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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

C Name of organization
United States Pharmacopeial Convention

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
12601 Twinbrook parkway

City or town, state or country, and ZIP + 4
Rockville, MD 20852

D Employer identification number
13-1656692

E Telephone number
(301) 881-0666

G Gross receipts $ 206,017,390

F Name and address of principal officer
Roger L Williams
12601 Twinbrook Parkway
Rockville, MD 20852

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www usp org

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

L Year of formation 1820

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE HEALTH OF PEOPLE AROUND THE WORLD THROUGH PUBLIC STANDARDS AND RELATED PROGRAMS THAT HELP ENSURE THE QUALITY, SAFETY, AND BENEFIT OF MEDICINES AND FOODS

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**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	573
6	Total number of volunteers (estimate if necessary)	**6**	712
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	11,476,249	12,058,237
	9 Program service revenue (Part VIII, line 2g)	134,007,316	148,646,258
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,414,935	1,575,714
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	238,784	430,128
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	150,137,284	162,710,337
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	262,100	243,500
	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)	65,917,358	76,366,760
	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)	68,175,802	77,724,019
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	134,355,260	154,334,279
	19 Revenue less expenses Subtract line 18 from line 12	15,782,024	8,376,058

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	328,951,146	331,521,478
	21 Total liabilities (Part X, line 26)	150,636,926	145,836,622
	22 Net assets or fund balances Subtract line 21 from line 20	178,314,220	185,684,856

Part II Signature Block

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

Sign Here

****** | 2012-02-13
Signature of officer | Date

BRIAN HENDRIX CHIEF OP OFFICER
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)

Firm's name (or yours if self-employed), address, and ZIP + 4
Grant Thornton LLP
2010 CORPORATE RIDGE SUITE 400
MCLEAN, VA 22102

EIN ▶

Phone no ▶ (703) 847-7500

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

TO IMPROVE THE HEALTH OF PEOPLE AROUND THE WORLD THROUGH PUBLIC STANDARDS AND RELATED PROGRAMS THAT HELP ENSURE THE QUALITY, SAFETY, AND BENEFIT OF MEDICINES AND FOODS

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 $	97,630,384	including grants of $		) (Revenue $	145,699,206)
	SEE SCHEDULE O						
4b	(Code	) (Expenses $	2,664,086	including grants of $		) (Revenue $	2,525,645)
	SEE SCHEDULE O						
4c	(Code	) (Expenses $	8,419,949	including grants of $	243,500)	(Revenue $	421,407)
	SEE SCHEDULE O						
4d	Other program services (Describe in Schedule O)						
	(Expenses $			including grants of $		) (Revenue $	)
4e	**Total program service expenses** ▶ $		108,714,419				

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
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		No
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	Yes	
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
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**		No
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**	147		
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**	573			
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**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
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**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
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 ▶ MD

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

JAMES P THOMPSON
12691 TWINBROOK PARKWAY
Rockville, MD 20852
(301) 230-6348

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) Timothy R Franson BS PharmMD President	4 0	X						0	0	0
(2) RENE BRAVO MDFAAP Past President	4 0	X						0	0	0
(3) John E Courtney PhD Treasurer	4 0	X						0	0	0
(4) Micheal D Maves MD MBA Medical Sciences Trustee	4 0	X						0	0	0
(5) Robert M Russell MD Medical Sciences Trustee	4 0	X						0	0	0
(6) Duane M Kirking PharmD PhD Pharmaceutical Trustee	4 0	X						0	0	0
(7) Marilyn K Speedie PHD Pharmaceutical Trustee	4 0	X						0	0	0
(8) Carolyn Asbury Sc MPH PhD Public Trustee	4 0	X						0	0	0
(9) Robert L Buchanan PhD At-Large Trustees	4 0	X						0	0	0
(10) Thomas Menighan BS Pharm MBA At-Large Trustees	4 0	X						0	0	0
(11) Jeffrey L Sturchio PhD At-Large Trustees	4 0	X						0	0	0
(12) Thomas R Temple RPh MS At-Large Trustees	4 0	X						0	0	0
(13) Gail R Wilensky PHD At-Large Trustees	4 0	X						0	0	0
(14) Williams Roger L CEO	38 0			X				664,237	0	28,865
(15) De Mars Susan S CHIEF LEGAL OFFICER	38 0			X				506,844	0	38,007
(16) Hendrix Brian CHIEF OPERATING OFFICER	38 0			X				493,840	0	38,007
(17) Tyle Praveen CHIEF SCIENCE OFFICER	38 0			X				159,535	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Srinivasan Vijayaraghavan Srin CHIEF INTL SITES & STANDARDS	38 0				X			199,261	0	20,765
(19) Henderson Scott CHIEF INFORMATION OFFICER	38 0				X			387,785	0	28,038
(20) Long Angela CHIEF GLOBAL ALLIANCES & ORG	38 0				X			278,714	0	38,007
(21) Singer Christopher CHIEF GLOBAL OPERATIONS	38 0				X			440,278	0	6,753
(22) SUSAN BACH VP HUMAN RESOURCES	38 0				X			160,811	0	3,190
(23) Koch William CHIEF METROLOGY OFFICER	38 0				X			329,907	0	24,944
(24) Wailes Richard VP SALES & MARKETING	38 0					X		322,277	0	38,080
(25) Dressman Shawn VP STANDARDS ACQUISTION	38 0					X		317,855	0	37,491
(26) Hool Kevin VP ACR	38 0					X		293,455	0	38,007
(27) Destefano Anthony VP GENERAL CHAPTERS	38 0					X		288,417	0	34,013
(28) Heyman Matthew VP INTL & EXTERNAL AFFAIRS	38 0					X		287,731	0	24,981
(29) Viehmyer Laura VP HUMAN RESOURCES	38 0						X	192,881	0	15,262
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								5,323,828	0	414,410

