See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493100004063

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 INC

Doing Business As

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

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

D Employer identification number
52-0807628

E Telephone number
(301) 657-3000

G Gross receipts $ 41,395,630

F Name and address of principal officer
PAUL W ABRAMOWITZ
7272 WISCONSIN AVENUE
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) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW ASHP ORG

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

L Year of formation 1984

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ADVANCE PUBLIC HEALTH BY PROMOTING PROFESSIONAL INTERESTS OF PHARMACISTS PRACTICING IN HOSPITALS AND ORGANIZED HEALTH CARE SETTINGS FURTHER, TO FOSTER RATIONAL DRUG USE IN SOCIETY THROUGH ADVOCATING PUBLIC POLICIES TOWARD THAT END

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

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	209
	6 Total number of volunteers (estimate if necessary)	**6**	2,500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,508,699
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	955,371

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	40,607,552	39,573,846
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,072,570	853,678
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,469,106	968,106
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,149,228	41,395,630
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	365,223	948,169
	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)	21,254,557	22,596,850
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	20,599,459	19,217,738
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	42,219,239	42,762,757
	19 Revenue less expenses Subtract line 18 from line 12	1,929,989	-1,367,127

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	51,538,345	48,333,894
	21 Total liabilities (Part X, line 26)	20,260,003	23,017,576
	22 Net assets or fund balances Subtract line 21 from line 20	31,278,342	25,316,318

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

****** | 2013-04-10
Signature of officer | Date

PAUL W ABRAMOWITZ CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
DEBORAH G KOSNETT	2013-04-10	☐	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

ASHP BELIEVES THAT THE MISSION OF PHARMACISTS IS TO HELP PEOPLE MAKE THE BEST USE OF MEDICATIONS THE MISSION OF ASHP IS TO ADVANCE AND SUPPORT THE PROFESSIONAL PRACTICE OF PHARMACISTS IN HOSPITALS AND HEALTH SYSTEMS AND SERVE AS THEIR COLLECTIVE VOICE ON ISSUES RELATED TO MEDICATION USE AND PUBLIC HEALTH

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

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

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

If "Yes," describe these changes on Schedule O

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

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

EDUCATIONAL SERVICES - ASHP IS AN ACCREDITED PROVIDER OF CONTINUING EDUCATION FOR PHARMACISTS, AND OTHER RELATED HEALTH CARE PERSONNEL ASHP OFFERS ACCESS TO MULTIDISCIPLINARY PROFESSIONAL DEVELOPMENT CE ACTIVITIES FOR MEMBERS AND NONMEMBERS INCLUDING PHARMACISTS, PHARMACY TECHNICIANS, PHYSICIANS, NURSES, NURSE PRACTITIONERS, AND OTHER HEALTH CARE PROFESSIONALS ACTIVITIES ARE AVAILABLE IN MANY DIFFERENT FORMATS SUCH AS WEB-BASED, PODCASTS, MULTIMEDIA, PRINT PUBLICATIONS, AND LIVE MEETINGS THESE EDUCATIONAL SERVICES HELP TO MAINTAIN AND IMPROVE THE COMPETENCY OF PHARMACISTS

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

PUBLICATION SERVICES - ASHP DEVELOPS, MAINTAINS AND PUBLISHES A COMPREHENSIVE LIBRARY OF BOOKS AND MULTIMEDIA PRODUCTS DESIGNED TO MEET PROFESSIONAL NEEDS AND ADVANCE RATIONAL DRUG THERAPY IN HEALTH - SYSTEM PHARMACY SETTINGS FURTHER, IT IS A SOURCE OF INFORMATION ON DRUG THERAPY, PHARMACY PRACTICE, AND PHARMACY PRACTICE RESEARCH AND TECHNOLOGY DEVELOPS OFFICIAL PROFESSIONAL POLICIES, IN THE FORM OF POLICY POSITIONS AND GUIDANCE DOCUMENTS (STATEMENTS AND GUIDELINES), IN ORDER TO ESTABLISH BEST PRACTICES AND PROVIDE GUIDANCE TO ASHP MEMBERS AND OTHER AUDIENCES IMPACTED BY HEALTH-SYSTEM PHARMACY PRACTICE

