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# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

Department of the Treasury

		enue Service   Note: The Tourisation Thay b	c abio to aso a copy or time		ting requirements	T Open to projection
Ford	alen	dar year 2012 or tax year beginning		, and ending		<del></del>
		foundation		A Employer identification	number	
		NESSEE PHARMACISTS RESE				
_E	DU	CATION FOUNDATION			62-1450838	
Nun	nber au	nd street (or P O box number if mail is not delivered to street	address)		B Telephone number	
5	00	CHURCH STREET		650	(615)256-3	023
Crtv	or to	own, state, and ZIP code			C If exemption application is p	ending, check here
		HVILLE, TN 37219				
		all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	check here
		Final return	Amended return			,
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
ш с	hack	type of organization X Section 501(c)(3) ex			1	
<u> </u>	_	· · · · · · · · · · · · · · · · · · ·	Other taxable private founda	tion	E If private foundation state under section 507(b)(1)	
		rket value of all assets at end of year J Accounting		Accrual	ì ' ' '	
		1 (45)	her (specify) MODIFI		F If the foundation is in a (	
•	om i \$	Part II, col. (c), line 16) $X$ Oth $612$ , $850$ . (Part I, colum	mn (d) must be on cash t		under section 507(b)(1)	(b), check here
						(d) Disbursements
Pa	irt l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for chantable purposes
				11.001110		(cash basis only)
	1	Contributions, gifts, grants, etc , received	76,035.			
		Check fif the foundation is not required to attach Sch B Interest on savings and temporary	2 222	2 222	2 202	COLD MICHAEL 2
	3	cash investments	2,397.	2,397.	2,397.	STATEMENT 1
	4	Dividends and interest from securities				
	5a	Gross rents .	,			
	b	Net rental income or (loss)				
0	6a	Net gain or (loss) from sale of assets not on line 10				
Š	b	Gross sales price for all assets on line 6a	, , ,		,,,,,	
Revenue	7	Capital gain net income (from Part IV, line 2)		0.		
Œ	8	Net short-term capital gain			0.	,
	9	Income modifications				
	10a	Gross sales less returns and allowances 14,297.				STATEMENT 2
	1.	Less Cost of goods sold 4,712.	1 1117			STATEMENT 3
	l	Gross profit or (loss)	9,585.		9,585.	
	11	Other income	78,135.	0.	78,135.	STATEMENT 4
	12	Total. Add lines 1 through 11	166,152.	2,397.	90,117.	
	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
es	i -					
Sus		Accounting fees STMT	5,500.	86.	0.	5,414.
×		Other professional fees	~ O			
ы Ш						
Ę	i		3 /3/			
stra	18	Taxes	7,431.	0.	0.	
Ë	19	Depreciation and depleton . ALLO	17,431.	0.	· ·	
Ę	20	Occupancy 12				
٧p	21	Travel, conferences, and meetings				
Operating and Administrative Expenses	22	Occupancy Travel, conferences, and meetings GOEN Printing and publications	170 333			170 070
9	23	Other expenses STMT . 6	172,333.	55.	0.	172,278.
rati	24	Total operating and administrative	105 064			177 600
9		expenses. Add lines 13 through 23	185,264.	141.	0.	177,692.
	25	Contributions, gifts, grants paid	15,365.			15,365.
	26	Total expenses and disbursements.				
2	L	Add lines 24 and 25	200,629.	141.	0.	193,057.
E.	27	Subtract line 26 from line 12				
SCAN PER	a	Excess of revenue over expenses and disbursements	<34,477.			
T?		Net investment income (if negative, enter -0-)		2,256.		
	,	Adjusted net income (if negative, enter -0-)			90,117.	