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 ▶ 232

			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**	Yes	
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

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 ▶ 6

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 9,213,587				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,844,650				
	g	Noncash contributions included in lines 1a-1f $ 2,844,650				
	h	**Total.** Add lines 1a-1f . . . . . ▶	12,058,237			
Program Service Revenue		Business Code				
	2a	COMPENDIAL ACTIVITIES	511190	145,699,206	145,699,206	
	b	ALLIED COMPENDIAL ACTIVITIES	900099	2,525,645	2,525,645	
	c	NON-COMPENDIAL ACTIVITIES	900099	421,407	421,407	
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		148,646,258		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		2,891,244		2,891,244
	4	Income from investment of tax-exempt bond proceeds . . ▶		0		
	5	Royalties . . . . . ▶		329,002		329,002
		(i) Real / (ii) Personal				
	6a	Gross rents 0 / 101,126				
	b	Less rental expenses 0 / 0				
	c	Rental income or (loss) 0 / 101,126				
	d	Net rental income or (loss) . . . . . ▶		101,126		101,126
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 41,991,523				
	b	Less cost or other basis and sales expenses 43,307,053				
	c	Gain or (loss) -1,315,530				
	d	Net gain or (loss) . . . . . ▶		-1,315,530		-1,315,530
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 . . ▶		0		
	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 . . ▶		0		
	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 . . ▶		0		
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶		0		
	12	**Total revenue.** See Instructions . . . ▶	162,710,337	148,646,258		2,005,842

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	73,500	73,500		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	170,000	170,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,856,358	1,942,323	914,035	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,943,408	1,321,517	621,891	
7	Other salaries and wages	57,696,782	39,233,812	18,462,970	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,702,270	3,197,544	1,504,726	
9	Other employee benefits	5,426,212	3,689,824	1,736,388	
10	Payroll taxes	3,741,730	2,544,376	1,197,354	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	830,554		830,554	
c	Accounting	280,700		280,700	
d	Lobbying	120,000		120,000	
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	345,542		345,542	
g	Other	5,481,728	3,617,940	1,863,788	
12	Advertising and promotion	1,381,279	1,367,466	13,813	
13	Office expenses	3,125,532	1,937,830	1,187,702	
14	Information technology	2,621,029	1,729,879	891,150	
15	Royalties . .	0			
16	Occupancy	3,120,034	1,934,421	1,185,613	
17	Travel	4,344,379	3,258,284	1,086,095	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,289,464	2,467,098	822,366	
20	Interest	1,237,785	816,938	420,847	
21	Payments to affiliates	20,518,095	13,952,305	6,565,790	
22	Depreciation, depletion, and amortization	7,178,320	4,737,691	2,440,629	
23	Insurance	783,623	517,191	266,432	
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	COST OF GOODS SOLD	11,180,033	11,180,033		
b	CONSULTANTS	3,129,219	2,096,577	1,032,642	
c	UTILITIES	2,571,608	2,391,595	180,013	
d	VALIDATION AND CALIBRATION	1,573,538	1,573,538		
e					
f	All other expenses	4,611,557	2,962,737	1,648,820	
25	**Total functional expenses.** Add lines 1 through 24f	154,334,279	108,714,419	45,619,860	0
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		22,105,804	1	21,407,768
	2	Savings and temporary cash investments		5,756,985	2	7,866,074
	3	Pledges and grants receivable, net		2,346,755	3	2,716,439
	4	Accounts receivable, net		12,625,053	4	14,331,719
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		56,739,243	8	53,670,716
	9	Prepaid expenses and deferred charges		2,772,299	9	3,228,767
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 170,724,732			
	b	Less accumulated depreciation	10b 53,346,975	131,361,682	10c	117,377,757
	11	Investments—publicly traded securities		82,483,692	11	72,591,289
	12	Investments—other securities See Part IV, line 11		4,568,366	12	12,729,669
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		8,191,267	15	25,601,280
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		328,951,146	16	331,521,478
Liabilities	17	Accounts payable and accrued expenses		25,625,794	17	27,691,199
	18	Grants payable		0	18	0
	19	Deferred revenue		2,571,132	19	2,588,705
	20	Tax-exempt bond liabilities		109,250,000	20	109,360,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		13,190,000	23	6,196,718
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		150,636,926	26	145,836,622
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		178,314,220	27	185,684,856
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		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		178,314,220	33	185,684,856
	34	Total liabilities and net assets/fund balances		328,951,146	34	331,521,478

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	162,710,337
2	Total expenses (must equal Part IX, column (A), line 25)	2	154,334,279
3	Revenue less expenses Subtract line 2 from line 1	3	8,376,058
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	178,314,220
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,005,422
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	185,684,856

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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
United States Pharmacopeial Convention

Employer identification number
13-1656692

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

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

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

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

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

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

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	26,931,741	52,825,043	37,060,996	11,476,249	12,058,237	140,352,266
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	103,539,671	111,335,523	117,254,467	133,976,191	148,646,258	614,752,110
3 Gross receipts from activities that are not an unrelated trade or business under section 513				31,125		31,125
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	130,471,412	164,160,566	154,315,463	145,483,565	160,704,495	755,135,501
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						755,135,501

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	130,471,412	164,160,566	154,315,463	145,483,565	160,704,495	755,135,501
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,131,158	1,515,718	3,104,918	3,271,009	3,321,352	14,344,155
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,131,158	1,515,718	3,104,918	3,271,009	3,321,352	14,344,155
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	325,812	54,123				379,935
13 **Total support** (Add lines 9, 10c, 11 and 12)	133,928,382	165,730,407	157,420,381	148,754,574	164,025,847	769,859,591

