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DLN: 93493083007095

# 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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS

generally cannot redact the information on the form
► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

7272 WISCONSIN AVENUE 2ND FLOOR	l domicile
Name change   Initial return   Terminated   Number and street (or P O box if mail is not delivered to street address)   Room/suite   E Telephone number   (301) 664-8612	es No
Terminated  Termin	es No
Amended return  Application pending  F Name and address of principal officer STEPHEN J ALLEN 7272 WISCONSIN AVENUE 2ND FLOOR BETHESDA, MD 20814  H(a) Is this a group return for subordinates? Ye subordinates? Ye I Tax-exempt status	es No
F Name and address of principal officer STEPHEN J ALLEN 7272 WISCONSIN AVENUE 2ND FLOOR BETHESDA, MD 20814  I Tax-exempt status  501(c)(3) 501(c)( ) (insert no) 4947(a)(1) or 527  I Website:  WWW ASHPFOUNDATION ORG  K Form of organization  Corporation Trust Association Other  LYear of formation 1968  K Form of organization  Summary  1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE ASHP FOUNDATION IS TO IMPROVE THE HEALTH AND WELL-BEING OF PATIENTS IN HEASY SYSTEMS THROUGH APPROPRIATE, SAFE AND EFFECTIVE MEDICATION USE  2 Check this box  If the organization discontinued its operations or disposed of more than 25% of its net assets	es No
STEPHEN JALLEN 7272 WISCONSIN AVENUE 2ND FLOOR BETHESDA, MD 20814  I Tax-exempt status  501(c)(3)  501(c)( )  (insert no )  4947(a)(1) or  527  J Website:  WWW ASHPFOUNDATION ORG  K Form of organization  Corporation  Trust  Association  Other  LYear of formation 1968  W State of legal of MD  Part I Summary  1 Briefly describe the organization's mission or most significant activities	es No
Tax-exempt status	es No
I Tax-exempt status	Ictions)
I Tax-exempt status	l domicile
# Corporation	
Part I Summary  1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE ASHP FOUNDATION IS TO IMPROVE THE HEALTH AND WELL-BEING OF PATIENTS IN HEA SYSTEMS THROUGH APPROPRIATE, SAFE AND EFFECTIVE MEDICATION USE  2 Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets	
Part I Summary  1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE ASHP FOUNDATION IS TO IMPROVE THE HEALTH AND WELL-BEING OF PATIENTS IN HEA SYSTEMS THROUGH APPROPRIATE, SAFE AND EFFECTIVE MEDICATION USE  2 Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets	EALTH
Briefly describe the organization's mission or most significant activities THE MISSION OF THE ASHP FOUNDATION IS TO IMPROVE THE HEALTH AND WELL-BEING OF PATIENTS IN HEA SYSTEMS THROUGH APPROPRIATE, SAFE AND EFFECTIVE MEDICATION USE  2 Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets	EALTH
THE MISSION OF THE ASHP FOUNDATION IS TO IMPROVE THE HEALTH AND WELL-BEING OF PATIENTS IN HEASYSTEMS THROUGH APPROPRIATE, SAFE AND EFFECTIVE MEDICATION USE  2 Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets	ALTH
4 Number of independent voting members of the governing body (Part VI, line 1b)	1
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	
	12
7a Total unrelated business revenue from Part VIII, column (C), line 12	
b Net unrelated business taxable income from Form 990-T, line 34	Voar
	2,336,84
	644,50
Program service revenue (Part VIII, line 2g)	664,22
Other revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and IIe)	-8,56
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,637,00
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,078,900	885,92
14 Benefits paid to or for members (Part IX, column (A), line 4) 0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,351,992 1	1,427,81
5-10) 1,351,992 1 16a Professional fundraising fees (Part IX, column (A), line 11e)	1,427,01
5-10)  1,351,992 1  16a Professional fundraising fees (Part IX, column (A), line 11e)	
	1,763,68
	4,077,42
19 Revenue less expenses Subtract line 18 from line 12575,619	-440,41
Beginning of Current Year  20 Total assets (Part X, line 16)	Year
20 Total assets (Part X, line 16)	
21 Total liabilities (Part X, line 26)	0,877,11
之 Net assets or fund balances Subtract line 21 from line 20	0,877,11 571,45
Total liabilities (Part X, line 26)	

May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

✓ Yes ☐ No

Excluded and standard and control of the property of the prope	Form 990 (2013)  Part III Statement of Program Service Accomplishments	Page <b>2</b>
the period is an internal content content or make a period content of the period content	Briefly describe the organization's mission  OUR MISSION THE MISSION OF THE ASHP FOUNDATION IS TO IMPROVE THE HEALTH AND WELL-BEING OF HEALTH SYSTEMS THROUGH APPROPRIATE, SAFE AND EFFECTIVE MEDICATION USE OUR VISION AS THE FORTHER AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS, OUR VISION IS THAT PATIENT OUTCOM	PATIENTS IN PHILANTHROPIC ARM ES IMPROVE
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Oceanie the formation grown and section of the company of the property of the property of the property of the company of the property of the company of the	If "Yes," describe these new services on Schedule O	
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AND CONTRACTOR CHART COLD PROVIDE TRANSPORTED AND COLD PROVIDE AND COLD PROVIDED AND COLD PROVIDE AND COLD PROVIDED AND	expenses Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and alloca	
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S RANGO MORALE, INTT N 6 J. SARCE DUCIDICAL SOLDER, N 5 C., PI D. CERLLE RIVERA MARANCH, PRIAMP D., RECHARD L. SER, PI B. D., MARCOS E FELCH.  CONVENIN, IN S., MARLI AGREGATION ROBERTS, N 5 SARCH AND ALL SER, PI B. D., MARCOS E FELCH.  GRAMEFOR RIVERA, D. D. PHIAPMACOGROPHICS 2012, 11 1937-29 UNIVERSETY OF JUSTICO PRICE AND SHIPMACH AND ALL SERVICES. CAMPUS SAM LUM, PURPOR DISCUSSION OF THE CONTROL OF THE CONTROL PRICE AND ALL SERVICES. CAMPUS SAM LUM, PURPOR DISCUSSION OF THE CONTROL PRICE AND ALL SERVICES. CAMPUS SAM LUM, PURPOR CONTROL PRICE AND ALL SE	PROSPECTIVE, MULTICENTER STUDY OF PHARMACIST ACTIVITIES RESULTING IN MEDICATION ERROR INTERCEPTION IN THE EMERGEN PATANWALA, PHARM D , ARTHUR B SANDERS, M D , M H A , MICHAEL C THOMAS, PHARM D , NICOLE M ACQUISTO, PHARM D , KYLE STEPHANIE N BAKER, PHARM D , ERICA M MERRITT, PHARM D , AND BRIAN L ERSTAD, PHARM D ANN EMERG MED 2012, 59 369-3	NCY DEPARTMENT"ASAD E A WEANT, PHARM D , 873 UNIVERSITY OF ARIZONA
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PHARMACISTS EXPAND THEIR INFLUENCE AND EFFECTIVENESS IN ADVANCING SAFE AND EFFECTIVE MEDICATION USE ON AN INSTITUTION-WIDE BASIS, "CLINICAL MICROSYSTEMS TRANSFORMATIONAL FRAMEWORK FOR LEAN THINKING" PROVIDING A FRAMEWORK FOR UNDERSTANDING THE PHILOSOPHY OF LEAN THINKING ALONG WITH THE PRESENTATION OF A SCIENTIFIC METHOD FOR TESTING AND IMPLEMENTING CHANGE USING LEAN PRINCIPLES, AND "TRANSFORMATIONAL CHANGE" OFFERING PRACTICAL STEPS TO SUCCESSFULLY LEAD TRANSFORMATIONAL CHANGE IN AN ORGANIZATION THE NEWEST MODULE, TRANSFORMATIONAL CHANGE, IS LINKED TO A TWO WEBINAR SERIES "RIDING THE NEW CURVE LEADING HEALTH CARE TRANSFORMATION IN TURBULENT TIMES," AND "COLLABORATING FOR TRANSFORMING PRACTICE THE LCC SERVES AS A PRIMARY RESOURCE FOR THE CENTER'S LEADERSHIP PROGRAMS AND THE PPMI WILLIAM A ZELLMER LEADERSHIP LECTURE WHERE PRACTICE MEETS POLICYTHIS ANNUAL LUNCHEON-LECTURE EVENT, HOSTED BY ASHP IN PARTNERSHIP WITH THE ASHP FOUNDATION, IS DESIGNED TO HONOR THE DISTINGUISHED 40-YEAR ASHP CAREER OF WILLIAM A ZELLMER AND IS SUPPORTED BY DONORS TO THE ASHP FOUNDATION'S WILLIAM ZELMER FUND THE FOURTH ANNUAL LECTURE, "CHOOSING TO USE THE MOST POWERFUL MODEL IN THE WORLD" WAS PRESENTED BY DENNIS C WAGNER, M P A, U S DEPARTMENT OF HEALTH AND HUMAN SERVICES ON SEPTEMBER 17, 2013 IN BETHESDA, MD AND WAS ATTENDED BY ASHP PRACTICE LEADERS ATTENDING THE ANNUAL ASHP POLICY WEEK WAGNER IS AN ENTHUSIASTIC, THOUGHTFUL AND STRATEGIC PERSON WHO BELIEVES IN COMMITTING TO AND DELIVERING ON BOLD AIMS IN WORK AND LIFE THE CONTENT OF HIS PRESENTATION WAS PUBLISHED IN THE JULY 1, 2014 TI 128-1135) AT THE CLOSE OF FY14, SUSAN C WINCKLER, J D, B S PHARM, MANAGING PARTNER, LEAVITT PARTNERS, WASHINGTON D C WAS CHOSEN AS THE DISTINGUISHED WILLIAM A ZELLMER LECTURER AND WILL PRESENT HER ADDRESS ON SEPTEMBER 16, 2014 LEADERS, WASHINGTON D C WAS CHOSEN AS THE DISTINGUISHED WILLIAM A ZELLMER LECTURER AND WILL PRESENT HER ADDRESS ON SEPTEMBER 16, 2014 LEADERSCOLLABORATE (FORMERLY PLA ALUMNI SALON SERIES)AT THE REQUEST OF PLA ALUMNI, THE CENTER OFFERED	CAPABILITIES AND TO IDENTIFY AREAS FOR IMPROVEMENT, (2) A LEADER'S TOOL KIT THAT INCLUDES A HOST OF PRACTICAL RESOURING WORKING WITH TEAMS AND IN PLANNING PROJECTS, (3) A LEADERSHIP PRIMER WHICH SERVES AS AN EDUCATIONAL PROGRAM A	CES THAT LEADERS CAN USE ND REFERENCE RESOURCE
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4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