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

MEMBERSHIP PROGRAMS - ACTIVITIES AND RESOURCES FOR MEMBERS INCLUDE CLINICAL RESEARCH AND PROFESSIONAL PUBLICATIONS INCLUDING A SUBSCRIPTION TO AJHP (PRINT AND ELECTRONIC), E-NEWSLETTER, DAILY BRIEFING, AND THE MEMBER MAGAZINE - INTERSECTIONS THERE IS ORGANIZED REPRESENTATION AT THE FEDERAL LEVEL AND RELEVANT FEDERAL REGULATORY AGENCIES ABOUT LEGISLATION AND REGULATIONS THAT AFFECT PHARMACY PRACTICE, AND COMMUNICATION WITH THE PUBLIC ABOUT THE ROLE OF HEALTH-SYSTEM PHARMACIST MEMBERS ARE PROVIDED NETWORKING OPPORTUNITIES BY THEIR PARTICIPATION IN OUR COUNCILS, COMMITTEES, DISCUSSION GROUPS, LISTSERVS, AND MENTOR EXCHANGE OUR MEMBERS RECEIVE CURRENT PRACTICE TOOLS AND RESOURCES THROUGH OUR SPECIAL INTEREST SECTIONS AND FORUMS, EDUCATIONAL CONFERENCES, AND ONLINE RESOURCE CENTERS

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

ACCREDITATION SERVICES - ASHP ACCREDITS PROGRAMS FOR PHARMACY RESIDENCY AND PHARMACY TECHNICIAN FURTHER, THIS SERVICE IS COMMITTED TO ASSISTING EXISTING RESIDENCIES REFINE THEIR PROGRAMS, HELPING PROSPECTIVE PROGRAMS WITH THE PROCESS OF SEEKING ACCREDITATION, AND ASSISTING PROSPECTIVE PHARMACY RESIDENTS TO GET THE INFORMATION NEEDED TO FIND THE BEST RESIDENCY PROGRAM FOR THEM ACCREDITATION INVOLVES THE ACT OF GRANTING APPROVAL TO A POSTGRADUATE PHARMACY RESIDENCY PROGRAM AFTER THE PROGRAM HAS MET SET REQUIREMENTS AND HAS BEEN REVIEWED AND EVALUATED THROUGH A FORMAL PROCESS POSTGRADUATE RESIDENCY PROGRAMS ARE CONSIDERED THE BEST SOURCE OF HIGHLY QUALIFIED PHARMACY MANPOWER

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
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		
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	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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	Yes	
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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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**		
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**		
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**		No
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**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		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**	432		
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**	209			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	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**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
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**	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	Yes	
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**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		
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**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
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	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
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	Yes	
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	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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	Yes	
	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 ▶

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 ▶

ELIZABETH HARTNETT
7272 WISCONSIN AVENUE
BETHESDA, MD 20814
(301) 664-8809

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) STANLEY S KENT PRESIDENT	5 00	X		X				10,000	0	0
(2) KATHRYN R SCHULTZ PRESIDENT ELECT	5 00	X		X				10,000	0	0
(3) DIANE B GINSBURG IMMED PAST PRESIDENT	5 00	X		X				14,924	0	0
(4) PHILLIP J SCHNEIDER TREASURER	5 00	X		X				0	0	0
(5) LARRY C CLARK BOARD MEMBER	1 00	X						0	0	0
(6) LISA M GERSEMA BOARD MEMBER	1 00	X						0	0	0
(7) CHRISTINE M JOLOWSKY BOARD MEMBER	5 00	X						0	0	0
(8) RANDY L KUIPER BOARD MEMBER	1 00	X						0	0	0
(9) GERALD E MEYER BOARD MEMBER	1 00	X						0	0	0
(10) THOMAS J JOHNSON BOARD MEMBER	1 00	X						0	0	0
(11) MICHAEL D SANBORN BOARD MEMBER	1 00	X						0	0	0
(12) PAUL ABRAMOWITZ CHIEF EXECUTIVE OFFICER	40 00	X		X				135,390	0	12,531
(13) HENRI MANASSE EXECUTIVE VICE PRESIDENT /CHIEF EXECUTIVE OFFICER	40 00	X		X				757,361	0	79,765
(14) STANLEY LOWE DEPUTY EXECUTIVE VICE PRESIDENT AND CHIEF OPERATIN	40 00				X			279,835	0	29,559
(15) CAROL WOLFE VICE PRESIDENT - PUBLICATIONS AND DRUG INFORMATION	40 00				X			241,599	0	27,417
(16) DAVID EDWARDS VICE PRESIDENT - FINANCE	40 00				X			232,849	0	35,008
(17) DEAN MANKE VICE PRESIDENT - MARKETING AND SALES	40 00				X			219,705	0	34,729