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2012)

62-1450838

Page 2

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	f year
column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing			
2 Savings and temporary cash investments	344,100.	513,357.	513,357.
3 Accounts receivable ► 30.	,	, , , , , , , , , , , , , , , , , , , ,	7111-1111-111-111-111-111-111-111-111-1
Less allowance for doubtful accounts	126,283.	30.	30.
4 Pledges receivable ►	, , , ,		· · · · · · · · · · · · · · · · · · ·
Less allowance for doubtful accounts			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and loans receivable			
Less allowance for doubtful accounts			
8 Inventories for sale or use	5,291.	4,705.	4,705.
8 Inventories for sale or use			
10a Investments - U S and state government obligations			
b Investments - corporate stock			
c Investments - corporate bonds		,	
11 Investments - land, buildings, and equipment basis			
Less: accumulated depreciation			_
12 Investments - mortgage loans			
13 Investments - other			
14 Land, buildings, and equipment basis ► 94,737.			
14 Land, buildings, and equipment basis ► 94,737.  Less accumulated deprecation STMT 8 ► 74,856.	25,010.	19,881.	19,881.
15 Other assets (describe ► STATEMENT 9)	25,010. 73,581.	74,877.	74,877.
16 Total assets (to be completed by all filers)	574,265.	612,850.	612,850.
17 Accounts payable and accrued expenses .	114,575.	2,436.	
18 Grants payable		,	
g 19 Deferred revenue		185,201.	
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable			
21 Mortgages and other notes payable		· -	
□ 22 Other liabilities (describe ►)			
23 Total liabilities (add lines 17 through 22)	114,575.	187,637.	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31.			
24 Unrestricted	254,057.	245,221.	
25 Temporarily restricted	193,633.	167,992.	
26 Permanently restricted	12,000.	12,000.	
Foundations that do not follow SFAS 117, check here			
25 Temporanly restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances	ļ		
27 Capital stock, trust principal, or current funds			
28 Paid-in or capital surplus, or land, bldg , and equipment fund		<u>-</u>	
29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances	459,690.	425,213.	
31 Total liabilities and net assets/fund balances	574,265.	612,850.	······································
Part III Analysis of Changes in Net Assets or Fund Ba	lances		
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 3			AEO 600
(must agree with end-of-year figure reported on prior year's return)		· · · · · · ·   1	459,690.
2 Enter amount from Part I, line 27a			<34,477.
	<u> </u>		425 212
4 Add lines 1, 2, and 3		4	425,213.
5 Decreases not included in line 2 (itemize)		5	425,213.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umm (D), me 30	6	Form <b>990-PF</b> (2012)

Part IV Capital Gains and	Losses for Tax on In	vestment Incom	е				
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co)					(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1a							
b NONE							
С							
d							
е	<del></del>	<del> </del>		····			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other to plus expense of s		<u>.</u>	(h) Gain or (loss (e) plus (f) minus	) (g)	
<u>a</u>							
<u>b</u>			_				
C				<u> </u>			
d					<del></del>		
e Complete only for assets showing gair	in column (h) and owned by t	he foundation on 12/31/			(I) Cours (Col. (b) sois		
Complete only for assets showing gain	(j) Adjusted basis	(k) Excess of col		c	(I) Gains (Col (h) gain of (k), but not less that	minus n -0-) or	
(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if a			Losses (from col (		
3		<del> </del>			<del></del>	<del> </del>	
<u>b</u>				-	-		
d		<del></del>					
e							
-		1. B. 41 b 7			· · ·		
2 Capital gain net income or (net capital lo	oss) { If gain, also enter oss) }		}	2			
3 Net short-term capital gain or (loss) as		d (6):	`				
If gain, also enter in Part I, line 8, colum	n (c).		•	_			
If (loss), enter -0- in Part I, line 8  Part V Qualification Under	Section 4940(e) for	Poduced Tay on	Not Inv	3			
· · · · · · · · · · · · · · · · · · ·					icome	N/A	
(For optional use by domestic private found		940(a) tax on net investr	nent incom	е)		N/A	
If section 4940(d)(2) applies, leave this par	t blank						
Was the foundation liable for the section 49 If "Yes," the foundation does not qualify und		= =	ise period?			Yes No	
1 Enter the appropriate amount in each c			any entrie:	<del></del>	-	·	
(a)	(b)		(c)			(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying dist	ributions Net value		ritable-use assel		oution ratio ided by col. (c))	
2011						(-//	
2010							
2009							
2008							
2007							
2 Total of line 1, column (d)					. 2		
3 Average distribution ratio for the 5-year	•	•	•	ars			
the foundation has been in existence if I	ess than 5 years				3		
4 Enter the net value of noncharitable-use	assets for 2012 from Part X, I	ine 5			4		
1 M Hart Co. 45 Av. 6							
5 Multiply line 4 by line 3	Multiply line 4 by line 3						
C. Enter 10/ of not investment income (40)							
Enter 1% of net investment income (1% of Part I, line 27b)				- 6	<del></del>		
7 Add lines 5 and 5	Add lines 5 and 6				,		
7 Add lines 5 and 6					·   7		
8 Enter qualifying distributions from Part	XII, line 4				. 8		
If line 8 is equal to or greater than line 7 See the Part VI instructions.	, check the box in Part VI, line	1b, and complete that pa	rt using a 1	% tax rate			