) (Revenue \$

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

4e

Total program service expenses ► 3,496,086

	Part IV	Checklist of	Required	<b>Schedules</b>
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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 for escrow or custodial account liability, 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? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	0(2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Par				_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   73		163	NO
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
E	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	F		N o
		5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	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 as charitable contributions?	6a		No
	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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	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	70		110
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
-	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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
ь 10	Section 501(c)(7) organizations. Enter	טפ		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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.

Se	ection A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No No
6	Did the organization have members or stockholders?	6		No
	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	110
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	,
Ь	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
	Builth a superior board based about the street was been also as well as a superior and the street was a superior and the stree			
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	No
b L1a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b L1a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b L1a b L2a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		No
b L1a b L2a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No
b l1a b l2a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes	No
b l1a b l2a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	No
b l1a b l2a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a b c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a b c 13 14 15	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes	No
b 11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
b l1a b l2a c l3 l4 l5 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
b l1a b l2a b c l3 l4 l5 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes	No
b 11a b 12a b 13 14 15 a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participation in a joint venture or similar arrangement with a taxable entity during the year?  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?	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes	No
b 11a b 12a b 13 14 15 a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes	No

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

►ELIZABETH HARTNETT 7272 WISCONSIN AVENUE 2ND FLOOR

BETHESDA, MD 20814 (301)664-8612

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

#### 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 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 organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot ect	not box h ar	chec k, unle n offici rustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) DIANE B GINSBURG	1 00								7 710	0
CHAIR	0 00	Х		Х				0	7,713	0
(2) GEORGE ZORICH	1 00								_	_
VICE CHAIR	0 00	Х		Х				0	0	0
(3) PAUL W ABRAMOWITZ	1 00									
		Х		Х				0	479,948	40,824
PRESIDENT/ASHP EVP-CEO  (4) PHILIP J SCHNEIDER	39 00									
(4) FILLE J SCHWEIDER	1 00	х		Х				0	0	0
TREASURER	4 00									
(5) STEPHEN J ALLEN	40 00	x		х				275,391	0	33,045
SECRETARY/ASHP REF EVP-CEO	0 00	,		,				273,331	ŭ	33,0 13
(6) J KEITH HANCHEY	1 00								0	
DIRECTOR AT LARGE	0 00	Х						0	0	0
(7) KATHRYN R SCHULTZ	1 00									
DIRECTOR AT LARGE	4 00	Х						0	10,000	0
(8) MICHAEL S FLAGSTAD	1 00									
		Х						0	0	0
DIRECTOR AT LARGE  (9) R EDWARD HOWELL	0 00									
(3) K EDWARD HOWELL	1 00	х						0	0	0
DIRECTOR AT LARGE	0 00									
(10) STANLEY S KENT	1 00	x						0	11,000	0
DIRECTOR AT LARGE	0 00	^						Ů	11,000	
(11) RANDALL A LIPPS	1 00	,								
DIRECTOR AT LARGE	0 00	X						0	0	0
(12) WILLIAM P OWAD JR	1 00									
DIRECTOR AT LARGE	0.00	Х						0	0	0
(13) DANIEL COBAUGH	0 00 40 00									
,					х			192,322	0	26,332
VICE PRESIDENT	0 00					<u> </u>				
(14) RICHARD WALLING	40 00				х			162,438	0	15,778
DIRECTOR, CENTER FOR HEALTH-SYSTEM LEADERSHIP	0 00				<u> </u>			·		,
(15) MYRNA KONAJESKI	40 00					×		117,030	0	29,694
DIRECTOR OF DEVELOPMENT	0 00					<u> </u>		117,030		25,054
(16) BETHANY COULTER	40 00					,,		400.010		40.400
DIRECTOR OF COMMUNICATIONS AND EVENTS	0 00					X		102,040	0	18,199
	2 00									
		ı		1	ı	I	ı			

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion ( han d n is l	ne l both	box, an d	heck unless officer stee)	i	(D Repor compen from organiza	table sation the tion (W-	<b>(E)</b> Reportable compensation from related organizations (W	-   (	(F) Estima mount of compens	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
												-		
1b	Sub-Total							►						
C	Total from continuation sheet	•			•	•	•	<b>F</b>						
d	Total (add lines 1b and 1c) .							سد د ه	<u> </u>	849,221		01		163,872
2	Total number of individuals (in \$100,000 of reportable compe	_					a abov	e) w	no receive	a more tn	ıan			
													Yes	
3	Did the organization list any <b>f</b> o	<b>ormer</b> officer, dii	ector or	r trus	tee,	key	emplo	yee,	, or highest	t compen	sated employee		1.63	
	on line 1a? If "Yes," complete S	chedule J for suc	ch indivi	dual	•	•		•			[	3		No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1								_		or individual for			
	services rendered to the organ	ıızatıon? <i>If "Ye</i> s	," comple	ete S	chea	ule J	forsu	ch pe	erson .		[	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	e highest comp											tav vear	
		(A)		4011	101	CITE C	aicilu	ai ye	ar enamy		(B)	113	(C	)
ENVIS	N ION CHANGE LLC 2 BERKSHIRE ROAD	ame and business RICHMOND VA 232									cription of services JM DEVELOPMENT SVC	:S	Comper	115,300
GLOB/	ALHEALTH EDUCATION & TRAINING LLC	3111 S DIXIE HWY	WEST PA	ALM BE	ACH	FL33	3405			ONLINE TE	CHNOLOGY SVCS	$\blacksquare$	_	109,759
												-+		