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	98 087 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	97 893 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	1 863 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	1 913 %

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

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

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

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

Facts And Circumstances Test

Explanation

2007 2008 Total MISCELLANEOUS REV 325,812 54,123 379,935

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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
United States Pharmacopeial Convention	13-1656692

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)	120,000	
c Total lobbying expenditures (add lines 1a and 1b)	120,000	
d Other exempt purpose expenditures	108,714,421	
e Total exempt purpose expenditures (add lines 1c and 1d)	108,834,421	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
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	43,200	1,000,000	1,000,000	1,000,000	3,043,200
b Lobbying ceiling amount (150% of line 2a, column(e))					4,564,800
c Total lobbying expenditures	216,000	216,000	120,022	120,000	672,022
d Grassroots non-taxable amount	10,800	250,000	250,000	250,000	760,800
e Grassroots ceiling amount (150% of line 2d, column (e))					1,141,200
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		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

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	
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	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
United States Pharmacopeial Convention

Employer identification number
13-1656692

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	11,439,846			11,439,846
b Buildings	103,501,262		19,064,771	84,436,491
c Leasehold improvements	3,419,391		2,777,020	642,371
d Equipment	46,608,033		31,505,184	15,102,849
e Other	5,756,200			5,756,200
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				117,377,757

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

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

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

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

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

(a) Description	(b) Book value
(1) DEBT FINANCING	1,226,397
(2) OTHER ASSETS	167,767
(3) INVESTMENT IN FOREIGN SUBSIDIA	24,207,116
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	25,601,280

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

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

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

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

1	Total expenses and losses per audited financial statements			1	
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

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

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
United States Pharmacopeial Convention

Employer identification number
13-1656692

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
South America	1	18	Program Services	Compendial	7,115,110
East Asia and the Pacific	2	28	Program Services	Compendial	3,376,485
South Asia	1	97	Program Services	Compendial	9,940,439
Europe (Including Iceland and Greenland)	1	5	Program Services	Sales Office	1,155,614
Sub-Saharan Africa	1	4	Program Services	PQM Office	156,674
3a Sub-total	6	152			21,744,322
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	6	152			21,744,322

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☑
Use Part V if additional space is needed.

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

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 13-1656692
Name: United States Pharmacopeial Convention

Part V **Supplemental Information**

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
United States Pharmacopeial Convention

Employer identification number
13-1656692

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Foundation for Pharma Edu (AFPE)One Church St Ste 400 Rockville, MD 20850	53-0214882	501(c)(3)	22,500				Doctoral Fellowship Donation Supporting the Urdang Chair 2011 Trumpeter Contribution Sponsorship District 6,7,& 8 Meeting Sponsorship District 4 Meeting Sponsorship Sponsorship of Annual Leadership Conference Manasse Legacy Fund Sponsorship 2011 Cheers Award Dinner Scholarship Fund Joint Forces Pharmacy Education Seminar External Quality Control Prgram & Related Act Research Fellowships
(2) American Institute of the History of Pharmacy777 Highland Avenue Madison, WI 53705	39-0128183	501(c)(3)	10,000				Research Fellowship
(3) National Alliance of State Pharmacy Associations 2530 Professional Road Suite 202 Richmond, VA 23235	91-6064070	501(c)(3)	20,000				Sponsorship
(4) Pan American Health & Education Foundation	23-7072046	501(c)(3)	20,000				Quality Control Program

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Student Fellowship Awards	4	147,500			

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 Use of Grant Funds Inside U S	Schedule I, Part I, Line 2	PROCESS FOR MONITORING USE OF GRANT FUNDS USP WILL ESTABLISH A SPECIFIC REPORTYNG PROCESS AND TIMING WITH EACH INDIVIDUAL GRANT RECIPIENT THE REPORTING METHODOLOGY AND TIMING OF THE REPORTS WILL VARY ON A PER GRANT BASIS AT A MINIMUM, THE GRANTEE WILL BE EXPECTED TO PROVIDE A NARRATIVE STATEMENT AS TO THE PROGRESS MADE IN ACCOMPLISHING THE PURPOSE OF THE GRANT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
United States Pharmacopeial Convention

Employer identification number
13-1656692

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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Williams Roger L	(i)	594,769	69,468	0	24,500	4,365	693,102	0
	(ii)	0	0	0	0		0	0
(2) De Mars Susan S	(i)	460,844	46,000	0	24,500	13,507	544,851	0
	(ii)	0	0	0		0	0	0
(3) Hendrix Brian	(i)	443,840	50,000	0	24,500	13,507	531,847	0
	(ii)	0	0	0		0	0	0
(4) Tyle Praveen	(i)	159,535	0	0	0	0	159,535	0
	(ii)	0	0	0	0	0	0	0
(5) Srinivasan Vijayaraghavan Srin	(i)	199,261	0	0	16,038	4,727	220,026	0
	(ii)	0	0	0		0	0	0
(6) Henderson Scott	(i)	362,325	25,460	0	14,531	13,507	415,823	0
	(ii)	0	0	0		0	0	0
(7) Long Angela	(i)	252,886	25,828	0	24,500	13,507	316,721	0
	(ii)	0	0	0		0	0	0
(8) Wailes Richard	(i)	295,224	27,053	0	24,500	13,580	360,357	0
	(ii)	0	0	0		0	0	0
(9) Dressman Shawn	(i)	293,317	24,538	0	24,500	12,991	355,346	0
	(ii)	0	0	0		0	0	0
(10) Hool Kevin	(i)	266,355	27,100	0	24,500	13,507	331,462	0
	(ii)	0	0	0		0	0	0
(11) Destefano Anthony	(i)	263,875	24,542	0	24,500	9,513	322,430	0
	(ii)	0	0	0		0	0	0
(12) Heyman Matthew	(i)	263,043	24,688	0	24,500	481	312,712	0
	(ii)	0	0	0		0	0	0
(13) Singer Christopher	(i)	426,542	13,736	0	0	6,753	447,031	0
	(ii)	0	0	0		0	0	0
(14) SUSAN BACH	(i)	154,614	6,197	0	0	3,190	164,001	0
	(ii)	0	0	0		0	0	0
(15) Koch William	(i)	300,374	29,533	0	24,500	444	354,851	0
	(ii)	0	0	0		0	0	0
(16) Viehmyer Laura	(i)	177,281	15,600		15,262	0	208,143	
	(ii)	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
Personal services (e g , mail, chauffer, chef)	Schedule J, Part I, Line 1a	USP provides a concierge service to the Chief Executive Officer which is included in the executive's taxable income
Severance payment or change of control payment	Schedule J, Part I, Line 4a	PATRICIA GARRETT $ 7,789 28 SCOTT GILBERT $ 22,073 89 WILLIAM F KOCH $ 69,416 27 SANJAY SEHGAL $ 21,789 80 CHRISTOPHER SINGER $ 202,000 00

