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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 06-01-2011 and ending 05-31-2012

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

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

Doing Business As
ASHP FOUNDATION

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

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

D Employer identification number
23-7033369

E Telephone number
(301) 664-8612

G Gross receipts $ 6,076,786

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW ASHPFOUNDATION ORG

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

L Year of formation 1968

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE ASHP FOUNDATION IS TO IMPROVE THE HEALTH AND WELL-BEING OF PATIENTS IN HEALTH SYSTEMS THROUGH APPROPRIATE, SAFE AND EFFECTIVE MEDICATION USE

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,697,502	3,023,671
9	Program service revenue (Part VIII, line 2g)	216,540	283,495
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,315,173	36,555
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,191	-10,941
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,222,024	3,332,780
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	349,477	1,369,149
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,178,599	1,249,172
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶490,413		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,161,985	1,145,160
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,690,061	3,763,481
19	Revenue less expenses Subtract line 18 from line 12	1,531,963	-430,701

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	11,482,201	10,865,231
21	Total liabilities (Part X, line 26)	389,691	439,943
22	Net assets or fund balances Subtract line 21 from line 20	11,092,510	10,425,288

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

****** | 2013-04-04
Signature of officer | Date

STEPHEN J ALLEN EXECUTIVE VICE PRESIDENT AND CEO
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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

OUR MISSION THE MISSION OF THE ASHP FOUNDATION IS TO IMPROVE THE HEALTH AND WELL-BEING OF PATIENTS IN HEALTH SYSTEMS THROUGH APPROPRIATE, SAFE AND EFFECTIVE MEDICATION USE OUR VISION AS THE PHILANTHROPIC ARM OF THE AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS, OUR VISION IS THAT PATIENT OUTCOMES IMPROVE BECAUSE OF THE LEADERSHIP AND CLINICAL SKILLS OF PHARMACISTS, AS VITAL MEMBERS OF THE HEALTH CARE TEAM, ACCOUNTABLE FOR SAFE AND EFFECTIVE MEDICATION USE

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 2,132,193 including grants of $ 1,314,308) (Revenue $)