#### TENNESSEE PHARMACISTS RESEARCH AND

	1990-PF (2012) EDUCATION FOUNDATION	<u>62-</u>	<u>-1450</u>	838		Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see i	nstru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔀 and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1	<u> </u>	N/	A	
	of Part I, line 27b		1			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				
3	Add lines 1 and 2	3	<u> </u>			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<u> </u>			0.
6	Credits/Payments:					
а	2012 estimated tax payments and 2011 overpayment credited to 2012					
b	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld					
7	Total credits and payments Add lines 6a through 6d	7				0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be Credited to 2013 estimated tax ► Refunded ►	11				
Pź	art VII-A Statements Regarding Activities					
1a	i During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	in			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1 <u>b</u>		X
	If the answer is "Yes" to 18 or 16, attach a detailed description of the activities and copies of any materials published	ed or				
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ► \$ 0. (2) On foundation managers. ► \$ 0.					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ►\$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
_	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	r				
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
Ð	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
c	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or  By state legislation that affectively among the payorise instrument to that an among the state of					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law			v	
7	remain in the governing instrument?		•	6	X	
′	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
٥.	If "Yes," complete Part II, col. (c), and Part XV.					
04	Enter the states to which the foundation reports or with which it is registered (see instructions)					
U	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			ا ہے ا	v	
٥	of each state as required by General Instruction G? If "No," attach explanation	 - ماسم		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale				v	
10	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	•		9	<u>X</u>	Х
<u> u</u>	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses			10		lacksquare

### TENNESSEE PHARMACISTS RESEARCH AND

orm	1990-PF (2012) EDUCATION FOUNDATION 62-14	50838	3	Page 5
Pá	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	ŀ	Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	_12	<u> </u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► TENNESSEE PHARMACISTS ASSOCIATION Telephone no ► (615)			
	Located at ► 500 CHURCH STREET, SUITE 650, NASHVILLE, TN ZIP+4 ►	37219	<del>-33</del>	22
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. >	•
	and enter the amount of tax-exempt interest received or accrued during the year	<u></u>	/ <u>A</u>	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		Yes	1
	securities, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign			
-	country			<u> </u>
ME	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del></del>	15.0	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
12	a During the year did the foundation (either directly or indirectly)	ŀ		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No.	'		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  a disqualified person?			
	a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	'		
	for the benefit or use of a disqualified person)?	,		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )	,		
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	] [		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2012?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)).	İ		
ä	a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2012?	۱		
	If "Yes," list the years			
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
_	statement - see instructions )	2b	-	
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
•	during the year?			
h	of "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after			
•	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	1		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2012.)	3ь		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2012?	Ah		x