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 13-1656692
Name: United States Pharmacopeial Convention

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
Williams Roger L	(I)	594,769	69,468	0	24,500	4,365	693,102	0
	(II)	0	0	0	0		0	0
De Mars Susan S	(I)	460,844	46,000	0	24,500	13,507	544,851	0
	(II)	0	0	0		0	0	0
Hendrix Brian	(I)	443,840	50,000	0	24,500	13,507	531,847	0
	(II)	0	0	0		0	0	0
Tyle Praveen	(I)	159,535	0	0	0	0	159,535	0
	(II)	0	0	0	0	0	0	0
Srinivasan Vijayaraghavan Srin	(I)	199,261	0	0	16,038	4,727	220,026	0
	(II)	0	0	0		0	0	0
Henderson Scott	(I)	362,325	25,460	0	14,531	13,507	415,823	0
	(II)	0	0	0		0	0	0
Long Angela	(I)	252,886	25,828	0	24,500	13,507	316,721	0
	(II)	0	0	0		0	0	0
Wailes Richard	(I)	295,224	27,053	0	24,500	13,580	360,357	0
	(II)	0	0	0		0	0	0
Dressman Shawn	(I)	293,317	24,538	0	24,500	12,991	355,346	0
	(II)	0	0	0		0	0	0
Hool Kevin	(I)	266,355	27,100	0	24,500	13,507	331,462	0
	(II)	0	0	0		0	0	0
Destefano Anthony	(I)	263,875	24,542	0	24,500	9,513	322,430	0
	(II)	0	0	0		0	0	0
Heyman Matthew	(I)	263,043	24,688	0	24,500	481	312,712	0
	(II)	0	0	0		0	0	0
Singer Christopher	(I)	426,542	13,736	0	0	6,753	447,031	0
	(II)	0	0	0		0	0	0
SUSAN BACH	(I)	154,614	6,197	0	0	3,190	164,001	0
	(II)	0	0	0		0	0	0
Koch William	(I)	300,374	29,533	0	24,500	444	354,851	0
	(II)	0	0	0		0	0	0
Viehmyer Laura	(I)	177,281	15,600		15,262	0	208,143	
	(II)	0	0	0			0	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

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Name of the organization
United States Pharmacopeial Convention

Employer identification number
13-1656692

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MARYLAND ECONOMIC DEVELOPMENT CORPORATION	52-1376562		03-29-2012	109,360,000	Currently refund 08&09 tax exempts		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds defeased	0			
3	Total proceeds of issue	109,360,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrow	109,360,000			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	4,524			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	109,355,476			
12	Other unspent proceeds	0			
13	Year of substantial completion	2012			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?	X							

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

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United States Pharmacopeial Convention

Employer identification number
13-1656692

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) William Koch	key employee until 11/11	28,500	See Part V		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
Part IV		The organization engaged William Koch, who served as the Chief of Metrology through November 2011, to serve as a Senior Advisor on Metrology and other matters through March 31, 2012 Mr Koch assisted in planning, execution, and follow-up for the Diagnostics Conclave II which was held Tuesday, January 17, 2012, and also assisted in planning, execution, and follow-up for the March 22-23, 2012 Interdisciplinary Symposium on Next Generation Characterization Tools for Therapeutic Proteins

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

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Employer identification number
13-1656692

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (Contributed Raw Material)	X	323	2,844,650	REPLACEMENT COST
26	Other ▸( )				
27	Other ▸( )				
28	Other ▸ ( )				

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

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

Part II

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

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Employer identification number
13-1656692