ADVANCING PATIENT CARE THROUGH PRACTICE TRANSFORMATIONAWARDS PROGRAMS ASHP STUDENT LEADERSHIP AWARD- THIS PROGRAM, FUNDED THROUGH THE WALTER JONES MEMORIAL PHARMACY STUDENT FUND, IS ADMINISTERED BY THE ASHP PHARMACY STUDENT FORUM IN COLLABORATION WITH THE ASHP FOUNDATION TWELVE STUDENTS WHO DEMONSTRATE HIGH ACADEMIC ACHIEVEMENT, EXCEPTIONAL INTEREST IN HEALTH-SYSTEM PHARMACY PRACTICE AND OUTSTANDING LEADERSHIP SKILLS ARE RECOGNIZED FOUR STUDENTS ARE SELECTED FROM REPRESENTATIVES OF THE P2 THROUGH P4 CLASSES 2011 RECIPIENTS INCLUDED 2012 CLASS - EUNICE K RHEE (UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY), KENNETH W WORSHAM, II (HAMPTON UNIVERSITY SCHOOL OF PHARMACY), KRYSTAL CANALLY (THE OHIO STATE UNIVERSITY COLLEGE OF PHARMACY), AND RYAN C COSTANTINO (MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCES), 2013 CLASS - CALVIN J ICE (OHIO NORTHERN UNIVERSITY RAABE COLLEGE OF PHARMACY), CASEY M COMBS (UNIVERSITY OF KENTUCKY COLLEGE OF PHARMACY), CATHERINE K FLOROFF (VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF PHARMACY), MELISSA C ERIN (UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS SKAGGS SCHOOL OF PHARMACY AND PHARMACEUTICAL SCIENCES), AND PHUOC ANH (ANNE) NGUYEN (UNIVERSITY OF TEXAS AT AUSTIN COLLEGE OF PHARMACY), AND 2014 CLASS - BRADY T MCNULTY (TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER IRMA LERMA RANGEL COLLEGE OF PHARMACY), MOLLY C TRAYAH (ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES), AND TOLULOPE E AKINBO (LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE SCHOOL OF PHARMACY) THE AWARDEES RECEIVED A PLAQUE, A $2,500 AWARD AND A DRUG INFORMATION LIBRARY CONSISTING OF 10 ASHP PUBLICATIONS AWARD FOR EXCELLENCE IN MEDICATION-USE SAFETY-SUPPORTED BY A GRANT FROM THE CARDINAL HEALTH FOUNDATION, THIS PROGRAM IS DESIGNED TO RECOGNIZE A PHARMACIST-LED MULTIDISCIPLINARY TEAM THAT MAKES SIGNIFICANT INSTITUTION-WIDE SYSTEM IMPROVEMENTS RELATING TO MEDICATION USE THE PROGRAM IS IN ITS EIGHTH YEAR AND IS THE ONLY NATIONAL-LEVEL PROGRAM THAT RECOGNIZES THE PHARMACIST'S LEADERSHIP ROLE IN THE MEDICATION-USE PROCESS THE 2011 RECIPIENT AND FINALIST ORGANIZATIONS WERE SELECTED FROM 48 APPLICANTS USING STRUCTURED SELECTION CRITERIA ESTABLISHED BY AN INDEPENDENT MULTIDISCIPLINARY PANEL OF EXPERTS IN THE FIELD OF MEDICATION SAFETY AND HEALTH-SYSTEM ADMINISTRATION UW HEALTH IN MADISON, WI WAS THE RECIPIENT ORGANIZATION AND RECEIVED A $50,000 AWARD FOR ITS ANTICOAGULATION STEWARDSHIP PROGRAM THE TWO FINALISTS, KAISER PERMANENTE COLORADO IN DENVER, CO AND THE UNIVERSITY OF MICHIGAN HEALTH SYSTEM IN ANN ARBOR, MI, EACH RECEIVED $10,000 FOR THEIR RESPECTIVE PROGRAMS, THE DRUG RENAL ALERT PHARMACY (DRAP) PROGRAM IMPROVING PRESCRIBING SAFETY IN PATIENTS WITH RENAL INSUFFICIENCY IN THE AMBULATORY SETTING AND ELEVATING PAIN MANAGEMENT STRATEGIES TO IMPROVE PATIENT OUTCOMES THE 2011 AWARD FOR EXCELLENCE VIDEO HIGHLIGHTED THE SUCCESS STORIES OF THE RECIPIENT AND FINALISTS AND WAS SHOWN TO MORE THAN 7,000 PHARMACISTS AT THE 2011 ASHP MIDYEAR CLINICAL MEETING OPENING GENERAL SESSION IN NEW ORLEANS, LA A DINNER WAS ALSO HELD AT THE MIDYEAR TO RECOGNIZE THE FINALIST AND RECIPIENT TEAMS FOR THE FIFTH CONSECUTIVE YEAR, THE ASHP FOUNDATION, WITH ASSISTANCE FROM ASHP, SPONSORED A NATIONAL RADIO MEDIA TOUR AIMED AT EDUCATING CONSUMERS ABOUT THE VITAL ROLE OF HEALTH-SYSTEM PHARMACISTS THE RADIO MEDIA TOUR OCCURRED IN MARCH 2012 DURING NATIONAL PATIENT SAFETY AWARENESS WEEK FOR THE TOUR, THERE WERE 6 LIVE AND 12 TAPED INTERVIEWS, WHICH REACHED 5 2 MILLION LISTENERS DR ANNE ROSE ALSO TAPED A RADIO NEWS RELEASE FOR NATIONAL PATIENT SAFETY AWARENESS WEEK THAT WAS AIRED BY APPROXIMATELY 779 STATIONS AND WAS HEARD BY 2 7 MILLION LISTENERS IN ADDITION, DRS ANNE ROSE, PHILIP J TRAPSKIN AND JOHN R HOCH PRESENTED AN EDUCATIONAL SESSION AT THE 2012 ASHP SUMMER MEETING ENTITLED "ANTICOAGULATION STEWARDSHIP IMPROVING PATIENT CARE ACROSS A HEALTH-SYSTEM "IN AUGUST 2011, THE ASHP FOUNDATION RECEIVED SUPPORT FROM THE CARDINAL HEALTH FOUNDATION TO CONTINUE THE PROGRAM IN 2012 AND 2013 THE 2012 AWARD PROGRAM WAS MODIFIED TO INCLUDE A LETTER-OF-INTENT PROCESS AND WAS LAUNCHED IN EARLY SPRING 2012 SIXTY-FOUR APPLICATIONS WERE RECEIVED AND THE RECIPIENT AND FINALISTS WERE SELECTED IN JULY 2012 PHARMACY RESIDENCY EXCELLENCE AWARDS PROGRAM-THE 2011 PHARMACY RESIDENCY EXCELLENCE AWARDS PROGRAM WAS SUPPORTED BY AMGEN, INC THIS UNIQUE NATIONAL COMPETITION RECOGNIZES EXCELLENCE AND LEADERSHIP IN THE TRAINING AND MENTORING OF PHARMACY RESIDENTS THE OBJECTIVES OF THIS PROGRAM ARE TO 1) RECOGNIZE THE ACHIEVEMENTS OF RESIDENCY PROGRAMS AND PHARMACISTS WHO HAVE DEMONSTRATED EXCELLENCE AND LEADERSHIP IN THE TRAINING OF PHARMACY RESIDENTS, AND 2) WIDELY DISSEMINATE THE RESULTS OF THESE ACCOMPLISHMENTS TO FOSTER INNOVATIONS IN PHARMACY RESIDENT TRAINING THE PHARMACY RESIDENCY EXCELLENCE AWARDS PROGRAM CONSISTS OF THE PRECEPTOR AWARD, NEW PRECEPTOR AWARD AND PROGRAM AWARD TWENTY APPLICATIONS WERE RECEIVED FOR THE 2011 PROGRAM AND THE RECIPIENTS WERE PRECEPTOR AWARD MARGARET M CHRYMKO, B S , M A , PHARM D , FASHP, EERIE VETERANS AFFAIRS MEDICAL CENTER, NEW PRECEPTOR AWARD DOROTHY MCCOY, , PHARM D , BCPS, AQ-ID, HACKENSACK UNIVERSITY MEDICAL CENTER, AND PROGRAM AWARD UNIVERSITY OF UTAH HOSPITALS AND CLINICS POST-GRADUATE YEAR 1RESIDENCY PROGRAM SUPPORT WAS RECEIVED FROM AMGEN TO HOST THIS PROGRAM AGAIN IN 2012 PROGRAM APPLICATION MATERIALS WERE REVISED AND MADE AVAILABLE IN MARCH 2012 FOR A JUNE 22, 2012, DEADLINE LITERATURE AWARDS PROGRAM-THE ASHP FOUNDATION LITERATURE AWARDS PROGRAM ANNUALLY RECOGNIZES IMPORTANT CONTRIBUTIONS TO THE BIOMEDICAL LITERATURE BY PHARMACISTS THIS PROGRAM, ADMINISTERED BY THE ASHP FOUNDATION SINCE 1971, IS BASED ON THE CONCEPT THAT RECOGNITION THROUGH AWARDS STIMULATES RESEARCH AND INNOVATION AND FOSTERS IMPROVEMENT IN THE QUALITY OF THE PROFESSIONAL LITERATURE SIXTY-THREE APPLICATIONS WERE RECEIVED FOR THE 2011 PROGRAM RECIPIENTS WERE AWARD FOR SUSTAINED CONTRIBUTIONS TO THE LITERATURE CHRISTINE A SORKNESS, PHARM D , UNIVERSITY OF WISCONSIN SCHOOL OF PHARMACY, AWARD FOR INNOVATION IN PHARMACY PRACTICE MARIE A SMITH, PHARM D , UNIVERSITY OF CONNECTICUT, DRUG THERAPY RESEARCH AWARD RHONDA M COOPER-DEHOFF, PHARM D , M S , UNIVERSITY OF FLORIDA, PHARMACY PRACTICE RESEARCH AWARD MARIE A CHISHOLM-BURNS, PHARM D , M P H , UNIVERSITY OF ARIZONA, AND STUDENT RESEARCH AWARD MICHAEL L SPINNER, PHARM D , ST LOUIS COLLEGE OF PHARMACY AWARDEES WERE HONORED AT A BREAKFAST RECEPTION AT THE 2011 MIDYEAR CLINICAL MEETING ASHP DUES CONTRIBUTIONS SUPPORT THIS PROGRAM EDUCATION PROGRAMS - ONCOLOGY PATIENT CARE TRAINEESHIP - CRITICAL CARE TRAINEESHIP - PAIN AND PALLIATIVE CARE TRAINEESHIP - PHARMACY RESIDENCY EXPANSION GRANT- PHARMACY STUDENT CLINICAL SKILLS COMPETITIONRESEARCH PROGRAMS - AMERICAN FOUNDATION FOR PHARMACEUTICAL EDUCATION (AFPE) PRE-DOCTORAL FELLOWSHIP - MEDICATION CONTINUITY OF CARE RECORD RESEARCH - MEDICATION SAFETY TEAM GRANT OPTIMIZING BEDSIDE TECHNOLOGY SOLUTIONS - MULTICENTER MEDICATION RECONCILIATION QUALITY IMPROVEMENT STUDY (MARQUIS) - NEW INVESTIGATOR RESEARCH GRANT - PHARMACY RESIDENT PRACTICE-BASED RESEARCH GRANT PROGRAM - PROMOTING INFLUENZA PREVENTION PHARMACISTS AS IMMUNIZATION ADVOCATES - PHARMACY PRACTICE MODEL INITIATIVE DEMONSTRATION GRANTS- RESEARCH BOOT CAMP - RESEARCH ADVISORY PANEL- UNIVERSITY OF ALABAMA MUSCULOSKELETAL CERTS - UNSOLICITED GRANTTOOLS AND RESOURCES - DRUG THERAPY MANAGEMENT COMPLEXITY SCORE- HARVEY A K WHITNEY AWARD LECTURE S ONLINE COLLECTION PROGRAM- INSULIN-USE SAFETY- STERILE PRODUCTS OUTSOURCING TOOL