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID WITMER VICE PRESIDENT - MEMBER RELATIONS	40 00				X			220,875	0	34,295
(19) JOHN SPENCER CHIEF INFORMATION OFFICER AND VICE PRESIDENT OF OP	40 00				X			216,835	0	39,517
(20) DOUGLAS SCHECKELHOFF VICE PRESIDENT - PROFESSIONAL DEVELOPMENT	40 00				X			195,252	0	38,200
(21) FERN ZAPPALA GENERAL COUNSEL AND VICE PRESIDENT OF HUMAN RESOUR	40 00				X			210,273	0	23,481
(22) KASEY THOMPSON VICE PRESIDENT - POLICY, PLANNING AND COMMUNICATIO	40 00				X			166,191	0	13,784
(23) JULIE WEBB SENIOR MANAGING DIRECTOR, RESOURCE DEVELOPMENT	40 00					X		175,755	0	33,032
(24) GERALD MCEVOY ASSISTANT VICE PRESIDENT - DRUG INFORMATION	40 00					X		180,509	0	23,471
(25) CHARLES TALLEY ASSISTANT VICE PRESIDENT - PHARMACY PUBLISHING	40 00					X		181,271	0	26,599
(26) JANET TEETERS DIRECTOR, ACCREDITATION SERVICES DIVISION	40 00					X		164,307	0	27,571
(27) BRIAN MEYER DIRECTOR, GOVERNMENT AFFAIRS DIVISION	40 00					X		154,804	0	21,287

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	3,767,735	0	500,246

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 ▶ 61

			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
RR DONNELLEY RECEIVABLES 111 SOUTH WACKER DR CHICAGO, IL 60606	PRINTING SERVICES	1,058,276
YORK GRAPHICS SERVICES INC 3650 WEST MARKET ST YORK, PA 17404	GRAPHIC DESIGN	795,995
HELIXSTORM INC 29975 TECHNOLOGY DRIVE SUITE 101 MURRIETA, CA 92563	IT SERVICES	696,946
PRESENTATION SERVICES AUDIO VISUAL 4371 NICOLE DRIVE LANHAM, MD 20706	PRESENTATION SERVICES	613,937
AMERICAN ELECTRICAL SERVICE CO 10890 MAIN ST FAIRFAX, VA 22030	ELECTRICIAN SERVICES	499,463
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 ▶ 22		

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a	CONTINUING EDUCATION 900099	16,961,060	16,961,060		
	b	PUBLICATIONS 541800	11,373,285	7,864,586	3,508,699	
	c	ADVANTAGE ROUNDTABLES 900004	4,972,205	4,972,205		
	d	MEMBERSHIP DUES 900099	4,687,023	4,687,023		
	e	SPONSORSHIPS 900099	944,356			944,356
	f	All other program service revenue	635,917	635,917		
	g	**Total.** Add lines 2a–2f . . . . . ▶	39,573,846			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	853,678			853,678
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶	374,184			374,184
		(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				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	OTHER INVESTMENT INCOM 900099	589,333	589,333		
	b	MISCELLANEOUS 900099	4,589			4,589
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	593,922			
	12	**Total revenue.** See Instructions . . . ▶	41,395,630	35,710,124	3,508,699	2,176,807

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	948,169			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,298,260			
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	14,792,147			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,822,311			
9	Other employee benefits	1,405,462			
10	Payroll taxes	1,278,670			
11	Fees for services (non-employees)				
a	Management				
b	Legal	9,945			
c	Accounting	44,400			
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other				
12	Advertising and promotion	865,395			
13	Office expenses	1,456,710			
14	Information technology	177,099			
15	Royalties . .				
16	Occupancy	1,721,999			
17	Travel	1,402,763			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,350,396			
20	Interest	14,218			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	741,772			
23	Insurance	228,424			
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	PROVISION FOR UBIT TAX	280,842			
b	CONTRACT SERVICES	2,201,778			
c	ADVANTAGE PROJECT PRODU	1,926,603			
d	PUBLICATION PRODUCTION	1,888,620			
e					
f	All other expenses	2,906,774			
25	**Total functional expenses.** Add lines 1 through 24f	42,762,757			
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		814,291	1	430,233
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,367,966	4	1,635,626
	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		40,619	8	76,568
	9	Prepaid expenses and deferred charges		1,681,914	9	1,614,141
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 10,984,327			
	b	Less accumulated depreciation	10b 9,696,561	1,741,014	10c	1,287,766
	11	Investments—publicly traded securities		41,803,462	11	39,543,014
	12	Investments—other securities See Part IV, line 11		3,034,794	12	3,691,247
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		54,285	15	55,299
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		51,538,345	16	48,333,894
Liabilities	17	Accounts payable and accrued expenses		10,179,321	17	12,730,018
	18	Grants payable			18	
	19	Deferred revenue		9,159,478	19	9,854,973
	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		536,948	23	0
	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		384,256	25	432,585
	26	**Total liabilities.** Add lines 17 through 25		20,260,003	26	23,017,576
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		31,278,342	27	25,316,318
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			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		31,278,342	33	25,316,318
	34	Total liabilities and net assets/fund balances		51,538,345	34	48,333,894