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4A		COMPENDIAL PROGRAMS - USP ESTABLISHES INTERNATIONALLY RECOGNIZED PUBLIC STANDARDS (BOTH DOCUMENTARY STANDARDS AND THE PHYSICAL REFERENCE MATERIALS THAT SUPPORT THE APPLICATION AND USE OF THESE DOCUMENTARY STANDARDS) TO HELP ASSURE GOOD QUALITY MEDICINES, DIETARY SUPPLEMENTS, FOOD INGREDIENTS, AND RELATED PRODUCTS USED TO MAINTAIN HEALTH AND TREAT DISEASE. THESE STANDARDS ARE DEVELOPED USING AN OPEN, PUBLIC PROCESS AND ARE APPROVED BY INDEPENDENT SCIENTIFIC EXPERTS. PRESCRIPTION AND OVER THE COUNTER MEDICINES AVAILABLE IN THE UNITED STATES MUST, BY FEDERAL LAW, MEET USP'S PUBLIC STANDARDS, WHERE SUCH STANDARDS EXIST. MANY OTHER COUNTRIES REQUIRE THE USE OF HIGH-QUALITY STANDARDS SUCH AS USP'S TO ASSURE THE QUALITY OF MEDICINES, FOOD INGREDIENTS, AND RELATED PRODUCTS. USP DISSEMINATES ITS STANDARDS TO PHARMACEUTICAL MANUFACTURERS, PHARMACISTS, FOOD MANUFACTURERS, AND OTHER USERS THROUGH ITS USP-NF, FOOD CHEMICALS CODEX (FCC), AND OTHER COMPENDIA AND PUBLICATIONS AND OFFICIAL USP REFERENCE STANDARD MATERIALS. THESE STANDARDS ARE MADE AVAILABLE IN OTHER COUNTRIES AROUND THE WORLD VIA THEIR DRUG REGULATORY AGENCIES AND COMPANIES. INCREASINGLY, DRUG REGULATORY AUTHORITIES IN OTHER COUNTRIES ARE RECEIVING ASSISTANCE FROM USP IN UNDERSTANDING HOW THEY CAN IMPROVE THE QUALITY OF MEDICINES PROVIDED TO THEIR CITIZENS BY USING USP STANDARDS. VOLUNTEER EXPERTS FROM THOSE COUNTRIES ARE ACTIVE PARTICIPANTS IN USP'S STANDARDS-SETTING BODIES. IN ADDITION, USP DEVELOPS STANDARDS THAT ARE VITAL TO ENSURING AND IMPROVING PATIENT SAFETY IN A VARIETY OF SETTINGS RELATED TO THE APPROPRIATE LABELING, STORAGE, DISTRIBUTION AND USE OF MEDICINES. HEALTH CARE CLINICIANS AS WELL AS PATIENTS RELY ON THESE STANDARDS TO HELP ENSURE THAT MEDICINES ARE DELIVERED AND USED APPROPRIATELY

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4B		ALLIED COMPENDIAL PROGRAMS - USP CONDUCTS VERIFICATION PROGRAMS FOR PHARMACEUTICAL INGREDIENTS, AND FOR DIETARY SUPPLEMENT INGREDIENTS AND PRODUCTS THESE PROGRAMS INVOLVE INDEPENDENT TESTING AND REVIEW TO VERIFY THE IDENTITY, STRENGTH, QUALITY AND PURITY OF INGREDIENTS AND PRODUCTS FOR MANUFACTURERS WHO CHOOSE TO PARTICIPATE THEY HELP TO IMPROVE THE QUALITY OF MEDICINES AND DIETARY SUPPLEMENTS THAT ARE MANUFACTURED AND THEN PROVIDED TO PATIENTS AND CONSUMERS THROUGH THE GLOBAL SUPPLY CHAIN USP CONDUCTS EDUCATIONAL CLASSES AND PROGRAMS FOR CHEMISTS, SCIENTISTS, AND HEALTHCARE PRACTITIONERS IN THE UNITED STATES AND AROUND THE WORLD USP SEEKS TO IMPROVE THE EFFECTIVE USE OF ITS STANDARDS THAT AFFECT BEST PRACTICES IN MANUFACTURING AND REGULATION OF PHARMACEUTICALS, DIETARY SUPPLEMENTS, AND FOOD INGREDIENTS

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4C		NON COMPENDIAL PROGRAMS - USP ENGAGES IN OTHER PUBLIC HEALTH INITIATIVES INCLUDING SERVING AS THE SECRETARIAT FOR A MAJOR GROUP OF OTHER NON-PROFIT ORGANIZATIONS THAT JOIN TO COORDINATE PATIENT SAFETY/MEDICAL ERROR EFFORTS UNDER FEDERAL LAW, ONE OF USP'S HEALTH CARE INFORMATION INITIATIVES IS THE DEVELOPMENT OF A DRUG CLASSIFICATION SYSTEM THAT MEDICARE PRESCRIPTION DRUG BENEFIT PLANS MAY USE TO DEVELOP THEIR FORMULARIES PROMOTING THE QUALITY OF MEDICINES USP PARTICIPATES IN A COOPERATIVE AGREEMENT WITH THE US AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) UNDER THIS AGREEMENT USP WORKS IN DEVELOPING COUNTRIES TO STRENGTHEN QUALITY ASSURANCEAND QUALITY CONTROL SYSTEMS, INCREASE THE SUPPLY OF QUALITY ASSURED MEDICINES, COMBAT THE AVAILABILITY OF SUBSTANDARD AND COUNTERFEIT MEDICINES, AND PROVIDE TECHNICAL LEADERSHIP AND GLOBAL ADVOCACY

Identifier	Return Reference	Explanation
FORM 990 PART V, LINE 4B		INDIA, CHINA, BRAZIL, ETHIOPIA

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE MEMBERS OF USP ARE REPRESENTATIVES FROM ORGANIZATIONS IN THE US AND ABROAD IN THE FOLLOWING CATEGORIES - HEALTH PRACTITIONER PROFESSIONAL AND SCIENTIFIC ASSOCIATIONS - CONSUMER AND OTHER PUBLIC INTEREST ORGANIZATIONS - MANUFACTURER, TRADE, AND AFFILIATED ASSOCIATIONS - GOVERNMENTAL BODIES, DIVISIONS, OR ASSOCIATIONS - NON-GOVERNMENTAL STANDARDS-SETTING AND CONFORMITY ASSESSMENT BODIES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A & 7B		THE MEMBERS OF USP ELECT THE MEMBERS OF THE BOARD OF TRUSTEES AT EACH FIVE-YEAR MEETING OF THE CONVENTION UP TO THREE ADDITIONAL TRUSTEES MAY BE APPOINTED BY THE BOARD DURING THE FIVE-YEAR CYCLE.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11A		THE DRAFT FORM 990 WAS REVIEWED BY OUR CHIEF OPERATING OFFICER FOR ACCURACY ONCE APPROVED BY THE CHIEF OPERATING OFFICER, THE FORM 990 WAS PROVIDED TO OUR AUDIT COMMITTEE FOR REVIEW AND APPROVAL A COPY OF THE FORM 990 WAS ALSO PROVIDED TO THE BOARD