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 -2

nts I	1a
Contributions, Gifts, Grants and Other Similar Amounts	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֡֓֓֡֓֡
iffs, I	
s, Gi imila	•
ution er S	f
d ib	g
Contributions, Gifts, Grants and Other Similar Amounts	ŀ
anna	2
- Re Se	l t
rwce	0
\$ ∈	•
Program Serwoe Revenue	f
	3
	24 t c c d e e f f g 3 3 4 5 6 6 t t
	6
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	76   
	E
	c
r Revenue	
)the	l t
•	96
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	10a
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	11a
	6
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VIII	Statement o		ponse or note to any li	ne in this Part VIII			
			ponse of note to any n	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns	1a				
b	Membership du	es	1b				
c	Fundraising eve	ents	<b>1c</b> 163,000				
d	Related organiz	zations	<b>1d</b> 414,160				
l e	Government grants		 1e				
f	All other contribute similar amounts no	ons, gifts, grants, and ot included above	1,759,682				
g	Noncash contribution	ons included in lines	75,841				
h	Total. Add lines	s 1a-1f		2,336,842			
<u> </u>	Totali / (da ilii c.			, ,			
2a	PHARMACY LEADER	DOUTH ACADEMY	Business Code	405 400	405,400		
1 _			611430	,	406,400		
b	CRITICAL CARE TR		611430	· •	138,564		
C	PAIN & PALLIATIVE  CAPSTONE PROGR		611430	, <u> </u>	54,400		
d			611430	,	43,735		
e	PUBLICATION REVI		511190	1,405	1,405		
f	An other progra	am service revenue					
g	Total. Add lines	s 2a – 2f	🛌	644,504			
3		ome (including dividar amounts)		248,335			248,335
4		ar amounts) stment of tax-exempt bo					
5							
	,	(ı) Real	(II) Personal				
6a	Gross rents						
b	Less rental expenses						
c	Rental income						
d	or (loss) Net rental inco	L me or (loss)	<u> </u>				
		(ı) Securities	(II) Other				
7a	Gross amount						
	from sales of assets other	5,800,741					
Ь	than inventory Less cost or						
	other basis and sales expenses	5,384,852					
С	Gain or (loss)	415,889					
d	Net gain or (los	s)	<u> </u>	415,889			415,889
8a	Gross income f events (not inc \$ 163						
	of contributions See Part IV, lin	reported on line 1c	:)				
			<b>a</b> 25,500				
b	Less direct ex	penses	<b>b</b> 34,064				
C	Net income or (	(loss) from fundraısı	ng events 🛌	-8,564			-8,564
9a		rom gaming activition in the second section in the second	es a				
h	less directev	penses	b				
			ictivities				
	Gross sales of returns and allo	inventory, less					
_			a				
b			b			ı	
c	Net income or (	(loss) from sales of i	Business Code				
11a	miscellaneous	s veseune	Dusiliess Code				
b							
C	Λ II other =						
d e	Total. Add lines	ue					
12	Total revenue.	See Instructions .		3,637,006	644,504	0	655,660

	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				
	Check if Schedule O contains a response or note to any line in this		 (B)	   (c)	<del>.</del> \\alpha\}
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	787,924	787,924		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	98,000	98,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	90,000	30,000		
4	Benefits paid to or for members				_
5	Compensation of current officers, directors, trustees, and key employees	713,433	519,633	22,794	171,006
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	516,608	380,979	12,227	123,402
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	88,752	61,621	9,926	17,205
9	Other employee benefits	41,197	23,781	2,222	15,194
10	Payroll taxes	67,829	46,696	4,373	16,760
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	10,280		10,280	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,172,080	1,117,574	43,650	10,856
12	Advertising and promotion	1,172,000	1,117,374	+3,030	10,030
13	Office expenses	31,660	13,708	4,729	13,223
14	Information technology	31,000	13,700	4,729	15,225
1 <del>4</del> 15					
	Royalties	04.424	54.363	7 206	10.465
16 	Occupancy	81,124	54,363	7,296	19,465
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	364,566	329,109	27,429	8,028
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,656		12,656	
23	Insurance	,		,	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	GENERAL EXPENSES	122,410	96,762	6,292	19,356
b	STAFF DEVELOPMENT	2,969		325	2,644
c	SPECIAL EVENT EXPENSE	-34,064	-34,064		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,077,424	3,496,086	164,199	417,139
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in the			(A) Beginning of year		( <b>B)</b> End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments		•	1,252,411	2	447,639
	3	Pledges and grants receivable, net			114,693	3	336,574
	4	Accounts receivable, net				4	
ssets	5	Loans and other receivables from current and former officers, die employees, and highest compensated employees. Complete Par Schedule L		, trustees, key		5	
	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(B employers and sponsoring organizations of section 501(c)(9) volume beneficiary organizations (see instructions) Complete Part II of	), and o	contributing y employees'		6	
Ž	7	Notes and loans receivable, net				7	
1	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			48,454	9	7,430
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	     10a	60,801	,		.,,
	ь	Less accumulated depreciation	10b	24,358	25,757	10c	36,443
	11	Investments—publicly traded securities	8,915,122	11	9,537,627		
	12	Investments—other securities See Part IV, line 11	868,649	12	491,533		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			21,151	15	19,867
	16	Total assets. Add lines 1 through 15 (must equal line 34)			11,246,237	16	10,877,113
	17	Accounts payable and accrued expenses			503,651	17	518,731
	18	Grants payable				18	,
	19	Deferred revenue			146,864	19	52,725
	20	Tax-exempt bond liabilities	•			20	52,125
	21	Escrow or custodial account liability Complete Part IV of Scheo	 ماليات	•		21	
lities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi	rs, trus			21	
liabil		persons Complete Part II of Schedule L				22	
Ï	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	ed third	parties,			
		D				25	
	26	Total liabilities. Add lines 17 through 25		•	650,515	26	571,456
o d C		Organizations that follow SFAS 117 (ASC 958), check here ► □ lines 27 through 29, and lines 33 and 34.	and c	omplete			
5	27	Unrestricted net assets		•	1,451,800	27	1,392,799
Ö	28	Temporarily restricted net assets	4,357,383	28	4,124,029		
2	29	Permanently restricted net assets			4,786,539	29	4,788,829
ol Fulla Balallot		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re ► 「	and			
	30	Capital stock or trust principal, or current funds				30	
Ç Ç	31	Paid-in or capital surplus, or land, building or equipment fund				31	
î	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
į	33	Total net assets or fund balances			10,595,722	33	10,305,657
_	34	Total liabilities and net assets/fund balances			11,246,237	34	10,877,113

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				·
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,6	537,006
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,0	077,424
3	Revenue less expenses Subtract line 2 from line 1	3		- 4	140,418
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10,!	595,722
5	Net unrealized gains (losses) on investments	5			107,018
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			43,335
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		10,:	305,657
Par	t XII Financial Statements and Reporting	I			
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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DLN: 93493083007095

# OMB No 1545-0047

#### **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization	
AMERICAN SOCIETY OF HEALTH-SYSTEM	
PHARMACISTS RESEARCH AND EDUCATION	<b>FDTN</b>

Employer identification number

23-7033369

Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All or	ganization	s must com	plete this	part.) See			
				te foundation becaus								
1	$\Gamma$	A chur	ch, convent	ion of churches, or a	ssociation of	f churches o	described in <b>s</b>	ection 170(	b)(1)(A)(i).			
2	$\Gamma$	A scho	ol described	d in <b>section 170(b)(1</b>	.)( <b>A)(ii).</b> (At	tach Sched	lule E)					
3	$\Gamma$	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desci	rıbed ın <b>sectio</b>	on 170(b)(1	)(A)(iii).			
4				h organization opera						(1)(A)(iii). E	nter the	
	_			ity, and state								
5		_	•	erated for the benefi	_	or univers	ity owned or o	perated by	a governme	ntal unit desc	cribed in	
	_	section 170(b)(1)(A)(iv). (Complete Part II)										
6				local government o	_							
7	✓			at normally receives			support from	a governm	ental unit or	from the gen	eral public	
8	$\vdash$			on 170(b)(1)(A)(vi). : described in <b>sectio</b> i	•	•	mnlete Part I	τ )				
9	<u>'</u>		-	at normally receives			•	-	hutions mar	nhershin fees	and aross	
•	,	_		rities related to its e					•	-	-	
				oss investment inco								
				ganızatıon after June						. caxy mom be	.511103303	
10	$\vdash$	•		ganized and operated	•			•	•			
11	,	_		ganized and operated	•				. , . ,		the nurnoses of	
	,			ly supported organiz								
		the box	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 - Non-functionally integrated						· -					
e	Г			ox, I certify that the								
			nan roundati n 509(a)(2)	ion managers and ot	ner than one	or more pu	DIICIY SUPPORT	ed organiza	tions descri	ped in sectio	n 509(a)(1) or	
f				received a written de	etermination	from the IF	RS that it is a	Type I, Typ	e II, or Type	e III support	ıng organization,	
		check	this box							• • •	, L	
g				2006, has the organ	zation acce	oted any gif	t or contributi	on from any	of the			
			ng persons? erson who d	rectly or indirectly o	ontrols eith	er alone or	together with	nersons de	scribed in (i	1)	Yes No	
				governing body of th	•		_	persons de	Seribed III (I	11g		
		•		er of a person descr		_	···			11g		
			•	lled entity of a perso			above?			11g		
h				ng information about						[9	()	
		1 10114		ing innormation about	тие вирроге	ca organiza	(5)					
	i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notify	(vi) Is	the	(vii) A mount of	
	suppo			organization	organizat	ion in	the organi	zation	organiza	tion in	monetary	
OI	ganiz	ation				col (i) listed in		of your	col (i) or	_	support	
			lines 1 - 9 above		your gove docume	_	suppo	τ,	ın the l	157		
				or IRC section (see	aocume	HIL?						
				instructions))	V		<del>                                     </del>				-	
					Yes	No	Yes	No	Yes	No	<u> </u>	
											<u> </u>	
	1						+				<del> </del>	
Tota			I	I	l	1	1	1	1	1	1	