4b (Code) (Expenses $ 972,112 including grants of $ 54,840) (Revenue $ 283,495)

ADVANCING PATIENT CARE THROUGH PHARMACIST LEADERSHIPLEADERSHIP PROGRAMS CENTER FOR HEALTH-SYSTEM PHARMACY LEADERSHIP-THE CENTER, DEVELOPED AS A COLLABORATIVE PROGRAMMATIC OFFERING OF ASHP AND THE ASHP FOUNDATION, ENTERED ITS 6TH YEAR OF BEING ADMINISTERED BY THE FOUNDATION ITS PRIMARY OBJECTIVES ARE TO (1) ASSURE THAT PHARMACY LEADERS HAVE THE KNOWLEDGE NECESSARY TO PROACTIVELY INFLUENCE THE ADVANCEMENT OF THE MEDICATION-USE PROCESS BY PROVIDING COMPETENCY-BASED EDUCATION OPPORTUNITIES, (2) PROVIDE LEADERSHIP DEVELOPMENT PROGRAMS FOR STUDENTS, RESIDENTS AND NEW PRACTITIONERS THAT PROMOTE THE IMPORTANT ROLE OF THE PHARMACIST AS A CHANGE AGENT AND A LEADER IN PATIENT CARE, (3) INTEGRATE INTO HEALTH-SYSTEM LEADERSHIP DECISION-MAKING THE CRITICAL ROLE FOR PHARMACISTS AS ACTIVE PARTICIPANTS IN ACHIEVING ORGANIZATIONAL OBJECTIVES, AND (4) CONDUCT RESEARCH ON EFFECTIVE PHARMACY MANAGEMENT AND LEADERSHIP IN ACHIEVING THE OBJECTIVES OF HOSPITALS AND HEALTH SYSTEMS, AS WELL AS IMPROVING COMMUNITY DISEASE PREVENTION AND HEALTH PROMOTION EFFORTS PHARMACY FORECAST PROJECT-THIS PROJECT IS THE FIRST PROGRAM OFFERING SUPPORTED BY THE DAVID A ZILZ LEADERS FOR THE FUTURE FUND THE PURPOSE OF THIS PROJECT IS TO IMPROVE THE EFFECTIVENESS OF LEADERS IN HOSPITAL AND HEALTH-SYSTEM PHARMACY BY PROVIDING A VIEW OF IMPORTANT FUTURE TRENDS IN EIGHT KEY DOMAIN AREAS DOMAINS WERE IDENTIFIED BY AN ADVISORY GROUP BY VIRTUE OF THEIR PROJECTED LIKELIHOOD TO CHALLENGE PHARMACY LEADERS IN THE NEXT FIVE YEARS THE REPORT, SCHEDULED TO BE RELEASED AT THE 2012 ASHP MIDYEAR CLINICAL MEETING, WILL PROVIDE STRATEGIC GUIDANCE IN THE FOLLOWING AREAS PHARMACY PRACTICE MODELS, PHARMACY WORKFORCE, TECHNOLOGY, HEALTHCARE DELIVERY & FINANCING, DRUG DEVELOPMENT AND THERAPEUTICS, PHARMACEUTICAL MARKETPLACE, PHYSICIAN AND NURSE WORKFORCES, AND CONSUMER HEALTHCARE SERVICES PHARMACY LEADERSHIP ACADEMY (PLA)- THE PLA, SUPPORTED IN PART BY AN EDUCATIONAL GRANT FROM AMGEN, IS DESIGNED TO PROVIDE COMPREHENSIVE LEADERSHIP TRAINING TO PHARMACISTS THE ACADEMY PROVIDES LEADERSHIP TRAINING APPLICABLE TO ALL PHARMACY PRACTITIONERS IN SMALL TO LARGE HOSPITALS AND HEALTH SYSTEMS WHO ASPIRE TO LEADERSHIP POSITIONS IN HEALTH-SYSTEM PHARMACY MOST IMPORTANTLY, THIS PROGRAM DIRECTLY BENEFITS PATIENTS BECAUSE PARTICIPANTS APPLY THEIR NEW-FOUND SKILLS IN THE HEALTH-SYSTEM ENVIRONMENT TO IMPROVE MEDICATION-USE SAFETY, QUALITY OF CARE AND USE OF HEALTH CARE RESOURCES STARTING IN 2011 THE PLA WAS ELEVATED TO A GRADUATE CREDIT WORTHY PROGRAM OFFERING ACADEMY PARTICIPANTS THE OPPORTUNITY TO CONTINUE THEIR ACADEMIC PURSUIT FIFTY-TWO PHARMACISTS ARE PURSUING GRADUATE DEGREES ASSOCIATED WITH THE ACADEMY THE FIFTH CLASS BEGAN IN JANUARY 2012 WITH 57 PARTICIPANTS PFIZER, THROUGH A DONATION TO THE ZILZ LEADERS FOR THE FUTURE FUND, SUPPORTED SIX INTERNATIONAL SCHOLARSHIPS, WHICH ACCOUNTED FOR A TOTAL OF 13 INTERNATIONAL PARTICIPANTS IN THE 2012 CLASS, ONE FROM THE CANADA, FOUR FROM KENYA, TWO FROM NIGERIA, ONE FROM PORTUGAL, THREE FROM SAUDI ARABIA, AND TWO FROM THE UNITED ARAB EMIRATES EMERGING LEADERS SESSION FOR PHARMACY ADMINISTRATIVE RESIDENTS AT THE ASHP LEADERS CONFERENCE-"EMOTIONAL AND BEHAVIORAL INTELLIGENCE LEADING TEAMS BY UNDERSTANDING THE HUMAN FACTOR" WAS CONDUCTED ON SUNDAY EVENING, OCTOBER 16, 2011, PRIOR TO THE SIXTEENTH ANNUAL ASHP CONFERENCE FOR LEADERS IN HEALTH-SYSTEM PHARMACY THIS ACTIVITY WAS PLANNED BY THE ASHP SECTION OF PHARMACY PRACTICE MANAGERS AND THE CENTER FOR HEALTH-SYSTEM PHARMACY LEADERSHIP, CONDUCTED BY ASHP ADVANTAGE, AND SPONSORED BY PFIZER, INC THE THREE-HOUR EVENING PROGRAM WAS ATTENDED BY AN ESTIMATED 100 PHARMACY ADMINISTRATIVE RESIDENTS AND THEIR PRECEPTORS PHARMACY LEADERSHIP INSTITUTE (PLI)-ASHP AND ASHP FOUNDATION ENTERED ITS 13TH YEAR OF THE PLI THROUGH COLLABORATION WITH BOSTON UNIVERSITY AS A MAJOR PROGRAM WITHIN THE CENTER'S PORTFOLIO THE PLI USES RELEVANT PROGRAM CURRICULUM, HIGH-QUALITY INSTRUCTION AND PEER INTERACTION TO BROADEN BUSINESS SKILLS, MANAGERIAL VERSATILITY AND THE EXTRAORDINARY LEADERSHIP DEMANDED OF TODAY'S HEALTH-SYSTEM PHARMACY LEADERS THE EXPERIENCE ENABLES PHARMACIST LEADERS TO DEVELOP A NEW WAY OF THINKING AND A NEW SET OF BEHAVIORS TO MEET THE DEMANDING CHALLENGES FACING PHARMACY PLI GRADUATES HAVE BECOME A SOURCE OF LEADERSHIP EXPERTS SERVING THE CENTER'S INITIATIVES THE PLI ALUMNI, NOW 320 STRONG, ARE A VALUABLE ASSET FOR THE