Part VII-B   Statements Regarding Activities for Which I	-orm 4/20 May Be I	required (contin	ued)	<b>,</b>	
5a During the year did the foundation pay or incur any amount to			-		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	* **		es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
		· · · ===	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization			( <b>12</b> )		
			es X No		
(5) Provide for any purpose other than religious, chantable, scientific, literary,	or educational purposes, or f				
			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	27./2		
section 53 4945 or in a current notice regarding disaster assistance (see instru	,		N/A.	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi					
expenditure responsibility for the grant?		/A Ye	es L No		
If "Yes," attach the statement required by Regulations section 53.494	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		[32]		
a personal benefit contract?		. L Ye	es X No		1.,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	<u> X</u>
If "Yes" to 6b, file Form 8870.			[37]		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		<b>Y</b> €	es X No	- <u></u>	
b If Yes, did the foundation receive any proceeds or have any net income attribu			N/A	7b	ł
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	•		
List all officers, directors, trustees, foundation managers and their	compensation				
		(c) Compensation	(d) Contributions to	(e) [	xpense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	employee benefit plans and deferred	accou	int, other
	to position	enter'-0-)	compensation	allo	wances
SEE STATEMENT 10		0.	0.		0.
				<del>'</del>	
				1	
			-	†	
				ŀ	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each amplains and any three 850 000	(b) Title, and average	4.30	(d) Contributions to employee benefit plans and deferred	(e) F	xpense int, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accou	int, other wances
NONE					
				1	
				1	<del></del>
				ļ	
				1	
	<del> </del>		·	<b>T</b>	
			ĺ		
				<del>                                     </del>	
Total number of other employees paid over \$50,000		• • • •	. ▶		0
			<del></del>	1990-P	F (2012)
					,

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		, ago ,
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		<u> </u>
<del></del>		
Total number of others receiving over \$50,000 for professional services	<b></b>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 SCHOLARSHIPS FOR PHARMACY STUDENTS TO PARTICIPATE IN		
EDUCATIONAL PROGRAMMING AND EVENTS AT TPA CONVENTION. TOTAL		
NUMBER OF SCHOLARSHIPS WERE 47 FOR 2012.		13,865.
2		20,000
SEE STATEMENT 11		13,323.
3		
SEE STATEMENT 12		10 704
4 OSHA WEBINAR PRESENTATION WHICH IS REQUIRED ANNUAL TRAINING		18,704.
ON BLOOD BORN PATHOGENS STANDARDS FOR HEALTH CARE		
PROFESSIONALS FOR 257 PARTICIPANTS.		10,646.
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		-
2		
All other program-related investments. See instructions.		
3		
	<del> </del>	
Total. Add lines 1 through 3		0.

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1 1a	0.
ь	Average of monthly cash balances	1b	
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	0.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum Investment return. Enter 5% of line 5	6	0.
P	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are time foreign organizations check here	nd certain	
1	Minimum investment return from Part X, line 6	1	<u> </u>
2a	Tax on Investment income for 2012 from Part VI, line 5		-
b	Income tax for 2012 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u> 193,057.</u>
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	193,057.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	193,057.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies for th	e section

Form **990-PF** (2012)

Part XIII Undistributed Income (s	ee instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2011	2011	2012
1 Distributable amount for 2012 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only	****		[	]
<b>b</b> Total for prior years	1 11 11			1 11 11 11 11 11 11 11 11 11 11 11 11 1
3 Excess distributions carryover, if any, to 2012				
<b>a</b> From 2007				
b From 2008 .				
<b>c</b> From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e				
4 Qualifying distributions for 2012 from				
Part XII, line 4 ► \$				
a Applied to 2011, but not more than line 2a		##		 
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)				HIP 15'1 HIP HIP 1111
c Treated as distributions out of corpus				
(Election required - see instructions)		<del>.  </del>	· · · · · · · · · · · · · · · · · · ·	
d Applied to 2012 distributable amount				
e Remaining amount distributed out of corpus		<del> </del>		
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount				
must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	······			
e Undistributed income for 2011. Subtract line				
4a from line 2a Taxable amount - see ınstr.  f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				
7 Amounts treated as distributions out of			<del>-</del>	
corpus to satisfy requirements imposed by		İ		
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2007			-	
not applied on line 5 or line 7				
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2008	-			
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012				