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C		USP'S CONFLICT OF INTEREST POLICY IS REFLECTED IN ITS BYLAWS AND IN ITS CODE OF ETHICS THIS POLICY IS IMPLEMENTED WITH RESPECT TO OUR EMPLOYEES AND VOLUNTEERS (MEMBERS OF THE BOARD OF TRUSTEES AND THE COUNCIL OF EXPERTS AND EXPERT COMMITTEES, USP'S STANDARD SETTING BODIES) THROUGH SPECIFIC PROVISIONS IN THE EMPLOYEE HANDBOOK, THE RULES OF BUSINESS PRACTICE FOR THE BOARD OF TRUSTEES, AND THE RULES AND PROCEDURES OF THE COUNCIL OF EXPERTS ALL TRUSTEES, MEMBERS OF THE COUNCIL OF EXPERTS AND EXPERT COMMITTEES, AND EMPLOYEES IN DIRECTOR LEVEL OR ABOVE POSITIONS OR POSITIONS WHERE THEY WORK WITH EXPERT COMMITTEES ARE REQUIRED TO SUBMIT AND KEEP CURRENT A DISCLOSURE STATEMENT IDENTIFYING ANY CONFLICT OF INTEREST FOR USP'S VOLUNTEERS, A CONFLICT OF INTEREST IS DEFINED BROADLY UNDER THE BYLAWS TO INCLUDE A FINANCIAL INTEREST IN A COMPANY OR ANY OTHER RELATIONSHIP OR INTEREST THAT COULD INTERFERE WITH THE INDIVIDUAL'S ABILITY TO EXERCISE INDEPENDENT JUDGMENT TRUSTEES, EXPERTS AND EMPLOYEES ARE REQUIRED TO RECUSE THEMSELVES FROM ANY MATTER IN WHICH THEY HAVE A POTENTIAL CONFLICT, AND EMPLOYEES MAY ALSO BE REQUIRED TO DIVEST THEMSELVES OF INTERESTS THAT PRESENT A POTENTIAL CONFLICT AT EACH MEETING OF THE BOARD AND ALL EXPERT COMMITTEES, THE CHAIR REMINDS MEMBERS OF THE CONFLICT OF INTEREST RULES THE IDENTIFICATION AND RESOLUTION OF CONFLICTS OF INTEREST IS HANDLED AS FOLLOWS FOR USP EMPLOYEES AND VOLUNTEERS EMPLOYEES DISCLOSURE STATEMENTS ARE COLLECTED ANNUALLY BY THE LEGAL DEPARTMENT FROM EMPLOYEES AT THE DIRECTOR LEVEL AND ABOVE AND EMPLOYEES WHO WORK DIRECTLY WITH USP'S EXPERT COMMITTEES IF AN EMPLOYEE DISCLOSES THAT HE OR SHE HAS A FINANCIAL INTEREST ABOVE THE SPECIFIED THRESHOLD, THE GENERAL COUNSEL REVIEWS THE INTEREST WITH THE CEO IF THE CEO DETERMINES THAT THE INTEREST IS AN ISOLATED ONE AND ONE THAT WOULD BE DIFFICULT TO DIVEST (E.G., A RETIREMENT PLAN FROM A FORMER EMPLOYER, OR A SPOUSE'S EMPLOYMENT), THE EMPLOYEE IS ALLOWED TO RETAIN THE INTEREST BUT MUST RECUSE HIMSELF/HERSELF IN ANY SITUATION WHERE THERE IS A POTENTIAL CONFLICT IN OTHER CASES, SUCH AS WHERE THERE ARE MULTIPLE INTERESTS ABOVE THE THRESHOLD, THE CEO MAY ASK THE EMPLOYEE TO DIVEST MEMBERS OF THE BOARD OF TRUSTEES DISCLOSURE STATEMENTS ARE COLLECTED BY THE SECRETARY, AND THE BOARD MEMBERS HAVE AN OBLIGATION TO UPDATE THEM ANNUALLY OR AS NECESSARY TO KEEP THEM CURRENT IF A BOARD MEMBER HAS A POTENTIAL CONFLICT, THEN IN ACCORDANCE WITH THE BYLAWS HE OR SHE MUST RECUSE HIMSELF/HERSELF FROM ANY FINAL DELIBERATION AND VOTE IN THE MATTER COUNCIL OF EXPERTS AND EXPERT COMMITTEE MEMBERS DISCLOSURE STATEMENTS ARE COLLECTED BY THE EXECUTIVE SECRETARIAT, AND MEMBERS HAVE AN OBLIGATION TO UPDATE THEM AS NECESSARY TO KEEP THEM CURRENT IF A MEMBER HAS A POTENTIAL CONFLICT, THEN IN ACCORDANCE WITH THE BYLAWS HE OR SHE MUST RECUSE HIMSELF/HERSELF FROM ANY FINAL DELIBERATION AND VOTE IN THE MATTER INFORMATION REGARDING CONFLICTS IS DISTRIBUTED AT EACH EXPERT COMMITTEE MEETING, AND THE CHAIR OF EACH EXPERT COMMITTEE, WORKING WITH STAFF (SCIENTIFIC