CENTER SERVING TO PROMOTE ITS PROGRAMS AND OFFER THEIR ASSISTANCE AS APPLICATION REVIEWERS THIRTY PHARMACY LEADERS WERE SELECTED TO ATTEND THE 1-WEEK EXECUTIVE TRAINING PROGRAM APRIL 29-MAY 4, 2012 CONVERSATIONS WITH HEALTH-SYSTEM PHARMACY'S MOST INFLUENTIAL LEADERS VIDEOS-ASHP PAST PRESIDENT AND WHITNEY AWARD RECIPIENT SARA WHITE PROVIDED THE FOUNDATION WITH ONGOING FINANCIAL SUPPORT AND VOLUNTEERED HER TIME TO HELP PRODUCE A SERIES OF VIDEOS WITH SOME OF THE MOST INFLUENTIAL HEALTH-SYSTEM PHARMACY LEADERS THE VIDEOS ARE HOSTED ON THE ASHP FOUNDATION WEBSITE AS A LEADERSHIP RESOURCE AND A SOURCE OF MOTIVATION FOR HEALTH-SYSTEM PHARMACY PROFESSIONALS THREE NEW VIDEOS WERE ADDED TO THE COLLECTION IN 2012, BRINGING THE TOTAL TO 15 LEADER VIDEOS AND MP3 AUDIO VERSIONS LEADERSHIP SPEAKERS BUREAU (LSB)-THE LSB IS THE FIRST PROGRAM OF THE CENTER FOR HEALTH-SYSTEM PHARMACY LEADERSHIP DEVELOPED SPECIFICALLY FOR STUDENTS PHARMACISTS WHO ARE ASHP STATE AFFILIATE MEMBERS ARE THE PRIMARY SPEAKERS ALONG WITH PLA AND PLI ALUMNI THEY DRAW UPON THEIR PERSONAL AND PROFESSIONAL EXPERIENCES TO ENCOURAGE STUDENTS TO EMBRACE LEADERSHIP AS PART OF THEIR PROFESSIONAL OBLIGATION SPEAKERS HIGHLIGHT LEADERSHIP OPPORTUNITIES AND PRACTICE SUCCESS STORIES IN HEALTH-SYSTEM PHARMACY TO UNDERSCORE THE NEED FOR THIS COMMITMENT AS STUDENTS THE STUDENT FORUM LEADERSHIP SECTION ADVISORY GROUP HAS BECOME AN ACTIVE PARTNER IN THE LSB'S PROMOTION AND EVALUATION STUDENT LEADERSHIP DEVELOPMENT WORKSHOP-THE CENTER FOR HEALTH-SYSTEM PHARMACY LEADERSHIP WORKED WITH THE SECTION OF PHARMACY PRACTICE MANAGERS TO SUPPORT A SERIES OF 3-HOUR LEADERSHIP DEVELOPMENT WORKSHOPS FOR PHARMACY STUDENTS AT THREE ASHP STATE AFFILIATE MEETINGS THE CENTER SUPPORTED 3 WORKSHOPS AND CONTINUES TO WORK WITH THE SECTION ON PHARMACY PRACTICE MANAGERS TO LOOK FOR OPPORTUNITIES TO MAKE THE WORKSHOPS SUSTAINABLE IN THE COMING YEARS COMMUNITY HEALTH SYSTEMS (CHS) LEADERSHIP SEMINAR SERIES-IN FEBRUARY 2012, THE CENTER FOR HEALTH-SYSTEM PHARMACY LEADERSHIP LAUNCHED ITS THIRD OFFERING OF AN 8-MONTH LEADERSHIP SEMINAR SERIES FOR THE PHARMACISTS EMPLOYED BY CHS, THE NATION'S THIRD LARGEST HEALTH SYSTEM THE CHS SENIOR PHARMACY LEADERSHIP TEAM HAS DEVELOPED A COLLABORATIVE WORKING RELATIONSHIP WITH THE CENTER FOR HEALTH-SYSTEM PHARMACY LEADERSHIP TO OFFER THIS PROGRAM WHICH IS CUSTOMIZED TO MEET THE UNIQUE LEADERSHIP NEEDS AND CHALLENGES FOR CHS PHARMACISTS ACROSS THE NATION TOPICS INCLUDE LEADERSHIP SUBJECTS THAT HAVE BEEN PRESENTED IN PAST LEADERSHIP LEARNING COMMUNITIES SPONSORED BY THE CENTER AT THE ASHP SUMMER MEETING, AND ARE PRESENTED VIA LIVE, WEB-BASED DISTANCE LEARNING MECHANISMS THE PROGRAM IS ADMINISTERED FROM FEBRUARY THROUGH NOVEMBER WITH A BREAK IN JULY AND AUGUST AND REACHES 175-200 STAFF PER MONTH LEADERSHIP RESOURCE CENTER-SPONSORED BY BAXTER HEALTHCARE, INC , THIS PROGRAM WAS DEVELOPED IN 2009 AND LAUNCHED IN FEBRUARY OF 2010 AS A WEB-BASED RESOURCE THAT IS PART OF THE ASHP FOUNDATION'S WEBSITE THE PRIMARY GOAL OF THE LEADERSHIP RESOURCE CENTER (LRC) IS TO HAVE AN ONGOING AND CONTINUOUSLY UPDATED SOURCE OF LEADERSHIP INFORMATION AND TOOLS TO ASSIST PHARMACISTS AT ALL STAGES OF THEIR CAREER THE COMPONENT PARTS OF THE LRC INCLUDE (1) A LEADERSHIP SELF-ASSESSMENT TOOL TO MEASURE ONE'S LEADERSHIP CAPABILITIES AND TO IDENTIFY AREAS FOR IMPROVEMENT, (2) A LEADER'S TOOL KIT THAT INCLUDES A HOST OF PRACTICAL RESOURCES THAT LEADERS CAN USE IN WORKING WITH TEAMS AND IN PLANNING PROJECTS, (3) A LEADERSHIP PRIMER WHICH SERVES AS AN EDUCATIONAL PROGRAM AND REFERENCE RESOURCE FOR LEADERSHIP DEVELOPMENT, AND (4) TWO EDUCATIONAL MODULE ENTITLED "LEADING FOR INFLUENCE AND ADVOCACY," WHICH IS DESIGNED TO HELP PHARMACISTS EXPAND THEIR INFLUENCE AND EFFECTIVENESS IN ADVANCING SAFE AND EFFECTIVE MEDICATION USE ON AN INSTITUTION-WIDE BASIS AND "CLINICAL MICROSYSTEMS TRANSFORMATIONAL FRAMEWORK FOR LEAN THINKING " DIALOGUE WITH BAXTER HEALTHCARE CONTINUED IN FY12 TO EXPAND THE LRC WILLIAM A ZELLMER LEADERSHIP LECTURE WHERE PRACTICE MEETS POLICY-DESIGNED TO HONOR THE DISTINGUISHED 40-YEAR ASHP CAREER OF WILLIAM A ZELLMER, THE ASHP FOUNDATION COMMITTED TO FUND AND CO-ADMINISTER AN ANNUAL LEADERSHIP LECTURE PROGRAM IN PARTNERSHIP WITH ASHP THE ANNUAL LECTURE IS PRESENTED TO ASHP PRACTICE LEADERS WHO ATTEND THE ANNUAL ASHP POLICY WEEK IN SEPTEMBER AND FOCUSES ON ADDRESSING THE CHALLENGES OF ADVANCING PHARMACY PRACTICE WHILE NAVIGATING THE STATE AND FEDERAL POLICY LANDSCAPES