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	41,395,630
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,762,757
3	Revenue less expenses Subtract line 2 from line 1	3	-1,367,127
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	31,278,342
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-4,594,897
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	25,316,318

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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ 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		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493100004063

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS INC	52-0807628

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

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

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

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

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

1	Dues, assessments and similar amounts from members	1	4,687,023
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	866,600
b	Carryover from last year	2b	-103,586
c	Total	2c	763,014
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	749,924
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	13,090
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493100004063

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 INC

Employer identification number
52-0807628

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
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		3,104,264	2,784,606	319,658
d Equipment		1,214,877	1,087,443	127,434
e Other		6,665,186	5,824,512	840,674
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,287,766

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	3,691,247	C
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	3,691,247	

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	
DEFERRED COMPENSATION	432,585
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	432,585

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	41,395,630
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	42,762,757
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,367,127
4	Net unrealized gains (losses) on investments	4	-2,615,575
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,979,322
9	Total adjustments (net) Add lines 4 - 8	9	-4,594,897
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-5,962,024

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	40,424,913
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-2,615,575		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,652,174		
e	Add lines **2a** through **2d**			2e	-963,401
3	Subtract line **2e** from line **1**			3	41,388,314
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	7,316		
c	Add lines **4a** and **4b**			4c	7,316
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	41,395,630

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

1	Total expenses and losses per audited financial statements			1	46,386,937
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	3,631,496		
e	Add lines **2a** through **2d**			2e	3,631,496
3	Subtract line **2e** from line **1**			3	42,755,441
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	7,316		
c	Add lines **4a** and **4b**			4c	7,316
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	42,762,757

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	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 XI, LINE 8 - OTHER ADJUSTMENTS		NON-OPERATING PENSION ADJUSTMENT - EFFECT OF FASB 158 -3,631,496 UNDISTRIBUTED EQUITY IN EARNINGS OF SUBSIDIARY 1,652,174 TOTAL TO SCHEDULE D, PART XI, LINE 8 -1,979,322
PART XII, LINE 2D - OTHER ADJUSTMENTS		UNDISTRIBUTED EQUITY IN EARNINGS OF SUBSIDIARY 1,652,174
PART XII, LINE 4B - OTHER ADJUSTMENTS		OPERATING EXPENSE NETTED AGAINST PRODUCTS AND SERVICES REVENUE FOR BOOK 19,475 NON OPERATING EXPENSE RECOVERY NETTED AGAINST OTHER INCOME FOR BOOK -12,159
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FAS158 NON-OPERATING PENSION ADJUSTMENT 3,631,496
PART XIII, LINE 4B - OTHER ADJUSTMENTS		OPERATING EXPENSE NETTED AGAINST PRODUCTS AND SERVICES REVENUE FOR BOOK 19,475 NON OPERATING EXPENSE RECOVERY NETTED AGAINST OTHER INCOME FOR BOOK -12,159

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493100004063

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 INC

Employer identification number
52-0807628

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NORTHSHORE UNIVERSITY HEALTH SYSTEM1301 CENTRAL ST EVANSTON,IL 60201	36-2167060	501(C)(3)	15,000		CASH		THE GRANT IS PROVIDED TO THE EMPLOYERS OF THE ASHP PRESIDENTIAL OFFICERS, IF REQUESTED, TO OFFSET SUPPORT COSTS THAT THE INSTITUTION MAY INCUR DURING THEIR ELECTION TERM
(2) THE UNIVERSITY OF TEXAS AT AUSTINPO BOX 7487 AUSTIN,TX 78713	74-6000203	GOV'T UNIT	15,000		CASH		THE GRANT IS PROVIDED TO THE EMPLOYERS OF THE ASHP PRESIDENTIAL OFFICERS, IF REQUESTED, TO OFFSET SUPPORT COSTS THAT THE INSTITUTION MAY INCUR DURING THEIR ELECTION TERM
(3) OLANTHE MEDICAL CENTER20333 W 151ST ST OLANTHE,KS 66061	48-0577664	501(C)(3)	12,000		CASH		THE GRANT IS PROVIDED TO THE EMPLOYERS OF THE ASHP PRESIDENTIAL OFFICERS, IF REQUESTED, TO OFFSET SUPPORT COSTS THAT THE INSTITUTION MAY INCUR DURING THEIR ELECTION TERM
(4) HEALTHEAST BETHESDA HOSPITAL559 CAPITOL BLVD ST PAUL,MN 55103	36-3517697	501(C)(3)	15,000		CASH		THE GRANT IS PROVIDED TO THE EMPLOYERS OF THE ASHP PRESIDENTIAL OFFICERS, IF REQUESTED, TO OFFSET SUPPORT COSTS THAT THE INSTITUTION MAY INCUR DURING THEIR ELECTION TERM
(5) ASHP RESEARCH & EDUCATION FDTN7272 WISCONSIN AVE BETHESDA,MD 20814	23-7033369	501(C)(3)	891,169	53,763	CASH	DONATED SERVICES	THE GRANT IS PROVIDED TO HELP FUND GENERAL OPERATING AND PROGRAM EXPENSES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION REQUIRES THE GRANTEE TO PROVIDE WRITTEN ACKNOWLEDGEMENT THAT THE GRANT FUNDS WERE USED IN CONJUNCTION WITH CARRYING OUT THE RESPONSIBILITIES OF THEIR OFFICE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493100004063