LIAISON/EXECUTIVE SECRETARIAT/SECRETARY), HAS RESPONSIBILITY FOR RESOLVING CONFLICT ISSUES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A		THE USP BOARD OF TRUSTEES APPROVED A TOTAL COMPENSATION PHILOSOPHY WITH THE FOLLOWING KEY PROVISIONS - USP WILL LINK BASE PAY AND VARIABLE PAY TO PERFORMANCE IN SUCH A WAY THAT IT ALIGNS WITH USP'S STRATEGIC PLANNING PROCESS AND OUTCOME-BASED METRICS, AND RESULTS IN DIFFERENTIAL REWARDS - USP WILL CONTINUALLY EVALUATE AND REALIGN PERFORMANCE MEASURES TO CONFORM TO CHANGING STRATEGIC GOALS AND OTHER BUSINESS NEEDS - USP'S TOTAL CASH COMPENSATION PROGRAM WILL BE DESIGNED USING A MARKET-DRIVEN WHOLE JOB FAMILY STRUCTURE TO DELIVER ABOVE AVERAGE TOTAL COMPENSATION, DIRECT AND INDIRECT, RELATIVE TO THOSE OFFERED WITHIN VARIOUS LABOR MARKETS IN WHICH USP COMPETES FOR TALENT - THE TOTAL COMPENSATION PACKAGE WILL BE ESTABLISHED, REVIEWED, AND APPROVED IN A MANNER THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS AND WILL BE REVIEWED PERIODICALLY TO ENSURE THAT IT CONTINUES TO BE ALIGNED WITH USP'S STRATEGIC DIRECTION AND FINANCIAL LIMITS AND CONTINUES TO BE BOTH REASONABLE AND COMPETITIVE. UNDER THE RULES OF BUSINESS PRACTICE OF THE BOARD OF TRUSTEES, THE OPERATIONS COMMITTEE OF THE BOARD IS RESPONSIBLE FOR OVERSEEING THE ORGANIZATION'S COMPENSATION AND BENEFITS SYSTEMS AND PROGRAMS, INCLUDING 1 REVIEWING AND MAKING RECOMMENDATIONS TO THE BOARD REGARDING THE OVERALL COMPENSATION PHILOSOPHY AND PRINCIPLES OF THE ORGANIZATION 2 REVIEWING THE STRUCTURE OF THE STAFF COMPENSATION PROGRAM, INCLUDING SALARY LEVELS, BENEFITS, AND THE SUCCESS SHARING PLAN AND THE EXTENT TO WHICH THEY ARE ACHIEVING DESIRED PURPOSES 3 REVIEWING AND MAKE RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE AND THE BOARD REGARDING EMPLOYEE BENEFIT PLANS AND EMPLOYEE BENEFITS, WITH THE BOARD RETAINING RESPONSIBILITY FOR FINAL APPROVAL OF THE INSURER OR INSURERS THROUGH WHOSE POLICIES THE PLAN BENEFITS ARE TO BE FUNDED AND THE RULES AND PROCEDURES FOR ADMINISTRATION OF THE PLAN 4 BASED ON INPUT FROM THE EVP-CEO, REVIEWING AND MAKING RECOMMENDATIONS TO THE BOARD REGARDING THE PROPOSED METRICS FOR ORGANIZATIONAL PERFORMANCE UNDER THE SUCCESS SHARING PLAN, AND THE ACHIEVEMENT OF SUCH METRICS IN ADDITION TO PERIODIC INDEPENDENT CONSULTANT EVALUATIONS, MANAGEMENT ANNUALLY USES PUBLISHED STUDIES OF THE HUMAN RESOURCES ASSOCIATION OF THE NATIONAL CAPITAL AREA, THE AMERICAN RESEARCH COMPANY, CEO UPDATE AND CORDUM TO ALIGN AND ADJUST THE COMPENSATION STRUCTURE AND PRACTICES ACCORDING TO MARKET TRENDS FURTHER, INDIVIDUAL COMPENSATION DECISIONS ARE MADE IN PARTNERSHIP BETWEEN HUMAN RESOURCES AND THE HIRING SUPERVISOR, REVIEWED BY DEPARTMENT VICE PRESIDENTS AND/OR DIVISION CHIEFS ALL STAFF COMPENSATION ACTIONS ARE ULTIMATELY REVIEWED AND APPROVED BY THE CEO FOR CEO COMPENSATION, THE BOARD CHAIR ANNUALLY RECEIVES CURRENT MARKET DATA FOR CHIEF STAFF EXECUTIVE POSITIONS WHICH IS SHARED WITH THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MAKES ALL CEO COMPENSATION DECISIONS AND THE BOARD CHAIR AND BOARD TREASURER APPROVE THOSE DECISIONS IN WRITING