Schedule A (Form 990 or 990-EZ) 2013 Page 2 Support Schedule for Organizations Described in Sections 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 (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 1,993,575 2,697,502 3,023,671 2,475,022 2,336,842 12,526,612 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 1,993,575 2,697,502 3,023,671 2,475,022 2,336,842 12,526,612 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 6,668,312 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 5,858,300 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 (f) Total beginning in) 🟲 2,475,022 1,993,575 2,697,502 3,023,671 2,336,842 12,526,612 Amounts from line 4 Gross income from interest, dividends, payments received on 232,970 219,336 251,504 248,335 1,186,723 securities loans, rents, royalties 234,578 and income from similar 9 10 11 12 13

	sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income Do not include							
	gain or loss from the sale of	8,760	7,085	30,000	20,000		25,500	91,345
	capital assets (Explain in Part	·	·		·		·	·
	IV)							
11	Total support (Add lines 7							13,804,680
4.0	through 10)		t \			T		
12	Gross receipts from related activit	ies, etc (see insi	ructions)			12		1,640,471
13	First five years. If the Form 990 is	for the organizat	ion's first, secon	d, thırd, fourth, or	fifth tax year as a	501(c)(	3) orgar	nization, check
	this box and <b>stop here</b>						<u></u>	▶厂
S	ection C. Computation of Pu	blic Support F	Percentage					
14	Public support percentage for 201	3 (line 6, column	(f) divided by line	11, column (f))		14		42 440 %
15	Public support percentage for 201	2 Schedule A, Pa	rt II, line 14			15		41 400 %
16a	33 1/3% support test-2013. If the	organization did	not check the box	x on line 13, and	line 14 is 33 1/3%	or more,	check t	this box
	and stop here. The organization qu							<b>▶</b>  ▼
b	33 1/3% support test—2012. If the	organization did	not check a box	on line 13 or 16a	, and line 15 is 33	3 1/3% or	more, ch	neck this
	box and <b>stop here.</b> The organization	n qualifies as a p	ublicly supported	organization				<b>▶</b> ┌
17a	10%-facts-and-circumstances test	: <b>—2013.</b> If the org	anızatıon dıd not	check a box on li	ne 13, 16a, or 16	b, and lin	e 14	
	is 10% or more, and if the organiza							
	in Part IV how the organization me	ets the "facts-an	d-cırcumstances	" test The organ	ızatıon qualıfıes a	s a public	ly supp	
	organization							<b>▶</b> □
ь	10%-facts-and-circumstances test				, , ,	•		
	15 is 10% or more, and if the orga							
	Explain in Part IV how the organiza	ation meets the "1	acts-and-circum	stances" test Th	ne organization qu	ialifies as	a public	
	supported organization				4=1 1 1 1			▶┌
18	<b>Private foundation.</b> If the organiza	ition did not chec	k a box on line 13	s, 16a, 16b, 17a,	or 1/b, check thi	s box and	see	<b>▶</b> □
	instructions							▶□
					<u> </u>	J.J. A /5		000 F7\ 2012
					Sche	auie A (F	orm 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 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

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	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 ) ction B. Total Support						
	ndar year (or fiscal year beginning	( ) 2000	(1) 2010	( ) 2011	(1) 2012	( ) 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	( <b>B)</b> 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	<b>(B)</b> 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2012	(5,232	
9	in)  A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (	on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization  ic Support Performance (line 8, column ( 2 Schedule A, Paragraphic Performance)  colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or  13, column (f))  ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test					
Return Reference	Explanation				
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	SPECIAL EVENT INCOME - 2009 AMOUNT \$ 8,760 2010 AMOUNT \$ 7,085 2011 AMOUNT \$ 30,000 2012 AMOUNT \$ 20,000 2013 AMOUNT \$ 25,500				

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493083007095

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Open to Public

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ .

AMI	me of the organization ERICAN SOCIETY OF HEALTH-SYSTEM ARMACISTS RESEARCH AND EDUCATION FDTN			oloyer identification number
Pa	rt I Organizations Maintaining Donor Adv	vised Funds or Other Similar F		
	organization answered "Yes" to Form 990	•		
		(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 advise funds are the organization's property, subject to the or		nor adv	rsed <b>┌ Yes ┌ No</b>
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?			
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes"	to Forr	n 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	or education)  Preservation of a	certifie	d historic structure
	casement on the last au, or the tax year			Held at the End of the Year
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminat	ed by th	ne organization during
	the tax year ►			
4	Number of states where property subject to conservat	ion easement is located 🕨		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		idling of	f violations, and <b>Yes No</b>
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments (	during the year
7	A mount of expenses incurred in monitoring, inspecting  \$ \blue{\blue}\$ = \blue{\blue}\$	g, and enforcing conservation easement	s durın	g the year
8	Does each conservation easement reported on line 2 (and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financia		
Par	t III Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	.16 (ASC 958), not to report in its reve ets held for public exhibition, education,	orrese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ets held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$

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 (ASC 958) relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

Par'	Organizations Maintaining Co	llections of Art	t, His	<u>storic</u>	<u>al Tr</u>	easur	es, or O	<u>ther</u>	Similar As	sets (	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recoi	rds, cl	heck ar	ny of t	he follo	wing that a	ire a s	significant use	ofits	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Γ	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain ho	w they	furthe	r the or	ganızatıon	's exe	empt purpose	ın	
5	During the year, did the organization solicit									_	_
Do.	assets to be sold to raise funds rather than t		•							Yes	│ No
Pal	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	u re	es to Form s	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						other ass	ets n		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	I and complete the	follo	wing ta	ble						
									An	nount	
С	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 Fe	orm 990, Part X, lin	e 21?	,						┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI:	I Check here if the	e expl	anatıoı	n has	been pr	ovided in F	art X	III		Г
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b)	Prior yea		<b>b (c)</b> Two			rree years back	<b>(e)</b> Four	years back
1a	Beginning of year balance	6,319,749		6,06	53,322		6,281,196		5,934,328		5,554,292
b	Contributions	2,290			8,145				350		7,295
C	Net investment earnings, gains, and losses	610,172		86	50,936		-174,945		886,373		899,095
d	Grants or scholarships										
e	Other expenditures for facilities	513,444		61	12,654		42,929		539,855		526,354
_	and programs	313,444			12,034		72,323		337,033		
f	Administrative expenses	6,418,767		6 21	19,749		6,063,322		6,281,196		5,934,328
g	End of year balance			•					0,261,190		3,934,320
2	Provide the estimated percentage of the cur		ce (lir	ne 1g, d	colum	n (a)) h	eld as				
а	Board designated or quasi-endowment	7 790 %									
b	Permanent endowment ► 74 610 %										
С	Temporarily restricted endowment ► 17 The percentages in lines 2a, 2b, and 2c sho	500 % uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiz	atıon	that ar	e held	d and ad	mınıstered	d for t	he		
	organization by								<u> </u>	Yes	+
	(i) unrelated organizations		•					•	3a(		No No
ь	If "Yes" to 3a(II), are the related organization							٠. ٠	31		1
4	Describe in Part XIII the intended uses of the	<u>-</u>								I	<u> </u>
Par	t VI Land, Buildings, and Equipme		the o	rganiz	zatıor	n answ	ered 'Yes	' to F	orm 990, Pa	art IV, I	ine
	11a. See Form 990, Part X, line  Description of property	10.		(2)	Cost o	or other	(b)Cost or	other	(c) Accumulate	d (4)	Book value
	Description of property					stment)	basis (oth		depreciation	u (u)	
1a	Land										
b	Buildings										
c	Leasehold improvements										
d	Equipment		•				60	,801	24,3	358	36,443
	Other										
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colu	umn (B)	), line	10(c).)			•		36,443
									Schedule [	) (Form	990) 2013