4c (Code) (Expenses $ including grants of $) (Revenue $)

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

4e **Total program service expenses** ▶ $ 3,104,305

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	72		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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			**13a**		
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	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
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	
b	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				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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		
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	
b	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	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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 ▶ MD

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization 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 ▶

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BETHESDA, MD 20814
(301) 664-8612

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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) LYNNAE M MAHANEY MBA FASHP CHAIR	1 00	X		X				0	0	0
(2) DAVID R GAUGH VICE CHAIR	1 00	X		X				0	0	0
(3) HENRI R MANASSE JR PHD SCD PRESIDENT (6/11-12/11)/ASHP EVP-CEO	1 00	X		X				0	757,361	79,765
(4) PHILIP J SCHNEIDER BS PHARMD TREASURER	1 00	X		X				0	0	0
(5) STEPHEN J ALLEN MS FASHP SECRETARY/EVP-CEO	40 00	X		X				251,988	0	28,841
(6) BARBARA BALIK RN MS EDD DIRECTOR AT LARGE	1 00	X						0	0	0
(7) MICK L HUNT MS MBA FASHP DIRECTOR AT LARGE	1 00	X						0	0	0
(8) MICHAEL S FLAGSTAD MS RPH DIRECTOR AT LARGE	1 00	X						0	0	0
(9) RANDALL A LIPPS BS BBA DIRECTOR AT LARGE	1 00	X						0	0	0
(10) BRUCE E SCOTT PHARMD FASHP DIRECTOR AT LARGE	1 00	X						0	0	0
(11) DIANE B GINSBURG MS FASHP DIRECTOR AT LARGE	1 00	X						0	14,924	0
(12) GEORGE ZORICH PHARM BS DIRECTOR AT LARGE	1 00	X						0	0	0
(13) PAUL W ABRAMOWITZ PHARMD PRESIDENT (1/12-5/12)/ASHP EVP-CEO	1 00	X		X				0	0	0
(14) DANIEL COBAUGH VICE PRESIDENT	40 00					X		179,594	0	23,727
(15) RICHARD WALLING DIRECTOR, CTR FOR HLTH-SYS PHARM LDRSHP	40 00					X		150,986	0	14,311
(16) MYRNA KONAJESKI DIRECTOR OF DEVELOPMENT	40 00					X		107,200	0	26,630

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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								689,768	772,285	173,274

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 4

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
GLOBALHEALTH EDUCATION & TRAINING LLC 3111 SOUTH DIXIE HWY SUITE 101 WEST PALM BEACH, FL 33405	CONTRACT SERVICES	113,704

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 130,000				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,893,671				
	g	Noncash contributions included in lines 1a-1f $ 38,288				
	h	**Total.** Add lines 1a-1f . . . . . ▶	3,023,671			
Program Service Revenue		Business Code				
	2a	PHARMACY LEADERSHIP AC 900099	283,495	283,495		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	283,495			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	219,336			219,336
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 2,520,284				
	b	Less cost or other basis and sales expenses 2,703,065				
	c	Gain or (loss) -182,781				
	d	Net gain or (loss) . . . . . ▶	-182,781			-182,781
Other Revenue	8a	Gross income from fundraising events (not including $ 130,000 of contributions reported on line 1c) See Part IV, line 18 . . . a 30,000				
	b	Less direct expenses . . . b 40,941				
	c	Net income or (loss) from fundraising events . . ▶	-10,941			-10,941
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	3,332,780	283,495	0	25,614

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	1,262,825	1,262,825		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	106,324	106,324		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	283,683	193,363	12,734	77,586
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	740,946	507,947	27,741	205,258
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	100,676	68,178	7,828	24,670
9	Other employee benefits	67,240	42,635	4,887	19,718
10	Payroll taxes	56,627	45,417	4,139	7,071
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	9,980		9,980	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	728,879	593,390	40,033	95,456
12	Advertising and promotion				
13	Office expenses	33,650	10,235	2,090	21,325
14	Information technology				
15	Royalties . .				
16	Occupancy	65,150	35,832	13,682	15,636
17	Travel	214,230	174,014	33,566	6,650
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,611	12,900	3,711	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	GENERAL EXPENSES	106,725	86,174	4,843	15,708
b	TEMPORARY SERVICES	7,267	5,813	436	1,018
c	BANK FEES	3,093		3,093	
d	STAFF DEVELOPMENT	516	199		317
e					
f	All other expenses	-40,941	-40,941		
25	**Total functional expenses.** Add lines 1 through 24f	3,763,481	3,104,305	168,763	490,413
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		2,073,427	2	1,739,986
	3	Pledges and grants receivable, net		197,662	3	233,990
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,847	9	4,339
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 110,829			
	b	Less accumulated depreciation	10b 98,560	28,879	10c	12,269
	11	Investments—publicly traded securities		9,058,798	11	8,781,502
	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		121,588	15	93,145
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		11,482,201	16	10,865,231
Liabilities	17	Accounts payable and accrued expenses		182,577	17	204,503
	18	Grants payable			18	
	19	Deferred revenue		152,829	19	180,141
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		54,285	25	55,299
	26	**Total liabilities.** Add lines 17 through 25		389,691	26	439,943
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,060,723	27	1,237,683
	28	Temporarily restricted net assets		4,253,393	28	4,409,211
	29	Permanently restricted net assets		4,778,394	29	4,778,394
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		11,092,510	33	10,425,288
	34	Total liabilities and net assets/fund balances		11,482,201	34	10,865,231