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 INC

Employer identification number
52-0807628

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**	Yes	
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**	Yes	
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**	Yes	
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**		
b	Any related organization?	**5b**		
	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**		
b	Any related organization?	**6b**		
	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**		
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**		
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 MANASSE	(i)	695,040	30,000	32,321	63,172	23,203	843,736	0
	(ii)	0	0	0	0	0	0	0
(2) STANLEY LOWE	(i)	235,300	41,256	3,279	29,559	5,162	314,556	0
	(ii)	0	0	0	0	0	0	0
(3) CAROL WOLFE	(i)	213,231	26,476	1,892	20,202	9,572	271,373	0
	(ii)	0	0	0	0	0	0	0
(4) DAVID EDWARDS	(i)	193,372	37,759	1,718	18,415	21,843	273,107	0
	(ii)	0	0	0	0	0	0	0
(5) DEAN MANKE	(i)	190,957	26,173	2,575	18,136	20,257	258,098	0
	(ii)	0	0	0	0	0	0	0
(6) DAVID WITMER	(i)	186,239	33,005	1,631	17,702	20,587	259,164	0
	(ii)	0	0	0	0	0	0	0
(7) JOHN SPENCER	(i)	187,898	26,402	2,535	17,875	25,950	260,660	0
	(ii)	0	0	0	0	0	0	0
(8) DOUGLAS SCHECKELHOFF	(i)	172,122	22,311	819	16,558	29,769	241,579	0
	(ii)	0	0	0	0	0	0	0
(9) FERN ZAPPALA	(i)	172,021	35,985	2,267	16,266	10,263	236,802	0
	(ii)	0	0	0	0	0	0	0
(10) KASEY THOMPSON	(i)	143,793	22,113	285	13,784	10,739	190,714	0
	(ii)	0	0	0	0	0	0	0
(11) JULIE WEBB	(i)	166,967	7,950	838	16,439	21,745	213,939	0
	(ii)	0	0	0	0	0	0	0
(12) GERALD MCEVOY	(i)	166,982	12,009	1,518	16,256	11,969	208,734	0
	(ii)	0	0	0	0	0	0	0
(13) CHARLES TALLEY	(i)	165,280	11,540	4,451	16,138	14,495	211,904	0
	(ii)	0	0	0	0	0	0	0
(14) JANET TEETERS	(i)	156,577	6,305	1,425	15,328	15,202	194,837	0
	(ii)	0	0	0	0	0	0	0
(15) BRIAN MEYER	(i)	144,651	8,876	1,277	14,072	10,959	179,835	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
	PART I, LINE 1A	ASHP'S EVP/CEO RECEIVES COMPENSATION FOR SPOUSAL TRAVEL
	PART I, LINE 4B	HENRI MANASSE $16,500, SECTION 457 PLAN PAUL ABRAMOWITZ,$7,000, SECTION 457 PLAN STANLEY LOWE, $7,200, SECTION 457 PLAN