See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001. Turus	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	ion answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>+</b>	
Part IX Other Assets. Complete if the organization		
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
<b>Part X Other Liabilities.</b> Complete if the organization of the organization of the property	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		-
	1	4
	+	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	†
Total (Column (b) mast equal form 330, fart A, coll b) mic 23 /		

ADJUSTMENTS

ADJUSTMENTS

PART XII, LINE 2D - OTHER

Par		evenue per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line		nts Wit	h Rev	enue p	er R	<b>eturn</b> Complete If
1		er support per audited financial statements					1	3,842,051
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12						
а	Net unrealized gains on invest	ments	2a		1	.07,018		
b	Donated services and use of fa	acılıtıes	2b			63,963		
c	Recoveries of prior year grants	s	2c					
d	Other (Describe in Part XIII )		2d			34,064		
e	Add lines <b>2a</b> through <b>2d</b> .						2e	205,045
3	Subtract line ${f 2e}$ from line ${f 1}$ .					[	3	3,637,006
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>						
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a					
b	Other (Describe in Part XIII )		4b					
С	Add lines <b>4a</b> and <b>4b</b>						<b>4</b> c	0
5		d <b>4c.</b> (This must equal Form 990, Part I, lin	e 12)				5	3,637,006
Part		xpenses per Audited Financial St			ith Ex	penses	per	<b>Return.</b> Complete
1		swered 'Yes' to Form 990, Part IV, lın r audıted financıal statements					1	4 1 2 2 1 1 6
	·	t not on Form 990, Part IX, line 25				•		4,132,116
2		acilities	ء ا	ı		63,963		
a			. 2a 2b			03,903		
b	Prior year adjustments		2D 2c					
c d			2d	-		-9,271		
u e	Add lines 2a through 2d		Zu			-9,2/1	2e	54,692
3			• •				3	4,077,424
4		0, Part IX, line 25, but not on line <b>1:</b>	• •	•			ب	7,077,724
a		uded on Form 990, Part VIII, line 7b.	.   4a	ı				
b			4b	+				
c	Add lines <b>4a</b> and <b>4b</b>		_ 40				4c	0
5			ne 18 )	•			5	4,077,424
	Supplemental Inf		116 10 )	• •	• •	• •		7,077,724
Prov Part	ride the descriptions required for	Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d an						de any additional
	Return Reference	Explanation						
PART	V, LINE 4	THE FOUNDATION'S ENDOWMENT PRI JOSEPH A ODDIS ENDOWMENT CAMP FOR PROGRAMS THAT IMPROVE PHAP OF MEDICATIONS	AIGN,	THE PUF	RPOSE	OF WHI	CHIS	TO RAISE FUNDS
	X, LINE 2	DURING THE YEAR ENDED MAY 31, 20 INCOME TAX POSITIONS AT A MININ 2013 ARE OPEN FOR EXAMINATION B	UM, TH	HE TAX \ AUTHOR	YEARS RITIES	BEGINN		
PART	XI, LINE 2D - OTHER	SPECIAL EVENTS EXPENSE REPORTER	DINPA	RT VIII	34,06	4		

SPECIAL EVENTS EXPENSE REPORTED IN PART VIII 34,064 RECOVERY OF PRIOR YEAR

GRANTS -35,086 REVERSAL OF FY13 OVERACCRUAL - GRANTS -8,249

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493083007095

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

**Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

**Supplemental Information Regarding** 

Open to Public Inspection

Name of the organization AMERICAN SOCIETY OF HEAL				ez) and its instructions is at w		ntification number
PHARMACISTS RESEARCH AN		N			23-7033369	
Part I Fundraising Act Form 990-EZ filers					to Form 990, Part IV	, line 17.
<ul> <li>Indicate whether the organia</li> <li>Mail solicitations</li> <li>Internet and email solic</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a or key employees listed in the properties of the properties of the compensated at least to be compensated at least</li> </ul>	citations written or oral agree Form 990, Part VII) t paid individuals or	ement with or entity entities (1	e f g n any Indi In connec	Solicitation of non Solicitation of gov Special fundraisin vidual (including officeration with professional f	rs, directors, trustees	<b>FYes FN</b> o
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			<b>&gt;</b>			
3 List all states in which the or registration or licensing	organization is regist	tered or li	censed to	solicit contributions o	r has been notified it is	exempt from

			(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events
			PEG DINNER			(add col <b>(a)</b> through col <b>(c)</b> )
			(event type)	(event type)	(total number)	
₽	1	Gross receipts	188,500			188,500
Revenue	2	Less Contributions	163,000			163,000
<u></u>	3	Gross income (line 1 minus line 2)	25,500	0		25,500
	4	Cash prizes				
မွာ	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages .				
Direct	8	Entertainment				
Ž	9	Other direct expenses .	34,064	1		34,064
	10	Direct expense summary Add lin	es 4 through 9 in column	(d)		(34,064)
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)		-8,564
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	•
		\$15,000 OH FOHH 550 EZ, III				
		\$13,000 OH FORM 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	col (a) through col
Revenue			(a) Bingo		(c) Other gaming	col (a) through col
Revenue	2	Gross revenue	(a) Bingo		(c) Other gaming	col (a) through col
Expenses Revenue	2	Gross revenue  Cash prizes  Non-cash prizes	(a) Bingo		(c) Other gaming	col (a) through col
Revenue	2 3 4	Gross revenue  Cash prizes  Non-cash prizes	(a) Bingo		(c) Other gaming	col (a) through col
red Expenses Revenue	2 3 4 5	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs	(a) Bingo		(c) Other gaming  Yes % No	col (a) through col
red Expenses Revenue	2 3 4 5	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses	(a) Bingo  Yes % No	F Yes %		col (a) through col
red Expenses Revenue	2 3 4 5	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses	(a) Bingo  Yes %  No  S 2 through 5 in column (	F Yes %  No	Г Yes %	col (a) through col
red Expenses Revenue	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line	(a) Bingo  Yes %  No  s 2 through 5 in column (cract line 7 from line 1, co	TYes %  No  d)	Г Yes %	col (a) through col (c))
6 Direct Expenses Reveilue	2 3 4 5 6 7 8 Ent Ist	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Subter the state(s) in which the organization licensed to operate No," explain	(a) Bingo  Yes %  No  s 2 through 5 in column (cract line 7 from line 1, co	FYes % No  d)	Г Yes	col (a) through col (c))

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g <sup>,</sup>			· Fyes [	– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility			<del></del>		%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name <b>▶</b>					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	<b>E</b> mployee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (	distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear <b>⊳</b> \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u> </u>	<u> </u>		rm 990 or 990-	7) 2012

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DLN: 93493083007095

2013

OMB No 1545-0047

(Form 990)

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

_		Attach to Form 990				oen to Public Inspection
	about benedule 1 (1 e	and its instructi	ons is at <u>www.sigory</u> .			
					23-7033369	
	Assistance					
grants or assi procedures for	stance? monitoring the use o	f grant funds in the Unite	d States			F Yes   F Yes
(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
	Information  ON FDTN  Grants and  s to substantial grants or assi procedures for  ance to Gove	Information about Schedule I (Formation about Schedule I (Formation about Schedule I (Formation III)  ON FDTN  Grants and Assistance  In to substantiate the amount of the engrants or assistance?	Attach to Form 990 Information about Schedule I (Form 990) and its instruction  ON FDTN  Grants and Assistance  Is to substantiate the amount of the grants or assistance, the grants or assistance?	Attach to Form 990 Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/">www.irs.gov/</a> Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/">www.irs.gov/</a> Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/">www.irs.gov/</a> Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/">www.irs.gov/</a> Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/">www.irs.gov/</a> Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/">www.irs.gov/</a> Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/">www.irs.gov/</a> Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/">www.irs.gov/</a> Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/">www.irs.gov/</a> Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/">www.irs.gov/</a> Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/">www.irs.gov/</a> Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/">www.irs.gov/</a> Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/">www.irs.gov/</a> Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/">www.irs.gov/</a> Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/">www.irs.gov/</a> Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/">www.irs.gov/</a> Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/">www.irs.gov/<a href="https://www.irs.gov/">www.irs.gov/<a form990"="" href="https://w&lt;/td&gt;&lt;td&gt;Information about Schedule I (Form 990) and its instructions is at &lt;a href=" https:="" www.irs.gov="">www.irs.gov/form990</a>.  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.  Information about Schedule I (Form 990) and its instructions in the United States  Information about Schedule I (Form 990) and its instruction about Schedule I (Form 990) and its instruction about Schedule I (For</a></a>	Attach to Form 990 Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .    Employer identification	