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	3,332,780
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,763,481
3	Revenue less expenses Subtract line 2 from line 1	3	-430,701
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	11,092,510
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-236,521
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	10,425,288

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
23-7033369

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,802,114	1,610,656	1,993,575	2,697,502	3,023,671	11,127,518
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,802,114	1,610,656	1,993,575	2,697,502	3,023,671	11,127,518
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,604,013
6 **Public Support.** Subtract line 5 from line 4						5,523,505

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,802,114	1,610,656	1,993,575	2,697,502	3,023,671	11,127,518
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	307,359	299,628	234,578	232,970	219,291	1,293,826
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	6,720	9,285	8,760	7,085	30,000	61,850
11 **Total support** (Add lines 7 through 10)						12,483,194

12 Gross receipts from related activities, etc (See instructions)	12	850,844

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	44 250 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	45 060 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
23-7033369

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	6,281,196	5,934,328	5,554,292	6,505,305	
b	Contributions	0	350	7,295	900	
c	Investment earnings or losses	-174,945	886,373	899,095	-1,659,001	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	42,929	539,855	526,354	-707,088	
f	Administrative expenses					
g	End of year balance	6,063,322	6,281,196	5,934,328	5,554,292	

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

- a Board designated or quasi-endowment ▶ 8 250 %
- b Permanent endowment ▶ 78 810 %
- c Term endowment ▶ 12 940 %

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

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

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

Part VI 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				
b Buildings				
c Leasehold improvements				
d Equipment		110,829	98,560	12,269
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				12,269

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

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

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO ASHP	55,299
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	55,299

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,332,780
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,763,481
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-430,701
4	Net unrealized gains (losses) on investments	4	-236,521
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-236,521
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-667,222

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	3,190,963
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-236,521		
b	Donated services and use of facilities	2b	53,763		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	40,941		
e	Add lines **2a** through **2d**			2e	-141,817
3	Subtract line **2e** from line **1**			3	3,332,780
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	3,332,780

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

1	Total expenses and losses per audited financial statements			1	3,858,185
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	53,763		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	40,941		
e	Add lines **2a** through **2d**			2e	94,704
3	Subtract line **2e** from line **1**			3	3,763,481
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,763,481

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION'S ENDOWMENT PRIMARILY CONSISTS OF CONTRIBUTIONS TO THE JOSEPH A ODDIS ENDOWMENT CAMPAIGN, THE PURPOSE OF WHICH WAS TO RAISE FUNDS FOR PROGRAMS THAT IMPROVE PHARMACY PRACTICE AND THE SAFE AND EFFECTIVE USE OF MEDICATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	DURING THE YEAR ENDED MAY 31, 2012, MANAGEMENT DID NOT IDENTIFY ANY UNCERTAIN INCOME TAX POSITIONS AT A MINIMUM, THE TAX YEARS BEGINNING IN 2008 THROUGH 2011 ARE OPEN FOR EXAMINATION BY TAX AUTHORITIES
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSE REPORTED IN PART VIII 40,941
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSE REPORTED IN PART VIII 40,941

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
23-7033369

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

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

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

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

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

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

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

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

		(a) Event #1 MANASSE DINNER (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	160,000			160,000
	2 Less Charitable contributions	130,000			130,000
	3 Gross income (line 1 minus line 2)	30,000			30,000
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	33,808			33,808
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,133			7,133
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(40,941)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-10,941