Part Aiv Private Operating F	oundations (see instri	uctions and Part VII-A	A, question 9)		
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective for			. ▶ 🗀		<del></del>
b Check box to indicate whether the found		foundation described in		42(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(5) 0044	Prior 3 years	(4) 0000	f=1 **-4-4
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for				0	•
each year listed	0.	0.	0.	0.	0.
<b>b</b> 85% of line 2a	0.	0.	0.	0.	0.
c Qualifying distributions from Part XII,	102 057	406 020	172 027	107 043	1 050 335
line 4 for each year listed	193,057.	486,838.	173,837.	197,043.	1,050,775.
d Amounts included in line 2c not					
used directly for active conduct of			_	0	0
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities.	102 057	406 020	172 027	107 043	1 050 775
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter	193,057.	486,838.	173,837.	197,043.	1,050,775.
(1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)	168,467.	451,364.	197,053.	230,729.	1,047,613.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)	168,467.	451,364.	90,577.	93,637.	804,045.
(3) Largest amount of support from					
an exempt organization					0.
(4) Gross investment income	2,397.	41.	1,113.	28.	3,579.
Part XV Supplementary Info					
at any time during t				<b>,</b>	
1 Information Regarding Foundation	n Managers:	<u> </u>	-		
a List any managers of the foundation wh year (but only if they have contributed in	o have contributed more tha		butions received by the fol	indation before the clos	se of any tax
NONE			·-···		
b List any managers of the foundation wh other entity) of which the foundation has		stock of a corporation (o	r an equally large portion (	of the ownership of a pa	artnership or
NONE					
2 Information Regarding Contribution Check here ► X if the foundation of	only makes contributions to p	preselected charitable or	rganizations and does not		
the foundation makes gifts, grants, etc.	<del></del>		·-·-·	plete items 2a, b, c, and	d
a The name, address, and telephone num	per or e-mail of the person t	o wnom applications sn	louid de addressed		
b The form in which applications should b	e submitted and information	n and materials they sho	ould include.		
c Any submission deadlines.	<del></del>	-			·
d Any restrictions or limitations on awards	s such as by neonraphical a	reas charitable fields b	unds of institutions or other	er factors	
2 rang reservoicens of minitations on amora.	s, saon as af geograpinoara	, oamuolo lioloo, k			

EDUCATION FOUNDATION

62-1450838 Page 11

Part AV Supplementary information				
3 Grants and Contributions Paid During the		Payment		· · · · · · · · · · · · · · · · · · ·
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
TENNESSEE PHARMACISTS ASSOCIATION	AFFILIATE	PUBLIC CHARITY	GENERAL SCHOLARSHIP	
500 CHURCH STREET, SUITE 650	REFIDINIE	FOBBIC CHARITI	FUND TO BENEFIT 47	
NASHVILLE, TN 37219			STUDENTS	13,865.
MASKVILLE, IN 3/219			STODENTS	13,865.
TENNESSEE PHARMACISTS ASSOCIATION 500 CHURCH STREET, SUITE 650 NASHVILLE, TN 37219	AFFILIATE	PUBLIC CHARITY	SUPPORT OF THE STUDENT PHARMACISTS SOCIETY	
			FOR MEETING EXPENSES	1,500.
<u>Total</u> .	<del></del>	<del>                                     </del>	▶ 3a	15,365.
b Approved for future payment				
NONE				
Total	<u></u>	.1	D 3b	0.
	· · · · · · · · · · · · · · · · · · ·	···· · · ·	► JU ]	

Part XVI-A **Analysis of Income-Producing Activities** 

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue a SEE STATEMENT 13	code		code	Amount	
					78,135.
b					
C					
d					
e					
t					
g Fees and contracts from government agencies .					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	2,397.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property	····-				
b Not debt-financed property					
6 Net rental income or (loss) from personal					<del></del>
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other	-				
than inventory					
9 Net income or (loss) from special events		·			
10 Gross profit or (loss) from sales of inventory			01	9,585.	
11 Other revenue					
a			}		
b					
C					
d					
2					
12 Subtotal Add columns (b), (d), and (e)		C	).	11,982.	78,135.
13 Total. Add line 12, columns (b), (d), and (e)			•		
(See worksheet in line 13 instructions to verify calculations )	•				<u> </u>