П	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					
Part IV Supplemental Inform	nation. Provide the inf	ormation required in P	art I, line 2, Part III, co	lumn (b), and any other a	dditional information.
		•			

Part IV Supplemental II	<b>normation.</b> Provide the information required in Part 1, line 2, Part 111, Column (b), and any other additional information.
Return Reference	Explanation
,	THE ASHP FOUNDATION HAS A DETAILED REPORTING REQUIREMENT FOR ALL GRANTS AWARDED WHICH INCLUDES REPORTING PROGRESS AT 6-MONTH INTERVALS ANY UNUSED GRANT FUNDS MUST BE RETURNED THE ASHP FOUNDATION HAS A GOOD TRACK RECORD OF ENSURING STUDY COMPLETION AND PUBLICATION OF STUDY RESULTS

Schedule I (Form 990) 2013

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 23-7033369

Name: AMERICAN SOCIETY OF HEALTH-SYSTEM

PHARMACISTS RESEARCH AND EDUCATION FDTN

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FOUNDATION FOR PHARMACEUTICAL EDUCATION ONE CHURCH STREET ROCKVILLE, MD 20850	53-0214882	501(C)(3)	7,500				2013 SPONSORSHIP

Form 990,Schedule I, Pai	orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS 7272 WISCONSIN AVENUE BETHESDA,MD 20814	52-0807628	501(C)(6)	35,816				CLINICAL SKILLS COMPETITION	

Form 990,Schedule I, Pai	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
BJC HEALTHCARE 4901 FOREST PARK AVENUE ST LOUIS,MO 63108	75-3052953	501(C)(3)	50,000				2013 AWARD FOR EXCELLENCE AWARD	

Form 990,Schedule 1, Pai	orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION 3911 BEAUDIEN AVENUE DETROIT,MI 48201	32-0087353	501(C)(3)	6,447				NEW INVESTIGATOR GRANT	

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CLINICAL PHARMACY SYSTEMS INC 6285 E FOWLER AVENUE TAMPA,FL 33617	59-2986827	501(C)(3)	5,000				PHARMACY PRACTICE MODEL INITIATIVE SUMMIT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CORPORATION OF MERCER UNIVERSITY 1400 COLEMAN AVENUE MACON,GA 31207	58-0566167	501(C)(3)	7,596				2014 PHARMACY PRACTICE MODEL INITIATIVE DEMO GRANT	

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
DUKE UNIVERSITY 324 BLACKWELL STREET DURHAM,NC 27708	56-0532129	501(C)(3)	8,250				2014 PHARMACY PRACTICE MODEL INITIATIVE DEMO GRANT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
FROEDTERT HEALTH INC 9200 W WISCONSIN AVENUE MILWAUKEE,WI 53226	39-2014409	501(C)(3)	40,000				2013 PHARMACY RESIDENT EXPANSION GRANT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
HARRIS COUNTY HOSPITAL DISTRICT FOUNDATION 2525 HOLLY HALL HOUSTON,TX 77054	76-0408224	501(C)(3)	8,250				MULTIDOSE GRANT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HENRY FORD HEALTH SYSTEM 2799 WEST GRAND BLVD DETROIT,MI 48202	38-1357020	501(C)(3)	40,000				2013 PHARMACY RESIDENT EXPANSION GRANT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HENRY FORD HEALTH SYSTEM 2799 WEST GRAND BLVD DETROIT,MI 48202	38-1357020	501(C)(3)	25,000				PHARMACY PRACTICE MODEL INITIATIVE GRANT PHASE 1			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
IDAHO STATE UNIVERSITY 921 SOUTH 8TH AVENUE STOP 8219 POCATELLO,ID 83209	82-6000924	501(C)(3)	8,250				FEDERAL SERVICE GRANT		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INDIANA UNIVERSITY HEALTH INC 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS,IN 46204	35-1955872	501(C)(3)	40,000				2013 PHARMACY RESIDENT EXPANSION GRANT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KAISER FOUNDATION HEALTH PLAN OF COLORADO 10065 E HARVARD AVENUE DENVER,CO 80231	84-0591617	501(C)(3)	8,398				PHARMACY PRACTICE MODEL GRANT			

Form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
EXEMPIA LUTHERAN MEDICAL CENTER FOUNDATION 8300 WEST 38TH AVENUE WHEAT RIDGE,CO 80033	20-8846152	501(C)(3)	8,250				2014 PHARMACY PRACTICE MODEL INITIATIVE DEMO GRANT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MISSION HEALTHCARE FOUNDATION INC 890 HENDERSONVILLE ROAD SUITE 300 ASHEVILLE,NC 28803	56-1881331	501(C)(3)	8 ,2 50				2014 PHARMACY PRACTICE MODEL INITIATIVE DEMO GRANT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NORTHWESTERN MEMORIAL HOSPITAL 251 E HURON STREET CHICAGO,IL 60611	37-0960170	501(C)(3)	6,665				NEW INVESTIGATOR GRANT		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NORTHWESTERN MEMORIAL HOSPITAL 251 E HURON STREET CHICAGO,IL 60611	37-0960170	501(C)(3)	8,500				PHARMACY PRACTICE MODEL GRANT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OHIO STATE UNIVERSITY THE 333 WEST 10TH AVENUE COLUMBUS,OH 43210	31-6025986	501(C)(3)	5,000				2013 PHARMACY RESIDENT EXPANSION GRANT		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OHIO STATE UNIVERSITY THE 333 WEST 10TH AVENUE COLUMBUS,OH 43210	31-6025986	501(C)(3)	8,250				PHARMACY PRACTICE MODEL GRANT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
REGENTS OF THE UNIVERSITY OF CALIFORNIA 521 PAMASSUS AVENUE SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	6,800				NEW INVESTIGATOR GRANT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN STREET ROOM 153 CHICAGO,IL 60612	36-2174823	501(C)(3)	40,000				2013 PHARMACY RESIDENT EXPANSION GRANT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SACHDEV CLINICAL PHARMACY INC 14149 WICKSWORTH WAY CARMEL,IN 46032	27-1041871		5,000				PHARMACY PRACTICE MODEL INITIATIVE SUMMIT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SIERRA VETERANS RESEARCH AND EDUCATION FOUNDATION 975 KIRKMAN AVENUE 151 RENO,NV 89502		501(C)(3)	10,000				2013 EXCELLENCE A WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP 393 E WALNUT STREET PASADENA,CA 91188	95-1750445	501(C)(9)	10,000				2013 EXCELL AWARD AWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE COMPUS BOX 2000 EDWARDSVILLE,IL 62026	37-0986220	501(C)(3)	9,000				PAIN MANAGEMENT TRAINING		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ST LOUIS COLLEGE OF PHARMACY 4588 PARKVIEW PLACE ST LOUIS,MO 63110	43-0652675	501(C)(3)	5,000				2014 PHARMACY RESIDENT GRANT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ST MARGARET FOUNDATION 815 FREEPORT ROAD PITTSBURGH,PA 15215	25-1520340	501(C)(3)	6,600				NEW INVESTIGATOR GRANT		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SUTTER HEALTH 2200 RIVER PLACE DRIVE SACRAMENTO,CA 95833	94-2788907	501(C)(3)	8,068				PHARMACY PRACTICE MODEL INITIATIVE DEMO GRANT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS 506 S WRIGHT 209 HAB MC339 URBANA,IL 61801	37-6000511	501(C)(3)	40,000				2013 PHARMAY RESIDENT EXPANSION GRANT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET PHILADELPHIA,PA 19107	23-1352651	501(C)(3)	6,667				NEW INVESTIGATOR GRANT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC 111 S 11TH STREET PHILADELPHIA,PA 19107	23-2829095	501(C)(3)	40,000				2013 PHARMACY RESIDENT EXPANSION GRANT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON,MA 02111	04-3400617	501(C)(3)	40,000				2013 PHARMACY RESIDENT EXPANSION GRANT			

<u>Form 990,Schedule I, Pa</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF ARIZONA PO BOX 3308 TUCSON,AZ 85722	74-2652689	501(C)(3)	6,656				NEW INVESTIGATOR GRANT			