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493100004063

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 INC

Employer identification number
52-0807628

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	ASHP HAS THE FOLLOWING CLASSES OF MEMBERSHIP ACTIVE MEMBERS PHARMACISTS LICENSED BY ANY STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES WHO HAVE PAID DUES AS ESTABLISHED BY ASHP AND WHO SUPPORT THE PURPOSES OF ASHP AS STATED IN THE ARTICLE THIRD OF THE ASHP CHARTER ASSOCIATE MEMBERS PERSONS WHO HAVE PAID THE DUES AS ESTABLISHED BY ASHP AND WHO, BY VIRTUE OF VOCATION, TRAINING, EDUCATION, AND INTEREST, WISH TO FURTHER THE PURPOSES OF ASHP ASSOCIATE MEMBERS FALL INTO THE FOLLOWING SUB-CLASSES -- SUPPORTING INDIVIDUALS, OTHER THAN THOSE WHO QUALIFY AS ACTIVE MEMBERS, WHO BY WORKING IN THE HEALTH SERVICES, TEACHING PROSPECTIVE PHARMACISTS, OR OTHERWISE CONTRIBUTING TO PHARMACY SERVICES PROVIDED IN ORGANIZED HEALTH CARE SYSTEMS, MAKE THEMSELVES ELIGIBLE FOR MEMBERSHIP -- STUDENT INDIVIDUALS ENROLLED FULL TIME IN A PHARMACY PRACTICE DEGREE PROGRAM (GRADUATE OR UNDERGRADUATE) IN AN ACCREDITED COLLEGE OF PHARMACY -- INTERNATIONAL PHARMACISTS WHO ARE ENGAGED IN PRACTICE OUTSIDE THE UNITED STATES OF AMERICA AND ITS POSSESSIONS AND WHO ARE NOT CITIZENS OF THE UNITED STATES, INDIVIDUALS, OTHER THAN PHARMACISTS, WHO ARE INTERESTED IN PHARMACY AS PRACTICED IN AN ORGANIZED HEALTH CARE SYSTEM, RESIDE OUTSIDE THE UNITED STATES AND ITS POSSESSIONS, AND ARE NOT CITIZENS OF THE UNITED STATES -- PHARMACY SUPPORT PERSONNEL TECHNICIANS AND OTHER INDIVIDUALS WHO ARE EMPLOYED AS SUPPORT PERSONNEL IN A HEALTH CARE SYSTEM HONORARY MEMBERS PERSONS WHO SHALL BE ELECTED FOR LIFE BY UNANIMOUS VOTE OF THE BOARD OF DIRECTORS FROM AMONG INDIVIDUALS WHO ARE OR HAVE BEEN ESPECIALLY INTERESTED IN, OR WHO HAVE MADE OUTSTANDING CONTRIBUTIONS TO, PHARMACY PRACTICE IN ORGANIZED HEALTH CARE SYSTEMS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	EXCEPT FOR THE EVP OF THE ORGANIZATION WHO IS A MEMBER OF THE BOARD OF DIRECTORS BY VIRTUE OF HIS POSITION, THE OTHER 11 MEMBERS OF THE BOARD ARE ELECTED TO BE MEMBERS OF THE BOARD BY THE GENERAL MEMBERSHIP OR THE HOUSE OF DELEGATES THE TREASURER(3 YEAR TERM) AND CHAIR OF THE HOUSE OF DELEGATES(1 YEAR TERM) ARE ELECTED BY WRITTEN BALLOT BY A MAJORITY VOTE OF THE DELEGATES PRESENT AND VOTING IN THE HOUSE OF DELEGATES AT THE SUMMER/ANNUAL MEETING THE OTHER NINE MEMBERS OF THE BOARD ARE ELECTED BY THE ACTIVE MEMBERSHIP ON A STAGGERED BASIS FOR 3 YEAR TERMS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	PURSUANT TO THE BYLAWS PROFESSIONAL PHARMACY POLICIES WHICH ARE APPROVED BY THE BOARD OF DIRECTORS ARE THEN SENT TO THE HOUSE OF DELEGATES (HOD) AT THE ASHP SUMMER MEETING FOR RATIFICATION BY THAT BODY OF MEMBERS ANY POLICIES NOT APPROVED BY HOD ARE THEN RETURNED TO THE BOARD FOR FURTHER REVIEW AND ACTION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 AND REQUIRED SCHEDULES ARE POSTED TO THE ORGANIZATION'S ELECTRONIC BULLETIN BOARD FOR THE BOARD OF DIRECTORS BEFORE THEY ARE FILED MEMBERS OF THE BOARD OF DIRECTORS RECEIVE NOTIFICATION THAT IT IS AVAILABLE FOR THEIR REVIEW