Part X	WI-B Relationship of Activities to the Accomplishment of Exempt Purposes
Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
1A	REBATE FEES FROM PTCB FOR STUDENTS TAKING THE NATIONAL PHARMACY
	TECHNICIAN EXAM.
1B	INCOME FROM SEMINARS HELD FOR THE BENEFIT OF TENNESSEE PHARMACISTS.
	REQUIRED ANNUAL TRAINING ON BLOOD BORN PATHOGEN STANDARDS FOR
	HEALTHCARE PROFESSIONALS
1D	NATIONAL CERTIFICATE TRAINING PROGRAM FOR PHARMACISTS FOR DIABETES
	CARE
1E	IMMUNIZATION PROGRAM TO CERTIFY PHARMACISTS TO GIVE FLU SHOTS

223621 12-05-12

615-242-7351

Form 990-PF (2012)

Phone no

Form 990-PF (2012) **EDUCATION FOUNDATION** 62-1450838 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X 1a(1) (2) Other assets .... X **b** Other transactions: X (1) Sales of assets to a noncharitable exempt organization X (2) Purchases of assets from a noncharitable exempt organization 16(2) X (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements .... 1b(4) X (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (1) Description of transfers, transactions, and sharing arrangements TENNESSEE PHARMACISTS SEE STATEMENT 14 **B4** 29,763. ASSOCIATION TENNESSEE PHARMACISTS **B4** 11,532.ASSOCIATION TENNESSEE PHARMACISTS 10,953.ASSOCIATION TENNESSEE PHARMACISTS **B4** 6,856. ASSOCIATION TENNESSEE PHARMACISTS **B4** 4,058.ASSOCIATION 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X Yes No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship TENNESSEE PHARMACISTS ASSOCIATION 501(C)(6) SEE STATEMENT 15 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. return with the preparer shown below (see instr)? Sign 8 Dadeena M Here X Yes DIRECTOR Signature of officer or trustee Trtle Print/Type preparer's name Preparer's signature Date Check X if PTIN self- employed Paid JERRY A. MOSS, CPA 07/25/13 P00053489 **Preparer** Firm's name ► KRAFTCPAS PLI Firm's EIN ► 62-0713250

223622 12-05-12

**Use Only** 

TN 37228

Firm's address ▶ 555 GREAT CIRCLE ROAD NASHVILLE,

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2012

Name of the organization
TENNESSEE PHARMACISTS RESEARCH AND
EDUCATION FOUNDATION

**Employer identification number** 

62-1450838

Organiz	ation type (check or	ne):
Filers of	<b>:</b>	Section:
Form 99	0 or 990-EZ	501(c)( ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	-	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X	For an organization contributor. Compl	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II.
Special	Rules	
	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% o) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	total contributions	c)(7), (8), or (10) organization filing Form 990 or 990·EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.
	contributions for us If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year
but it mi	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
TENNESSEE PHARMACISTS RESEARCH AND
EDUCATION FOUNDATION

Employer identification number

62-1450838

Part I • Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BLUE CROSS BLUE SHIELD OF TENNESSEE  1 CAMERON HILL CIRCLE  CHATTANOOGA, TN 37402	\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GENENTECH, INC.  PO BOX 9030  SAN FRANCISCO, CA 94083	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROCHE DIAGNOSTICS  35 EAST WACKER DR. STE 1100  CHICAGO, IL 60601	\$ 24,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Occash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
222452 12 6		\$	Person Payroll Noncash (Complete Part II if there Is a noncash contribution.)

Name of organization

TENNESSEE PHARMACISTS RESEARCH AND

EDUCATION FOUNDATION

Employer identification number

62-1450838

Part II Nonca	sh Property	(see instructions	). Use duplicate co	pies of Part II if addit	ional space is needed.
---------------	-------------	-------------------	---------------------	--------------------------	------------------------

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		**************************************	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization **Employer identification number** TENNESSEE PHARMACISTS RESEARCH AND EDUCATION FOUNDATION 62-1450838 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.)

\$\frac{1}{2} \frac{1}{2} \fra Part III Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	STATEMENT	1
SOURCE	AMOUNT	
INTEREST INCOME	2,39	7.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	2,39	7.