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B		THE 2012 COMPENSATION OF USP OFFICERS AND/OR OTHER KEY EXECUTIVES WAS BASED ON A SALARY STRUCTURE THAT WAS DEVELOPED USING EXTERNAL MARKET DATA DERIVED FROM A COMPENSATION STUDY COMPLETED BY PRM CONSULTING IN DECEMBER 2011 THE CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE CHAIR OF THE BOARD OF TRUSTEES AND THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES THE OTHER OFFICERS AND KEY EXECUTIVES' COMPENSATION WAS REVIEWED BY THE EXECUTIVE COMMITTEE, BUT DOES NOT REQUIRE FORMAL APPROVAL

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19		USP MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC TO THE EXTENT REQUIRED BY LAW

Identifier	Return Reference	Explanation
FORM 990, PART VII - FIVE HIGHEST PAID INDEPENDENT CONTRACTORs		NAME & ADDRESS DESCRIPTION OF SERVICES COMPENSATION GRANT THORNTON, LLP AUDIT 336,125 33960 TREASURY CENTER CHICAGO, IL 60694-3900 STEPTOE & JOHNSON, LLP LEGAL 241,434 1330 CONNECTICUT AVE, NW WASHINGTON, DC 20036 HARLES E CONE CONSULTING 200,205 201 PARKRIDGE AVE CHAPEL HILL, NC 27517 JACKSON LEWIS, LLP LEGAL 143,633 P O BOX 416019 BOSTON, MA 02241-6019 VINOD SHAH CONSULTING 121,835 11309 DUNLEITH PL N POTOMAC, MD 20878 TOTAL COMPENSATION 1,043,232

Identifier	Return Reference	Explanation
FORM 990, PART XI, RECONCILIATION OF NET ASSETS		UNREALIZED INVESTMENT LOSSES (830,424) UNREALIZED FX GAINS 63,753 PRIOR PERIOD ADJUSTMENT (99,867) DISREGARDED ENTITIES ELIMINATION (138,884) TOTAL CHANGES (1,005,422)

Identifier	Return Reference	Explanation
FORM 990, PART XII, LINE 2B		THE FINANCIAL STATEMENTS OF THE ORGANIZATION WERE AUDITED BY INDEPENDENT ACCOUNTANTS AND A CONSOLIDATED REPORT WAS PREPARED IN ACCORDANCE WITH US GAAP

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
United States Pharmacopeial Convention

Employer identification number
13-1656692

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) USP HOLDING LLC 12601 TWINBROOK PARKWAY ROCKVILLE, MD 20852 56-2515663	HOLDING	MD	40,920	501,227	USP
(2) USP HOLDING INTERNATIONAL LLC 12601 TWINBROOK PARKWAY ROCKVILLE, MD 20852 56-2515662	HOLDING	MD	0	8,969	USP

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

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
(1) US PHARMACOPEIA INDIA PRIVATE LTD ICICI KNOWLEDGE PARK GENOME VALLEY HYDERBAD 500078 IN 13-1656692	SCIENTIFIC	IN	usphusphi	C CORP	7,863,534	17,992,277	100 000 %
(2) US PHARMACOPEIA RESEARCH AND DVP CORP BUILDING 11 ALLEY 67 LIBING ROAD SHANGHAI 201203 CH 13-1656692	SCIENTIFIC	CH	USP Holding	C CORP	4,007,607	3,860,898	100 000 %
(3) UNITED STATES FARMACOPEIA BRASIL LTDA WTORRE TECHNOLOGY PARK AVENIDA CECI SAO PAULO 1600 BR 13-1656692	SCIENTIFIC	BR	usphusphi	C CORP	6,728,331	8,545,330	100 000 %
(4) US PHARMACOPEIA STND RESEARCH & DEV WAIGOAGIAO FREE TRADE 520 NFU TE SHANGHAI 200131 CH 13-1656692	SCIENTIFIC	CH	USP HOLDINGS	C CORP		6,004,919	100 000 %

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		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) US PHARMACOPEIA INDIA PRIVATE LTD	B	2,400,000	CASH
(2) US PHARMACOPEIA STND RESEARCH & DEV	B	6,000,000	CASH
(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

Software ID:
Software Version:
EIN: 13-1656692
Name: United States Pharmacopeial Convention

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Timothy R Franson BS PharmMD President	40	X						0	0	0
RENE BRAVO MDFAAP Past President	40	X						0	0	0
John E Courtney PhD Treasurer	40	X						0	0	0
Micheal D Maves MD MBA Medical Sciences Trustee	40	X						0	0	0
Robert M Russell MD Medical Sciences Trustee	40	X						0	0	0
Duane M Kirking PharmD PhD Pharmaceutical Trustee	40	X						0	0	0
Marilyn K Speedie PHD Pharmaceutical Trustee	40	X						0	0	0
Carolyn Asbury Sc MPH PhD Public Trustee	40	X						0	0	0
Robert L Buchanan PhD At-Large Trustees	40	X						0	0	0
Thomas Menighan BS Pharm MBA At-Large Trustees	40	X						0	0	0
Jeffrey L Sturchio PhD At-Large Trustees	40	X						0	0	0
Thomas R Temple RPh MS At-Large Trustees	40	X						0	0	0
Gail R Wilensky PHD At-Large Trustees	40	X						0	0	0
Williams Roger L CEO	38 0			X				664,237	0	28,865
De Mars Susan S CHIEF LEGAL OFFICER	38 0			X				506,844	0	38,007
Hendrix Brian CHIEF OPERATING OFFICER	38 0			X				493,840	0	38,007
Tyle Praveen CHIEF SCIENCE OFFICER	38 0			X				159,535	0	0
Srinivasan Vijayaraghavan Srin CHIEF INTL SITES & STANDARDS	38 0				X			199,261	0	20,765
Henderson Scott CHIEF INFORMATION OFFICER	38 0				X			387,785	0	28,038
Long Angela CHIEF GLOBAL ALLIANCES & ORG	38 0				X			278,714	0	38,007
Singer Christopher CHIEF GLOBAL OPERATIONS	38 0				X			440,278	0	6,753
SUSAN BACH VP HUMAN RESOURCES	38 0				X			160,811	0	3,190
Koch William CHIEF METROLOGY OFFICER	38 0				X			329,907	0	24,944
Wailes Richard VP SALES & MARKETING	38 0					X		322,277	0	38,080
Dressman Shawn VP STANDARDS ACQUISTION	38 0					X		317,855	0	37,491

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Hool Kevin VP ACR	38 0					X		293,455	0	38,007
Destefano Anthony VP GENERAL CHAPTERS	38 0					X		288,417	0	34,013
Heyman Matthew VP INTL & EXTERNAL AFFAIRS	38 0					X		287,731	0	24,981
Viehmyer Laura VP HUMAN RESOURCES	38 0						X	192,881	0	15,262