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL CANDIDATES FOR ELECTION TO THE ASHP BOARD OF DIRECTORS ARE PROVIDED A COPY OF THE POLICY AND OTHER FORMS RELATING TO CONFLICT OF INTEREST EACH MEMBER OF THE BOARD OF DIRECTORS COMPLETES A WRITTEN ANNUAL DISCLOSURE REPORT FORM WHICH IS PROVIDED TO ALL MEMBERS OF THE BOARD FOR DISCUSSION AND REVIEW THERE IS A CONTINUING OBLIGATION BY INDIVIDUAL BOARD MEMBERS TO UPDATE THIS FORM DURING THE YEAR IF THERE ARE ANY CHANGES IN THE EXTERNAL ACTIVITIES OF THE BOARD MEMBER IF THE BOARD BELIEVES THERE IS A POTENTIAL OR ACTUAL CONFLICT OF INTEREST THEN THE BOARD MEMBER MAY HAVE TO DEFER AN EXTERNAL ACTIVITY UNTIL THEIR TENURE ON THE BOARD IS COMPLETED, MAY HAVE TO RECUES HIMSELF FROM ANY DISCUSSIONS OF A TOPIC BY THE BOARD, AND OR NOT PARTICIPATE IN ANY BOARD ACTION ON AN ISSUE KEY EMPLOYEES COMPLETE A DISCLOSURE REPORT FORM AS PART OF THE YEARLY EXTERNAL FINANCIAL AUDIT ALSO, AS PART OF THE ASHP CONDITIONS OF EMPLOYMENT WHICH ARE SIGNED BY ALL EMPLOYEES AT THE TIME OF THEIR HIRE, ASHP STAFF MAY NOT ACCEPT COMPENSATION OR PROVIDE SERVICES TO ANY THIRD PARTY WHICH DOES BUSINESS OR COMPETES WITH ASHP WHILE EMPLOYED BY ASHP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE VICE PRESIDENT PURSUANT TO THE BYLAWS, THE BOARD OF DIRECTORS HAS THE RESPONSIBILITY FOR THE SELECTION AND HIRING OF THE EXECUTIVE VICE PRESIDENT OF THE ORGANIZATION ELEVEN MEMBERS OF THE BOARD ARE CONSIDERED INDEPENDENT PERSONS AND RECEIVE NO COMPENSATION FROM THE ORGANIZATION IN SETTING THE SALARY FOR THE EVP THE BOARD REVIEWS SEVERAL SALARY SURVEY DATA REPORTS FOR OTHER COMPARABLE EXEMPT ORGANIZATIONS AS WELL AS DATA FOR POSITIONS WHICH HAVE SIMILAR RESPONSIBILITIES THE BOARD KEEPS MINUTES OF THE DELIBERATIONS AND THEIR DECISIONS OTHER OFFICERS AND KEY EMPLOYEES ANNUALLY, A SALARY GUIDELINES AND PERSONNEL BUDGET DOCUMENT IS PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR APPROVAL THIS DOCUMENT INDICATES THE AGGREGATE PROPOSED SALARY ADJUSTMENTS FOR THE FOLLOWING YEAR THE DOCUMENT ALSO LISTS THE SALARY RANGES FOR GROUPS OF POSITIONS WITHIN THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE POSTED ON ITS PUBLIC WEBSITE (WWW ASHP ORG) ALONG WITH ITS POLICY ON ACCEPTANCE OF COMMERCIAL SUPPORT AND CONFLICT OF INTEREST THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE PUBLISHED YEARLY IN THE OFFICIAL MEMBERSHIP JOURNAL AJHP

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -2,615,575 NON-OPERATING PENSION ADJUSTMENT - EFFECT OF FASB 158 -3,631,496 UNDISTRIBUTED EQUITY IN EARNINGS OF SUBSIDIARY 1,652,174 TOTAL TO FORM 990, PART XI, LINE 5 -4,594,897

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR

Identifier	Return Reference	Explanation
EXPANDED EXPLANATION OF ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	ASHP DEDICATES ITSELF TO ACHIEVING A VISION FOR PHARMACY PRACTICE IN HOSPITALS AND HEALTH SYSTEMS IN WHICH PHARMACISTS 1 WILL SIGNIFICANTLY ENHANCE PATIENTS' HEALTH-RELATED QUALITY OF LIFE BY EXERCISING LEADERSHIP IN IMPROVING BOTH THE USE OF MEDICATIONS BY INDIVIDUALS AND THE OVERALL PROCESS OF MEDICATION USE 2 WILL MANAGE PATIENT MEDICATION THERAPY AND PROVIDE RELATED PATIENT CARE AND PUBLIC HEALTH SERVICES 3 WILL BE THE PRIMARY INDIVIDUALS RESPONSIBLE FOR MEDICATION USE AND DRUG DISTRIBUTION SYSTEMS 4 WILL BE RECOGNIZED AS PATIENT CARE PROVIDERS AND SOUGHT OUT BY PATIENTS TO HELP THEM ACHIEVE THE MOST BENEFIT FROM THEIR THERAPY 5 WILL TAKE A LEADERSHIP ROLE TO CONTINUOUSLY IMPROVE AND REDESIGN THE MEDICATION-USE PROCESS WITH THE GOAL OF ACHIEVING SIGNIFICANT ADVANCES IN (A) PATIENT SAFETY, (B) HEALTH-RELATED OUTCOMES, (C) PRUDENT USE OF HUMAN RESOURCES, AND (D) EFFICIENCY 6 WILL LEAD EVIDENCE-BASED MEDICATION USE PROGRAMS TO IMPLEMENT BEST PRACTICES 7 WILL HAVE AN IMAGE AMONG PATIENTS, HEALTH PROFESSIONALS, ADMINISTRATORS, AND PUBLIC POLICY MAKERS AS CARING AND COMPASSIONATE MEDICATION-USE EXPERTS

