD OF TRUSTEES DURING THE INTERIM BETWEEN MEETINGS OF THE BOARD AND MUST REPORT ALL ACTIONS TAKEN TO THE BOARD B THE BTEXC MAKES RECOMMENDATIONS TO THE BOARD ON AWARD SELECTIONS AND APPOINTMENTS TO APHA SUBSIDIARY/AFFILIATED BOARDS (BPS, PAC, ACPE, USAN COUNCIL, PTCB, ETC ) AND MAKES APPOINTMENTS TO ALL APHA EDITORIAL ADVISORY BOARDS, APHA COMMITTEES, AND APHA BOARD COMMITTEES C THE BTEXC WILL REVIEW EMERGENCY PLAN AND DISCUSS IT WITH THE FULL BOARD AT LEAST ONCE PER YEAR D THE BTEXC IS RESPONSIBLE FOR NEGOTIATING THE CONTRACT OF THE EVP AND FOR MAINTAINING COMPLIANCE WITH THE CONTRACT FOR THE ASSOCIATION AND ANNUALLY REVIEW JOB SPECIFICATIONS DOCUMENT WITH THE FULL BOARD FOR THE PURPOSE OF UPDATING IT E THE BTEXC IS ALSO RESPONSIBLE FOR DEVELOPING THE PROCESS AND COORDINATING THE SELECTION OF THE APHA TREASURER DURING THE YEAR WHEN THE CURRENT TREASURER'S TERM IS COMPLETED PER THE PROCESS OUTLINED IN THE APHA BOARD OF TRUSTEES POLICIES AND PROCEDURES MANUAL F THE BTEXC IS RESPONSIBLE FOR EVP SUCCESSION PLANNING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERSHIP ARE: MEMBER - ANY PHARMACIST WHO IS LICENSED IN THE US OR A GRADUATE OF AN AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION (ACPE) ACCREDITED SCHOOL/COLLEGE OF PHARMACY, ANY MEMBER OF A PHARMACY FACULTY, OR ANY OTHER INDIVIDUAL WHO SHARES THE ASSOCIATION'S MISSION AND VISION. MEMBERS HAVE FULL VOTING RIGHTS. STUDENT PHARMACIST MEMBER - ANY STUDENT ENROLLED IN A SCHOOL OR COLLEGE OF PHARMACY HOLDING MEMBERSHIP IN THE AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY OR ACCREDITED BY ACPE, OR A STUDENT ENROLLED IN A PRE-PHARMACY PROGRAM. STUDENT MEMBERS HAVE FULL VOTING RIGHTS IN THE STUDENT PHARMACIST MEMBERSHIP ORGANIZATION GROUP, AND ALSO AS A MEMBER OF AN ASSOCIATION COMMITTEE OR AS AN ASSOCIATION HOUSE DELEGATE. PHARMACY TECHNICIAN MEMBER - ANY INDIVIDUAL WHO IS A PHARMACY TECHNICIAN. TECHNICIANS HAVE VOTING RIGHTS IN A SELECTED ASSOCIATION GROUP, BUT SHALL HAVE FULL VOTING RIGHTS AS A COMMITTEE MEMBER OR AS AN ASSOCIATION HOUSE DELEGATE. HONORARY MEMBER - ANY INDIVIDUAL MAY BE GRANTED HONORARY MEMBERSHIP BY THE BOARD OF TRUSTEES. AN HONORARY MEMBER SHALL HAVE NO VOTING RIGHTS AND MAY NOT HOLD OFFICE.



Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	CANDIDATES FOR ELECTION AS THE ASSOCIATION'S PRESIDENT-ELECT AND ELECTED TRUSTEES ARE CHOSEN FROM AMONG PHARMACISTS IN THE REGULAR MEMBER CATEGORY A SLATE OF TWO (2) CANDIDATES IS NOMINATED FOR EACH ELECTED TRUSTEE SLOT AND PRESIDENT-ELECT THE COMMITTEE ON NOMINATIONS NOMINATES ALL CANDIDATES FOR PRESIDENT-ELECT AND ELECTED TRUSTEES THE COMMITTEE ON NOMINATIONS CONSISTS OF THE MOST RECENT NONINCUMBENT FORMER PRESIDENT, THE IMMEDIATE FORMER SPEAKER OF THE HOUSE OF DELEGATES, AND THREE (3) OTHER MEMBERS APPOINTED BY THE PRESIDENT NO INDIVIDUAL MAY SERVE ON THE COMMITTEE ON NOMINATIONS IN MORE THAN THREE (3) CONSECUTIVE CALENDAR YEARS CANDIDATES FOR ELECTION ARE VOTED ON BY MAIL OR VIA THE INTERNET MEMBERS ARE GIVEN THE OPTION TO CHOOSE THE METHOD TO RECEIVE ELECTION MATERIAL AND TO ULTIMATELY CAST THEIR BALLOT THE ELECTION BALLOT RECEIVED BY INDIVIDUALS IS CUSTOMIZED TO THEIR SPECIFIC MEMBERSHIP CLASSIFICATION ELECTION RESULTS ARE COMPILE BY AN INDEPENDENT THIRD PARTY ENTITY AND THE RESULTS ARE CERTIFIED BY A CANVASSING COMMITTEE OF 3 APHA MEMBERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE IS CHARGED BY THE BOARD OF TRUSTEES TO REVIEW AND APPROVE THE FORM 990 AND MAKE A FORMAL REPORT TO THE BOARD REGARDING THEIR REVIEW PROCESS AND FINDINGS THE BOARD IS PROVIDED WITH A COMPLETE COPY OF THE FORM 990 PRIOR TO THE FINANCE COMMITTEES REPORT SO THAT THEY HAVE AN OPPORTUNITY TO ADDRESS THEIR QUESTIONS OR CONCERNS THE FORM 990 IS SUBMITTED TO THE IRS AFTER THE BOARD HAS RECEIVED THE REPORT FROM THE FINANCE COMMITTEE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED BY ALL THE BOARD OF TRUSTEES ANNUALLY APHA SENIOR STAFF REVIEW ANY BUSINESS TRANSACTIONS (COMPENSATION/SERVICES RENDERED) WITH BOARD MEMBERS AND THIS INFORMATION, IF ANY , IS DISCLOSED TO THE APHA'S LEGAL COUNSEL. LEGAL COUNSEL DISCLOSES THIS INFORMATION DURING THE EXECUTIVE SESSION OF THE BOARD OF TRUSTEES MEETINGS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	TOP MANAGEMENT OFFICIAL THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES SERVES AS THE COMPENSATION COMMITTEE AND APPROVED THE CEO'S EMPLOYMENT CONTRACT IN 2008 THE COMPENSATION IN THE EMPLOYMENT CONTRACT WAS DETERMINED THROUGH COMPARABILITY ANALYSIS CONDUCTED BY AN INDEPENDENT CONTRACTOR THE EMPLOYMENT CONTRACT OUTLINES THE COMPENSATION FOR THE NEXT FIVE YEARS OTHER OFFICERS AND KEY EMPLOYEES COMPENSATION IS DETERMINED THROUGH A YEARLY COMPARABILITY ANALYSIS CONDUCTED BY AN INDEPENDENT CONSULTANT (OR IN THOSE INSTANCES WHEN VACANCIES OCCUR) COMPENSATION INCREASES ARE APPROVED BY THE CEO

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 260,615 INCREASE IN MINIMUM PENSION LIABILITY 50,831 TOTAL TO FORM 990, PART XI, LINE 5 311,446

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	NO CHANGE IN OVERSIGHT PROCESS FROM PRIOR YEAR

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

2011

Open to Public Inspection

Name of the organization  
AMERICAN PHARMACISTS ASSOCIATION

Employer identification number  
53-0026265

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
(1) 2220 C STREET LLC 2200 C STREET WASHINGTON, DC 20037 51-0596889	REAL ESTATE	DC	13,436,379	101,384,129	
(2) 2200 C STREET MANAGING LLC 2200 C STREET WASHINGTON, DC 20037 06-1810556	REAL ESTATE	DC	0	0	

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) APHA POLITICAL ACTION COMMITTEE  2215 CONSTITUTION AVENUE  WASHINGTON, DC 20037 52-2114318	POLITICAL ACTION COMMITTEE	DC	527			Yes	



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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

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) APHA PAC	Q	33,455	ACTUAL CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 53-0026265  
**Name:** AMERICAN PHARMACISTS ASSOCIATION

**Form 990, Special Condition Description:**

<b>Special Condition Description</b>
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