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
23-7033369

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 45

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

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

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

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLINA HOSPITALS AND CLINICSPO BOX 43 MINNEAPOLIS,MN 55440	36-3261413	501(C)(3)	13,301				2009 MEDICATION SAFETY GRANT
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS7272 WISCONSIN AVE BETHESDA,MD 20814	52-0807628	501(C)(6)	74,018				CLINICAL SKILLS GRANT, LEADERSHIP CONFERENCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN FOUNDATION FOR PHARMACEUTICAL EDUCATION1 CHURCH ST STE 202 ROCKVILLE,MD 20850	53-0214882	501(C)(3)	5,500				SPONSORSHIP FOR 2011
BOARD OF REGENTS UNIV OF WISCONSIN 1220 LINDEN DR MADISON,WI 53706	39-6006492	501(C)(3)	6,279				FEDERAL SERVICES RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BRIGHAM AND WOMEN'S HOSPITAL75 FRANCIS STREET BOSTON,MA 02115	04-2312909	501(C)(3)	6,603				2010 JR INVESTIGATOR RESEARCH GRANT
FAIRVIEW HEALTH SERVICES2450 RIVERSIDE AVE MINNEAPOLIS,MN 55454	41-0991680	501(C)(3)	40,000				EXPANSION GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KAISER FOUNDATION HEALTH PLAN OF COLORADO16601 E CENTRETECH PKWY AURORA,CO 800119045	84-0591617	501(C)(3)	24,870				2011 AWARD FOR EXCELLENCE, 2010 JR INVESTING GRANT, PPMI DEMO GRANT
FROEDTERT HEALTH SERVICES 9200 W WISCONSIN AVE MILWAUKEE,WI 53226	39-2014409	501(C)(3)	40,000				EXPANSION GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE GENEVA FOUNDATION917 PACIFIC AVE STE 600 TACOMA,WA 98402	91-1593913	501(C)(3)	40,000				EXPANSION GRANT
HARRIS COUNTY HOSPITAL DISTRICT FOUNDATION2525 HOLLY HALL ST HOUSTON,TX 77054	76-0408224	501(C)(3)	40,000				EXPANSION GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MASSACHUSETTS COLLEGE OF PHARMACY179 LONGWOOD AVE BOSTON,MA 02115	04-2104700	501(C)(3)	16,667				2009 FEDERAL SERVICES JR INVESTIGATOR GRANT
MAYO CLINIC200 FIRST STREET SW ROCHESTER,MN 55905	41-6011702	501(C)(3)	17,000				2009 EMERGENCY CARE GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
METHODIST HOSPITALS OF DALLAS1441 N BECKLEY AVE DALLAS,TX 75203	75-0800661	501(C)(3)	40,000				EXPANSION GRANT
MIAMI VA HEALTHCARE SYSTEM1201 1NW 16TH ST MIAMI,FL 33125	56-2304427	501(C)(3)	40,000				EXPANSION GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TENNESSEE VALLEY HEALTH CARE SYSTEMMIDDLE TENN RES INSTITUTE1310 24TH AVE S NASHVILLE,TN 37212	62-1387860	501(C)(3)	7,467				2010 FEDERAL SERVICES JR INVESTIGATOR GRANT
UNIVERSITY OF IOWA4 JESSUP HALL IOWAS CITY,IA 52242	42-6004813	501(C)(3)	13,600				2009 MEDICATION SAFETY TEAM GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MARYLAND BALTIMORE620 W LEXINGTON ST BALTIMORE,MD 21201	52-6002033	501(C)(3)	16,750				2010 PROMOTING INFLUENZA PREVENTION GRANT
UNIVERSITY OF ROCHESTER MEDICAL CENTER 601 ELMWOOD AVE ROCHESTER,NY 14642	16-0743209	501(C)(3)	17,000				2009 EMERGENCY CARE GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WEST VIRGINIA UNIVERSITY HOSPITAL1 MEDICAL CENTER DR MORGANTOWN,WV 26506	55-0643304	501(C)(3)	8,250				2011 JR INVESTIGATOR GRANT
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION886 CHESTNUT RIDGE RD RM723 MORGANTOWN,WV 26505	55-0665758	501(C)(3)	16,750				2010 PROMOTING INFLUENZA PREVENTION GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADVOCATE HEALTH AND HOSPITALS CORPORATION2025 WINDSOR DR OAK BROOK,IL 60523	36-2169147	501(C)(3)	40,000				EXPANSION GRANT
ASPIRUS WAUSAU HOSPITAL INC2333 PINE RIDGE BLVD WAUSAU,WI 54401	39-1138241	501(C)(3)	40,000				EXPANSION GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTFORD HOSPITALPO BOX 5037 HARTFORD,CT 06102	06-0646668	501(C)(3)	6,649				2011 JR INVESTIGATOR GRANT
HENRY FORD HEALTH SYSTEM ONE FORD PL - STE 5F DETROIT,MI 48202	38-1357020	501(C)(3)	5,000				2011 PHARM RESID GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IHC HEALTH SERVICES36 S STATE ST STE 1000 SALT LAKE CITY,UT 84111	94-2854057	501(C)(3)	40,000				EXPANSION GRANT
INDIANA UNIVERSITY HEALTH INC950 N MERIDIAN ST STE 1200 INDIANAPOLIS,IN 46204	35-1955872	501(C)(3)	5,000				2011 PHARM RESIDENT PRACTICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INSTITUTIONAL PROF PRAC EDUCATION FUND 410 W 10TH AVENUE COLUMBUS, OH 43210	31-6025986	501(C)(3)	40,000				EXPANSION GRANT
JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC 3910 KESWICK RD SOUTH BLDG 4TH FLOOR BALTIMORE, MD 21211	52-1341890	501(C)(3)	40,000				EXPANSION GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOMA LINDA UNIVERSITYPO BOX 2000 LOMA LINDA,CA 92354	95-1816009	501(C)(3)	40,000				EXPANSION GRANT
LUCILE SALTER PACKARD CHILDREN'S HOSPITAL725 WELCH RD PALO ALTO,CA 94304	77-0003859	501(C)(3)	40,000				EXPANSION GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC1200 DRUID ROAD SOUTH CLEARWATER,FL 33756	59-1751535	501(C)(3)	5,000				PHARMACY RESIDENT PRACTICE
NORMAN REGIONAL HEALTH SYSTEM700 S TELEPHONE RD MOORE,OK 73160	73-1203942	501(C)(3)	40,000				EXPANISON GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHWESTERN MEMORIAL HOSPITAL676 N ST CLAIR CHICAGO,IL 60611	37-0960170	501(C)(3)	8,250				PRACTICE MODEL GRANT
PRINCETON BAPTIST MEDICAL CENTER701 PRINCETON AVE SW BIRMINGHAM,AL 35211	63-0869488	501(C)(3)	40,000				EXPANSION GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MICHIGANPO BOX 130047 ANN ARBOR,MI 48113	38-6006309	501(C)(3)	10,000				2011 AWARD FOR EXCELLENCE
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT DAVISONE SHIELDS AVE DAVIS,CA 95616	94-6036494	501(C)(3)	40,000				EXPANSION GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST LOUIS COLLEGE OF PHARMACY4588 PARKVIEW PLACE ST LOUIS,MO 63110	43-0652675	501(C)(3)	40,000				EXPANSION GRANT
TRUMAN MEDICAL CENTER2301 HOLMES ST KANSAS CITY,MO 64108	44-0661018	501(C)(3)	40,000				EXPANSION GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF ARIZONAPO BOX 3308 TUCSON,AZ 85722	74-2652689	501(C)(3)	8,250				2011 PROMOTING INFLUENZA PREVENTION GRANT
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION301 PETERSON SERVICE BUILDING LEXINGTON,KY 40506	61-6033693	501(C)(3)	11,814				2007 FED SERVICES JR INVESTIGATOR, 2011 PHARM RESIDENCY GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION22 S GREENE ST BALTIMORE,MD 21201	52-1362793	501(C)(3)	40,000				EXPANSION GRANT
UNIVERSITY OF PITTSBURGH107 CATHEDRAL OF LEARNING 4200 FIFTH AVENUE PITTSBURGH,PA 15260	25-0965591	501(C)(3)	74,575				CONTINUITY OF CARE GRANT,JR INVESTIGATOR

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH MEDICAL CENTER PRESBYTERIAN SHADYSIDE600 GRANT ST FL 56 PITTSBURGH,PA 15219	25-0965480	501(C)(3)	40,000				EXPANSION GRANT
UNIVERSITY OF WISCONSIN FOUNDATION1848 UNIVERSITY AVE MADISON,WI 53726	39-0743975	501(C)(3)	50,000				AWARD FOR EXCELLENCE GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WAYNE STATE 5700 CASS AVENUE STE 4900 DETROIT, MI 48202	38-6028429	501(C)(3)	8,250				PHARMACY PRACTICE MODEL GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SF521 PARNASSUS AVE SAN FRANCISCO, CA 941430622	94-6036493	501(C)(3)	6,600				JR INVESTIGATOR GRANT

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
LITERATURE AWARDS PROGRAM	7	17,274			
STUDENT LEADERSHIP AWARDS	12	30,000			
EXCELLENCE AWARDS	5	5,000			
INSULIN USE SAFETY HONORARIUM	15	17,000			
PPMICS TOOL HONORARIUM	12	15,250			
PHARM RESID EXCELLENCE PANEL	7	2,800			
PPMI WEBINAR HONORARIUM	16	7,000			
ENVIRONMENTAL FORECASTING PROJECT	6	12,000			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
23-7033369

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) HENRI R MANASSE JR PHD SCD	(i)	0	0	0	0	0	0	0
	(ii)	695,040	30,000	32,321	63,172	23,203	843,736	0
(2) STEPHEN J ALLEN MS FASHP	(i)	226,183	15,000	10,805	21,626	10,069	283,683	0
	(ii)	0	0	0	0	0	0	0
(3) DANIEL COBAUGH	(i)	170,582	8,476	536	16,512	10,181	206,287	0
	(ii)	0	0	0	0	0	0	0
(4) RICHARD WALLING	(i)	140,604	6,848	3,534	13,498	1,764	166,248	0
	(ii)	0	0	0	0	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 M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
23-7033369

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	38,288	CASH SALE VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
23-7033369