Identifier	Return Reference	Explanation
CONSOLIDATED FORM 990-T	FORM 990, PART I, LINE 7B	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS FILES A CONSOLIDATED FORM 990-T WITH A RELATED ORGANIZATION, 7272 WISCONSIN BUILDING CORP, A TITLE HOLDING COMPANY UNDER IRC SECTION 501(C)(2) NET UBI ON LINE 7B REFLECTS ONLY ASHP'S PORTION OF NET UBI $1,837,978 TAXABLE INCOME, 7272 956,370 TAXABLE INCOME, ASHP (258,692) CHARITABLE CONTRIBUTION DEDUCTION (205,428) STATE TAX DEDUCTION (2,000) TAX PREPARATION FEES AND SPECIFIC DEDUCTION ---------- $2,328,228 TAXABLE INCOME, CONSOLIDATED FORM 990-T ==========

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493100004063

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 INC

Employer identification number
52-0807628

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) ASHP RESEARCH AND EDUCATION FDTN 7272 WISCONSIN AVENUE BETHESDA, MD 208144862 23-7033369	IMPROVE QUALITY OF PHARMACEUTICAL SERVICES IN HEALTH SYSTEMS VIA RESEARCH	MD	501(C)(3)	509(A)(1)		Yes	
(2) 7272 WISCONSIN BUILDING CORPORATION 7272 WISCONSIN AVENUE BETHESDA, MD 208144862 52-1760057	TITLE HOLDING COMPANY	MD	501(C)(2)			Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
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		No
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
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) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) 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: 52-0807628
Name: AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS INC

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)	ASHP RESEARCH AND EDUCATION FOUNDATION	C	74,018	CASH
(2)	ASHP RESEARCH AND EDUCATION FOUNDATION	M	507,842	RECORDED EXPENSES
(3)	ASHP RESEARCH AND EDUCATION FOUNDATION	P	1,499,743	RECORDED EXPENSES
(4)	ASHP RESEARCH AND EDUCATION FOUNDATION	Q	991,901	CASH
(5)	7272 WISCONSIN BUILDING CORP	J	1,721,998	CASH
(6)	7272 WISCONSIN BUILDING CORP	R	1,612,360	CASH
(7)	ASHP RESEARCH AND EDUCATION FOUNDATION	B	891,169	CASH
(8)	ASHP RESEARCH AND EDUCATION FOUNDATION	N	53,763	FAIR VALUE

Additional Data

Software ID:
Software Version:
EIN: 52-0807628
Name: AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

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

ACCREDITATION SERVICES - ASHP ACCREDITS PROGRAMS FOR PHARMACY RESIDENCY AND PHARMACY TECHNICIAN FURTHER, THIS SERVICE IS COMMITTED TO ASSISTING EXISTING RESIDENCIES REFINE THEIR PROGRAMS, HELPING PROSPECTIVE PROGRAMS WITH THE PROCESS OF SEEKING ACCREDITATION, AND ASSISTING PROSPECTIVE PHARMACY RESIDENTS TO GET THE INFORMATION NEEDED TO FIND THE BEST RESIDENCY PROGRAM FOR THEM ACCREDITATION INVOLVES THE ACT OF GRANTING APPROVAL TO A POSTGRADUATE PHARMACY RESIDENCY PROGRAM AFTER THE PROGRAM HAS MET SET REQUIREMENTS AND HAS BEEN REVIEWED AND EVALUATED THROUGH A FORMAL PROCESS POSTGRADUATE RESIDENCY PROGRAMS ARE CONSIDERED THE BEST SOURCE OF HIGHLY QUALIFIED PHARMACY MANPOWER