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF COLORADO DENVER 13120 EAST 19TH AVENUE AURORA,CO 80045	84-6000555	501(C)(3)	40,000				2013 PHARMACY RESIDENT EXPANSION GRANT			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF IOWA HOSPITALS & CLINICS 105 JESSUP HALL IOWA CITY,IA 52242	42-6004813	501(C)(3)	7,500				PAIN MANAGEMENT TRAINING			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF MARYLAND BALTIMORE 220 ARCH STREET BALTIMORE, MD 21201	52-6002033	501(C)(3)	15,000				PAIN MANAGEMENT TRAINING			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE CHAPEL HILL,NC 27599	56-6001393	501(C)(3)	8,250				PHARMACY PRACTICE MODEL INITIATIVE DEMO GRANT			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH,PA 15213	25-0965591	501(C)(9)	8,250				MULTIDOSE MEDICATION GRANT			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH,PA 15213	25-0965591	501(C)(3)	6,774				NEW INVESTIGATOR GRANT			

Form 990,Schedule I, Pa	<u>rt II, Grants an</u>	<u>id Other Assistance</u>	<u>e to Governments</u>	and Organization	<u>s in the United Sta</u>	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH,PA 15213	25-0965591	501(C)(3)	8,237				PHARMACY PRACTICE MODEL INITIATIVE DEMO GRANT

Form 990,Schedule 1, Par	Form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE SLT LAKE CITY,UT 84112		501(C)(3)	40,000				2013 PHARMACY RESIDENT EXPANSION GRANT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNVIERSITY OF VIRGINIA HEALTH SYSTEM 914 EMMET STREET CHARLOTTESVILLE,VA 22903	54-6001796	501(C)(3)	10,000				PAIN MANAGEMENT TRAINING		

Form 990,Schedule 1, Pa	Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
VCU HEALTH SYSTEM 401 N 11 STREET RICHMOND,VA 23298	54-1848065	501(C)(3)	40,000				2013 PHARMACY RESIDENT EXPANSION GRANT				

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States										
(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance					
AWARD FOR EXCELLENCE	4	5,000		<u> </u>						
LITERATURE AWARDS	4	13,500								
RESIDENCY AWARDS	4	2,000								
AMBULATORY SUMMIT HONORARIA	13	19,000								
RESEARCH BOOT CAMP	3	9,000								
LEADERSHIP LEADERS EDGE PROGRAM	7	7,000								
LEADERSHIP ENVIROMENTAL FORECAST PROJECT	15	15,500								
STATE AFFILIATE WORKSHOPS	1	1,000								
CRITICAL CARE WORKSHOP	2	2,000								
STUDENT LEADERSHIP AWARDS	12	24,000								
	-									

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DLN: 93493083007095

OMB No 1545-0047

Schedule J (Form 990)

# **Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

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Department of the Treasury Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN 23-7033369 Part I Ouestions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to o 990, Part VII, Section A, line 1a Complete Part III to provide any relevant inform			
	First-class or charter travel Housing allowance o	r residence for personal use		
	Travel for companions Payments for busines	ss use of personal residence		
		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 pol reimbursement or provision of all of the expenses described above? If "No," comp			
2	Did the organization require substantiation prior to reimbursing or allowing expension directors, trustees, officers, including the CEO/Executive Director, regarding the			
3	Indicate which, if any, of the following the filing organization used to establish the organization's CEO/Executive Director Check all that apply Do not check any boused by a related organization to establish compensation of the CEO/Executive D	oxes for methods Director, but explain in Part III		
	✓ Compensation committee ✓ Written employment			
	Independent compensation consultant Compensation surve	•		
	Form 990 of other organizations  Approval by the boar	d or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a wor a related organization	th respect to the filing organization		
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement pl	an? 4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement	ent? 4c		Νo
	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 compensation contingent on the revenues of	pay or accrue any		
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	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 compensation contingent on the net earnings of	pay or accrue any		
а	The organization?	6a		Νo
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 payments not described in lines 5 and 6? If "Yes," describe in Part III	provide any non-fixed 7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a subject to the initial contract exception described in Regulations section 53 495 in Part III			No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption proc section 53 4958-6(c)?			140

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)PAUL W ABRAMOWITZ PRESIDENT/ASHP EVP-CEO	(i) (ii)	0 413,442	0 40,720	0 25,786	0 22,620	0 19,819	0 522,387	0
(2)STEPHEN J ALLEN SECRETARY/ASHP REF EVP-CEO	(i) (ii)	256,791 0	15,036 0	3,564 0	25,130 0	10,820 0	311,341 0	0 0
(3)DANIEL COBAUGH VICE PRESIDENT	(i) (ii)	182,037 0	9,393 0	892 0	18,417 0	12,138 0	222,877 0	o 0
(4)RICHARD WALLING DIRECTOR, CENTER FOR HEALTH-SYSTEM L	(i) (ii)	150,963 0	7,619 0	3,856 0	14,940 0	1,836 0	179,214 0	0

Schedule J (Form 990) 2013

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 7	ALL ASHP-REF EMPLOYEES ARE ELIGIBLE FOR AN ANNUAL PERFORMANCE INCENTIVE PROGRAM IN ACCORDANCE WITH POLICY, AT THE
	DISCRETION OF THE BOARD OF DIRECTORS, BASED ON MUTUALLY AGREED UPON PREDETERMINED OBJECTIVES

Schedule J (Form 990) 2013

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DLN: 93493083007095

OMB No 1545-0047

# **SCHEDULE M** (Form 990)

Department of the Treasury

# **Noncash Contributions**

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

Open to Public

Internal Revenue Service ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. <u>Inspection</u> Name of the organization **Employer identification number** AMERICAN SOCIETY OF HEALTH-SYSTEM
PHARMACISTS RESEARCH AND EDUCATION EDITN

If applicable  1 Art—Works of art  2 Art—Historical treasures  3 Art—Fractional interests  4 Books and publications  5 Clothing and household	(b) r of contributions ms contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermı	_	ts
Check or iter applicable  1 Art—Works of art 2 Art—Historical treasures	of contributions	Noncash contribution amounts reported on Form 990, Part VIII, line	Method of d	etermı	_	ts
2 Art—Historical treasures . 3 Art—Fractional interests 4 Books and publications 5 Clothing and household						
3 Art—Fractional interests 4 Books and publications 5 Clothing and household						
4 Books and publications 5 Clothing and household						
5 Clothing and household						
acada						
goods						
7 Boats and planes						
8 Intellectual property						
9 Securities—Publicly traded . X	1	75.841	CASH SALES VALI	I F		
LO Securities—Closely held stock .		7 3,5 11	CASH SALES VAL	<u> </u>		
11 Securities—Partnership, LLC, or trust interests						
2 Securities—Miscellaneous						
.3 Qualified conservation contribution—Historic						
structures						
4 Qualified conservation contribution—Other						
5 Real estate—Residential .						
6 Real estate—Commercial						
7 Real estate—Other						
8 Collectibles						
9 Food inventory						
O Drugs and medical supplies .						
1 Taxidermy						
2 Historical artifacts						
3 Scientific specimens						
4 Archeological artifacts						
5 Other ► ()						
26 Other ► ()						
27 Other►() 28 Other►()						
9 Number of Forms 8283 received by the organization of	during the tax yes	r for contributions	<u> </u>			
for which the organization completed Form 8283, Par			29			
,	•	,			Yes	No
<b>30a</b> During the year, did the organization receive by cont	ribution any prope	erty reported in Part I, lines	1 through 28, that			
it must hold for at least three years from the date of	the initial contribu	ıtıon, and which is not requi	red to be used			
for exempt purposes for the entire holding period? .				30a		Νo
<b>b</b> If "Yes," describe the arrangement in Part II						
Does the organization have a gift acceptance policy	that requires the	review of any non-standard	contributions?	31	Yes	
Does the organization hire or use third parties or relacontributions?	ated organizations	to solicit, process, or sell	noncash • • •	32a		Νo
<b>b</b> If "Yes," describe in Part II				32G		_,,,,
33 If the organization did not report an amount in colum describe in Part II	n (c) for a type of	property for which column (	a) ıs checked,			

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contribution number of items received, or a combination of both. Also complete this part for any additional informa				
Return Reference	Explanation			
, ,	PART I, COLUMN (B) REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS CONTRIBUTED			

Schedule M (Form 990) (2013)

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DLN: 93493083007095

**SCHEDULE 0** (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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013 Open to Public Inspection