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIP - MICHAEL S FLAGSTAD AND LYNNAE M MAHANEY
	FORM 990, PART VI, SECTION A, LINE 7A	THREE MANDATORY MEMBERS OF THE FOUNDATION'S BOARD OF DIRECTORS ARE THE IMMEDIATE PAST PRESIDENT, EXECUTIVE VICE PRESIDENT, AND TREASURER OF THE AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS, A RELATED 501(C)(6) MEMBERSHIP ORGANIZATION THE AFOREMENTIONED TREASURER AND EXECUTIVE VICE PRESIDENT SHALL SERVE, RESPECTIVELY, AS THE TREASURER AND PRESIDENT OF THE THE FOUNDATION, AND THE IMMEDIATE PAST PRESIDENT SHALL SERVE AS A DIRECTOR OF THE FOUNDATION THE BOARD OF DIRECTORS OF THE AMERICAN SOCIETY OF HEALTHSYSTEM PHARMACISTS MAY ALSO APPOINT ONE OR MORE MEMBERS OF THE PUBLIC TO SERVE AS MEMBERS OF THE FOUNDATION'S BOARD
	FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES THAT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE CHIEF OPERATIONS AND FINANCIAL OFFICERS AND BY THE BOARD (SERVING AS THE AUDIT COMMITTEE) BEFORE IT IS FILED A COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY AT THE MARCH MEETING
	FORM 990, PART VI, SECTION B, LINE 15A	CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT A "CEO EVALUATION SUBCOMMITTEE" IS APPOINTED BY THE BOARD AND MEETS SEVERAL TIMES ON AN ANNUAL BASIS THIS SUBCOMMITTEE IS RESPONSIBLE FOR EVAULATING CEO PERFORMANCE ANNUALLY AND NEGOTIATING A CONTRACT THAT CUSTOMARILY SPANS A 3-YEAR PERIOD THE TREASURER CHAIRS THE SUBCOMMITTEE DURING THE CONTRACT RENEGOTIATION YEAR AND THE BOARD CHAIR LEADS THE SUBCOMMITTEE DURING NON-CONTRACT YEAR ANNUAL REVIEWS ALL SUBCOMITTEE ACTIONS ARE REVIEWED BY THE FULL BOARD PRIOR TO TAKING ANY ACTIONS ONE FULL YEAR PRIOR TO THE COMPLETION OF A CONTRACT CYCLE, THE SUBCOMMITTEE MAKES A REFLECTIVE REVIEW OF PERFORMANCE DURING THE CONTRACT PERIOD ADDITIONALLY, A CEO SELF-ASSESSMENT IS COMPLETED AND REVIEWED BY THE SUBCOMMITTEE THE REFLECTIVE PERFORMANCE REVIEW AND SELF-ASSESSMENT IS CONSIDERED BY THE BOARD AND A DECISION IS MADE AS TO WHETHER THE BOARD DESIRES TO RENEGOTIATE A NEW CONTRACT WITH THE EXISTING CEO OR SEEK A REPLACEMENT IF A REPLACEMENT IS DESIRED, THEN A SEARCH COMMITTEE IS APPOINTED IF CONTRACT RENEGOTIATION WITH THE CURRENT CEO IS DESIRED, THE CEO EVALUATION COMMITTEE LEADS CONTRACT RENEGOTIATIONS UNDER THE LEADERSHIP OF THE TREASURER A CONTRACT FOR THE BOARD'S CONSIDERATION IS ESTABLISHED IN WRITING WITH ALL PROVISIONS OUTLINED, INCLUDING COMPENSATION AND BENEFITS TO DETERMINE PROPOSED COMPENSATION THE SUBCOMMITTEE REVIEWS 1) NATIONAL SURVEY DATA FOR CHIEF PHARMACY OFFICERS SINCE THIS IS A LIKELY AND COMPETITIVE CANDIDATE POOL FOR THE CEO POSITION, 2) THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVE (ASAE) COMPENSATION DATA FOR EXECUTIVES IS REVIEWED FOCUSING ON SIMILAR/COMPETITIVE HEALTHCARE ORGANIZATIONS IN THE MID-ATLANTIC REGION, AND 3) GUIDESTAR'S DATABASE IS REFERENCED TO IDENTIFY CEO COMPENSATION IN COMPETITIVE ORGANIZATION'S 990 FILINGS ULTIMATELY, A NEW CONTRACT IS PRESENTED TO THE BOARD FOR APPROVAL THAT OUTLINES COMPENSATION AND PERFORMANCE EXPECTATIONS IN NON-CONTRACT RENEWAL YEARS, THE SUBCOMMITTEE COMPLETES A DRAFT ANNUAL PERFORMANCE REVIEW FOR THE BOARDS CONSIDERATION PRIOR TO CONDUCTING THE ANNUAL PERFORMANCE REVIEW ALONG WITH A SET OF CEO PERFORMANCE OBJECTIVES FOR THE UPCOMING YEAR AND A CEO SELF-ASSESSMENT SUMMARY IN ALL CASES CEO PERFORMANCE IS MEASURED AGAINST BOARD-APPROVED ANNUAL PERFORMANCE OBJECTIVES OTHER OFFICERS OR KEY EMPLOYEES THE CEO DETERMINES COMPENSATION FOR KEY EMPLOYEES RELYING HEAVILY UPON THE GUIDANCE OF THE HUMAN RESOURCES DEPARTMENT OF ASHP ASAE SURVEY DATA IS REVIEWED WHEN COMPARABLE POSITIONS EXIST FOR THE KEY EMPLOYEE POSITION (E.G DIRECTOR OF COMMUNICATIONS) THE HUMAN RESOURCES DEPARTMENT UTILIZES ADDITIONAL SALARY SURVEY DATABASES TO COMPARE SALARIES FOR POSITIONS WHERE A PHARAMCIST IS A JOB REQUIREMENT, PHARMACIST POSITIONS IN HOSPITALS AND HEALTH-SYSTEMS THAT WOULD BE LIKELY CANDIDATE POOLS ARE QUERIED IN THE SALARY SURVEY DATABASES ADDITIONALLY, THE HR DEPARTMENT CAN PROVIDE COMPARATIVE DATA FOR PHARMACIST POSITIONS AT ASHP
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST PER ITS ANNUAL REPORT THE FOUNDATION ALSO MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -236,521

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
23-7033369

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS (ASHP) 7272 WISCONSIN AVENUE BETHESDA, MD 20814 52-0807628	TO ADVANCE PUBLIC HEALTH BY SUPPORTING THE PHARMACY PROFESSION	MD	501(C)(6)		N/A		No
(2) 7272 WISCONSIN BUILDING CORPORATION 7272 WISCONSIN AVENUE BETHESDA, MD 20814 52-1760057	TITLE HOLDING COMPANY	MD	501(C)(2)		AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	O	1,499,743	RECORDED EXPENSES
(2) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	M	507,842	RECORDED EXPENSES
(3) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	R	991,901	CASH
(4) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	C	891,169	CASH
(5) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	N	53,763	FAIR VALUE
(6) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	B	74,018	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	O	1,499,743	RECORDED EXPENSES
(2)	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	M	507,842	RECORDED EXPENSES
(3)	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	R	991,901	CASH
(4)	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	C	891,169	CASH
(5)	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	N	53,763	FAIR VALUE
(6)	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	B	74,018	CASH