FORM 990-PF	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	)	STATEMENT 2
INCOME		23	
	ices	14,297	14,297
	(LINE 15)	4,712	9,585
6. OTHER INCOME		•	
7. GROSS INCOME (ADD I	LINES 5 AND 6)		9,585
COST OF GOODS SOLD			
9. MERCHANDISE PURCHAS		5,291 68	
12. OTHER COSTS	H 12	4,058	9,417
	YEAR	4,705	4,712

FORM 990-PF COST	OF GOODS SO	OLD - OTHER C	OSTS	STATEMENT 3
DESCRIPTION				AMOUNT
PAYMENTS TO AFFILIATE			-	4,058.
TOTAL OTHER COSTS			- -	4,058.
FORM 990-PF	OTHER 1	INCOME		STATEMENT 4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PTCB COMMISSIONS SEMINARS OSHA WEBINAR DIABETES MTM IMMUNIZATION PROGRAM INCOME MISSIONS AND SERVICE		23,160. 13,675. 11,340. 19,855. 8,080. 2,025.	0. 0. 0.	13,675. 11,340. 19,855. 8,080.
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	78,135.	0.	78,135.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING	5,500.	86	. 0	5,414.
TO FORM 990-PF, PG 1, LN 16B	5,500.	86	. 0	5,414.

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FORM 990-PF	OTHER E	XPENSES	Si	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEADERSHIP SEMINAR MANAGED CARE DIRECTORS	13,323.	0.	0.	13,323.
MEETING IMMUNIZATION PROGRAM	18,704.	0.	0.	18,704.
EXPENSES	9,627.	0.	0.	9,627.
POSTAGE	62.	0.	0.	62.
MISCELLANEOUS	3,516.	55.	0.	3,461.
DIABETES PROGRAMS	47,703.	0.	0.	47,703.
OSHA WEBINAR	4,988.	0.	0.	4,988.
CREDIT CARD & BANK FEES	1,920.	0.	0.	1,920.
APHA BOWL OF HYGEIA REIMBURSEMENT PAYMENT TO	6,000.	0.	0.	6,000.
AFFILIATE	63,162.	0.	0.	63,162.
TELEPHONE	1,314.	0.	0.	1,314.
MISSIONS AND SERVICE	2,014.	0.	0.	2,014.
TO FORM 990-PF, PG 1, LN 23	172,333.	55.	0.	172,278.
	FOOTN			TATEMENT

FOR THE TAX YEARS ENDED DECEMBER 31, 2003 AND DECEMBER 31, 2004, THE ORGANIZATION DID NOT RECEIVE MORE MORE THAN ONE THIRD OF ITS TOTAL SUPPORT FROM PUBLIC SOURCES. BEGINNING JANUARY 1, 2003, THE ORGANIZATION FAILED TO QUALIFIFY AS A PUBLICLY SUPPORTED ORGANIZATION UNDER SECTION 509(A)(1)/170(B)(1)(A)(VI).

FORM 990-PF DEPRECIATION OF ASS	ETS NOT I	HELD FOR	INVESTMENT	STAT	EMENT	8
DESCRIPTION	COST OTHER I		ACCUMULATEI DEPRECIATIO		K VALU	E
FURNITURE AND EQUIPMENT	9	94,737.	74,85	56.	19,8	81.
TOTAL TO FM 990-PF, PART II, LN 1	4 9	94,737.	74,85	56.	19,8	81.
FORM 990-PF	OTHER AS	SSETS		STAT	EMENT	9
DESCRIPTION	BEGINN YR BOOK		END OF YEAR BOOK VALUE		MARKE ALUE	Т
R.L. CROWE MEMORIAL FUND	-	73,581.	74,87	77.	74,8	77.
TO FORM 990-PF, PART II, LINE 15	•	73,581.	74,87	77.	74,8	77.
FORM 990-PF PART VIII - LIS TRUSTEES AND				STAT	EMENT	10
TRUSTEES AND	FOUNDAT:	ION MANA	GERS COMPEN-	EMPLOYEE BEN PLAN	EXPEN	SE
	FOUNDAT:	ION MANA	GERS	EMPLOYEE	EXPEN	SE NT
NAME AND ADDRESS  SHERRY HILL, D.PH 225 WEST ROCKWOOD STREET	TITLI AVRG I	E AND HRS/WK E 00	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPEN	SE NT
NAME AND ADDRESS  SHERRY HILL, D.PH 225 WEST ROCKWOOD STREET ROCKWOOD, TN 37854  NED GILES, PHARM D 1 CAMERON HILL CIRCLE	TITLI AVRG I TRUSTEI	E AND HRS/WK E 00 E	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPEN	SE NT 0.
NAME AND ADDRESS  SHERRY HILL, D.PH 225 WEST ROCKWOOD STREET ROCKWOOD, TN 37854  NED GILES, PHARM D 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37421  TIM TUCKER PHARM D PO BOX 189	TITLI AVRG I  TRUSTEI 2.0  TRUSTEI 2.0	E AND HRS/WK E 000 RER 000	COMPEN- SATION 0.	EMPLOYEE BEN PLAN CONTRIB 0.	EXPEN	SE