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

23-7033369

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THREE MANDATORY MEMBERS OF THE FOUNDATION'S BOARD OF DIRECTORS ARE. THE IMMEDIATE PAST PRESIDENT, EXECUTIVE VICE PRESIDENT, AND TREASURER OF THE AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS, A RELATED 501(C)(6) MEMBERSHIP ORGANIZATION. THE AFOREMENTIONED TREASURER AND EXECUTIVE VICE PRESIDENT SHALL SERVE, RESPECTIVELY, AS THE TREASURER AND PRESIDENT OF THE THE FOUNDATION, AND THE IMMEDIATE PAST PRESIDENT SHALL SERVE AS A DIRECTOR OF THE FOUNDATION. THE BOARD OF DIRECTORS OF THE AMERICAN SOCIETY OF HEALTHSYSTEM PHARMACISTS MAY ALSO APPOINT ONE OR MORE MEMBERS OF THE PUBLIC TO SERVE AS MEMBERS OF THE FOUNDATION'S BOARD.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES THAT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE CHIEF OPERATIONS AND FINANCIAL OFFICERS AND BY THE BOARD (SERVING AS THE AUDIT COMMITTEE) BEFORE IT IS FILED A COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY AT THE MARCH MEETING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT A "CEO EVALUATION SUBCOMMITTEE" IS APPOINTED BY THE BOARD AND MEETS SEVERAL TIMES ON AN ANNUAL BASIS THIS SUBCOMMITTEE IS RESPONSIBLE FOR EVAULATING CEO PERFORMANCE ANNUALLY AND NEGOTIATING A CONTRACT THAT CUSTOMARILY SPANS A 3-YEAR PERIOD THE TREASURER CHAIRS THE SUBCOMMITTEE DURING THE CONTRACT RENEGOTIATION YEAR AND THE BOARD CHAIR LEADS THE SUBCOMMITTEE DURING THE CONTRACT YEAR ANNUAL REVIEWS ALL SUBCOMMITTEE ACTIONS ARE REVIEWED BY THE FULL BOARD PRIOR TO TAKING ANY ACTIONS ONE FULL YEAR PRIOR TO THE COMPLETION OF A CONTRACT CYCLE, THE SUBCOMMITTEE MAKES A REFLECTIVE REVIEW OF PERFORMANCE DURING THE CONTRACT PERIOD ADDITIONALLY, A CEO SELF-ASSESSMENT IS CONSIDERED BY THE BOARD AND A DECISION IS MADE AS TO WHETHER THE BOARD DESIRES TO RENEGOTIATE A NEW CONTRACT WITH THE EXISTING CEO OR SEEK A REPLACEMENT IF A REPLACEMENT IS DESIRED, THEN A SEARCH COMMITTEE LEADS CONTRACT RENEGOTIATIONS UNDER THE CURRENT FER ESUBCINET A CONTRACT FOR THE BOARD DESIRES TO RENEGOTIATION OF THE LEADERSHIP OF THE TREASURER A CONTRACT FOR THE BOARD DESIRES TO COMPLETE IS APPOINTED IF CONTRACT RENEGOTIATIONS UNDER THE LEADERSHIP OF THE TREASURER A CONTRACT FOR THE BOARD SOME THE LEADERSHIP OF THE TREASURER A CONTRACT FOR THE BOARD SOME THE LEADERSHIP OF THE TREASURER A CONTRACT FOR THE BOARD SOME THE LEADERSHIP OF THE TREASURER A CONTRACT FOR THE BOARD SOME THE LEADERSHIP OF THE TREASURER A CONTRACT FOR THE BOARD SOME THE COD FOR THE COD

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST PER ITS ANNUAL REPORT THE FOUNDATION ALSO MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OFFICE SERVICES PROGRAM SERVICE EXPENSES 604 MANAGEMENT AND GENERAL EXPENSES 43,650 FUNDRAISING EXPENSES 10,856 TOTAL EXPENSES 55,110 RESEARCH DEPARTMENT SERVICES PROGRAM SERVICE EXPENSES 250,261 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 250,261 EDUCATIONAL DEPARTMENT SERVICES PROGRAM SERVICE EXPENSES 184,700 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 184,700 AWARDS & SPECIAL PROGRAM DEPARTMENT SVCS PROGRAM SERVICE EXPENSES 111,951 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 111,951 LEADERSHIP DEPARTMENT PROGRAM SERVICES PROGRAM SERVICE EXPENSES 570,058 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0

	Return Reference	Explanation
FORM	1990, PART XI, LINE 9	RECOVERY OF PRIOR YEAR GRANTS & REVERSAL OF ACCRUAL 43,335

#### DLN: 93493083007095

2013

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► See separate instructions. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN **Employer identification number** 23-7033369

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.											
(a) Name, address, and EIN (ıf applıcable) of dısregarded entıty	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity						
Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.											

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

Part III	<b>Identification of Related Org</b> because it had one or more rela						ation ansv	vered "Ye	es" on	Form	990, Part	IV, lu	ne 34	ļ
	(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity			(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income				(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or	<b>(k)</b> Percentage ownership
						,			Yes	No		Yes	No	
												igspace		
												$\vdash$		
Part IV	<b>Identification of Related Org</b> line 34 because it had one or mo	ore related organız							wered	d "Yes				IV,
Na	( <b>a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)		<b>(d)</b> Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share	(g) e of end- -year ssets		(h) ercentage wnership	Section (b) (continue)	i) on 512 (13) rolled city?	No.
							1			-	ĺ	Yes	•	No
												l		

Schedule R	(Form 990) 2013					Pag	ge <b>3</b>
Part V	Transactions With Related Organizations Complete if the organizations	ganızatıon answered "	Yes" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> During th	ne tax year, did the orgranization engage in any of the following transactions $\iota$	with one or more related o	rganizations listed in Pa	rts II-IV?			
<b>a</b> Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes or (iv) rent from a controlled ent	ıty			1a		No
<b>b</b> Gift, g	rant, or capital contribution to related organization(s)				1b	Yes	
<b>c</b> Gıft, g	rant, or capital contribution from related organization(s)				1c	Yes	
<b>d</b> Loans	or loan guarantees to or for related organization(s)				1d		No
<b>e</b> Loans	or loan guarantees by related organization(s)				1e		No
<b>f</b> Divide	ends from related organization(s)				1f		No
<b>g</b> Sale o	of assets to related organization(s)				<b>1</b> g		No
<b>h</b> Purch	ase of assets from related organization(s)				1h		No
i Excha	nge of assets with related organization(s)				<b>1</b> i		No
<b>j</b> Lease	of facilities, equipment, or other assets to related organization(s)				1j		No
<b>k</b> Lease	of facilities, equipment, or other assets from related organization(s)				1k		No
I Perfor	mance of services or membership or fundraising solicitations for related orga	nızatıon(s)			11		No
<b>m</b> Perfor	mance of services or membership or fundraising solicitations by related orga	nızatıon(s)			1m		No
<b>n</b> Sharın	g of facilities, equipment, mailing lists, or other assets with related organizat	ion(s)			1n	Yes	
<b>o</b> Sharıı	ng of paid employees with related organization(s)				10	Yes	
<b>p</b> Reimb	pursement paid to related organization(s) for expenses				1p	Yes	
<b>q</b> Reimb	pursement paid by related organization(s) for expenses				1q		No
<b>r</b> Other	transfer of cash or property to related organization(s)				1r		No
	transfer of cash or property from related organization(s)				1s	Yes	
2 If the	answer to any of the above is "Yes," see the instructions for information on w	/ho must complete this lir	ne, including covered rela	itionships and transaction thresholds			—
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amount inv	olved		

(a)  Name of related organization	( <b>b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	P	1,758,562	RECORDED EXPENSES
(2) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	N	546,016	RECORDED EXPENSES
(3) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	S	1,212,545	CASH
(4) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	С	414,160	CASH
(5) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	0	63,963	FAIR VALUE
(6) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	В	53,816	CASH

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

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

revenue) that was not a related organization. See instructions i													
(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) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations <sup>7</sup>	_	(i) Code V <sup>2</sup> UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 23-7033369

Name: AMERICAN SOCIETY OF HEALTH-SYSTEM

PHARMACISTS RESEARCH AND EDUCATION FDTN

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

Torni 990, Schedule K, Fait V - Italisactions with Kelated Organizations								
(a) Name of other organization	<b>(b)</b> Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved					
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	Р	1,758,562	RECORDED EXPENSES					
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	N	546,016	RECORDED EXPENSES					
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	S	1,212,545	CASH					
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	С	414,160	CASH					
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	0	63,963	FAIR VALUE					
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	В	53,816	CASH					