	CH AND EDUCA		62-14	50838
BATEENA BLACK D PH 500 CHURCH STREET, STE 650 NASHVILLE, TN 37219	SECRETARY 2.00	0.	0.	0.
RICK SAIN, PHARM D. 1801 MEMORIAL BLVD MURFREESBORO, TN 37129	TRUSTEE 2.00	0.	0.	0.
CASEY WHITE, PHARM D 2707 PARK WEST DRIVE COOKEVILLE, TN 38501	TRUSTEE 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.
FORM 990-PF SUMMARY OF E	PIRECT CHARITABLE ACT	IVITIES	STATEMENT	r 11
ACTIVITY TWO  THE LEADERSHIP CONFERENCE IS DE PRACTITIONERS INTERESTED IN SER IN THEIR PROFESSIONS OR COMMUNI	VING IN LEADERSHIP C			
41 ATTENDEES IN 2012				
	THE CONFERENCE			
II III III II II II II II II II II II I	TY: THE CONFERENCE		EXPENSI	ES
TO FORM 990-PF, PART IX-A, LINE				
TO FORM 990-PF, PART IX-A, LINE		BENEFITED		,323.
TO FORM 990-PF, PART IX-A, LINE	: 2	BENEFITED	13,	,323.
TO FORM 990-PF, PART IX-A, LINE FORM 990-PF SUMMARY OF D	INECT CHARITABLE ACT MATELY 13 ATTENDEES ONS NETWORK BETWEEN	BENEFITED  IVITIES  WAS HELD	13,	,323.
TO FORM 990-PF, PART IX-A, LINE  FORM 990-PF SUMMARY OF D  ACTIVITY THREE  MANAGED CARE FORUM WITH APPROXITO HELP ESTABLISH A COMMUNICATI PHARMACISTS THAT ARE INVOLVED W	INECT CHARITABLE ACT MATELY 13 ATTENDEES ONS NETWORK BETWEEN	BENEFITED  IVITIES  WAS HELD	13,	,323. r 12

FORM 990-PF	PROGRAM	PROGRAM SERVICE REVENUE			STATEMENT 13
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
PTCB COMMISSIONS SEMINARS OSHA WEBINAR DIABETES MTM IMMUNIZATION PROGRAM					23,160. 13,675. 11,340. 19,855.
INCOME MISSIONS AND SERVICE					8,080. 2,025.
TOTAL TO FORM 990-PF, PG	12, LINE 1		-		78,135.

990-PF

INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS PART XVII, LINE 1, COLUMN (D)

STATEMENT

14

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

TENNESSEE PHARMACISTS ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

DIABETES AND IMMUNIZATION EXPENSE REIMBURSEMENT

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

TENNESSEE PHARMACISTS ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

LEADERSHIP AND MEETINGS EXPENSE REIMBURSEMENT

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

TENNESSEE PHARMACISTS ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

SALARY REIMBURSEMENT

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

TENNESSEE PHARMACISTS ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

POSTAGE, PUBLIC RELATIONS, RENT AND MISCELLANEOUS REIMBURSEMENT

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

TENNESSEE PHARMACISTS ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

MERCHANDISE PURCHASES REIMBURSEMENT

AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS 990-PF PART XVII, LINE 2, COLUMN (C)

STATEMENT 15

NAME OF AFFILIATED OR RELATED ORGANIZATION

TENNESSEE PHARMACISTS ASSOCIATION

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

PARENT ORGANIZATION