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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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

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

OMB No 1545-0047

2013

Open to Public Inspection

		pplicable	C Name of organization	07-01-2013 , 2013, and ending 06	-30-2014	D Employ	ver ider	ntification number
	eck II a dress ch	• •	United States Pharmacopeial Conver	ntion		13-16		
	me cha	_	Doing Business As				50052	-
Init	al retu	ım		all is not delivered to street address) Room/	suite	E Telepho	ne num	ber
Ter	mınate	ed	12601 Twinbrook Parkway Suite			(301)	881-0	666
_	ended		City or town, state or province, coun Rockville, MD 20852	try, and ZIP or foreign postal code		(00-7		
Арр	olication	n pending			_	G Gross re	eceipts \$	245,426,151
			F Name and address of prin Ronald T Piervincenzi	cipal officer		Is this a group subordinates?	return	for
			12601 Twinbrook Parkway Rockville, MD 20852		'	3 a bor a mates .		
			Rockville, MD 20032			Are all subordıı ıncluded?	nates	┌ Yes ┌ No
I Ta	x-exen	npt status	▼ 501(c)(3)	nsert no)	_		a lıst	(see instructions)
y W	ebsite	e:► ww	w usp org		H(c)	Group exempt	on nun	nber ►
K For	n of or	ganızatıor	Corporation Trust Association	n	L Year	r of formation 183	20 M	State of legal domicile
Pa	rt I	Sum	ımary				ML	,
e,	'	TO IMP		n or most significant activities AROUND THE WORLD THROUGH URE THE QUALITY, SAFETY, AND				
Ē								
Governance	,	Chock t	his hay Mar if the organization dis	continued its operations or disposed	d of more th	250/2 of the	not ac	coto
ŝ		CHECK	ins box Fig. If the organization dis	continued its operations of disposed	or more ti	1411 25% OF ILS	net as	sets
26 47	3	Number	of voting members of the governi	ng body (Part VI, line 1a)			3	14
Activities &				of the governing body (Part VI, line 1	•		4	14
Ę				calendar year 2013 (Part V, line 2a)			5	676
4			·	ecessary)			6 7a	895
	1			om Form 990-T, line 34			7a 7b	0
						Prior Year	Ť	Current Year
	8	Contr	ibutions and grants (Part VIII, lir	ne 1h)		10,666,7	63	9,085,654
ntle	9	Progra	am service revenue (Part VIII, lii	ne 2g)	165,964,5	38	184,631,934	
Revenue	10	Inves	tment income (Part VIII, column	(A), lines 3, 4, and 7d)		3,996,6	59	8,673,831
	11			lines 5, 6d, 8c, 9c, 10c, and 11e)		3,446,7	31	818,288
	12		revenue—add lines 8 through 11	(must equal Part VIII, column (A), l	ne	184,074,6	91	203,209,707
	13			IX, column (A), lines 1-3)		258,3	00	213,586
	14	Benef	its paid to or for members (Part I	X, column (A), line 4)			0	0
88	15	Saları 5–10		e benefits (Part IX, column (A), lines	;	86,432,9	37	96,737,005
Expenses	16a		•	column (A), line 11e)			0	0
ਡੌ	ь	Total fo	undraising expenses (Part IX, column (D)	, line 25) ▶ 0				
	17			ınes 11a–11d, 11f–24e)		90,704,0		99,918,903
	18			st equal Part IX, column (A), line 25)		177,395,3	-	196,869,494
<i>₩</i> 47	19	Kever	iue iess expenses. Subtract line :	18 from line 12		6,679,3 nning of Curre	-	6,340,213
Not Assets or Fand Balances					Degi	Year		End of Year
5.55 B.ak	20	Total	assets (Part X, line 16)			370,131,1	-	365,933,521
2 E	21		liabilities (Part X, line 26)		·	174,080,2	-+	161,394,929
	22 11 II		ssets or fund balances Subtract nature Block	line 21 from line 20		196,050,9	26	204,538,592
Unde my ki prepa	r pena nowled arer ha	alties of dge and as any k	perjury, I declare that I have exa belief, it is true, correct, and com nowledge	mined this return, including accompiplete Declaration of preparer (other				
Here			ard Wailes Chief Operating Officer					
		1	e or print name and title	Dranarar's sugnatura	Dato	T., . —	DTTN	
Paid	4		Print/Type preparer's name Mary Torretta	Preparer's signature	Date	Check If self-employed	PTIN P00847	851
	a pare		Firm's name 🕨 Grant Thornton LLP			Firm's EIN 🕨		
	part		Firm's address ► 2010 CORPORATE RIDG					

MCLEAN, VA 22102

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

✓ Yes ☐ No

Form	990 (2013)					Page
Par		of Program Servedule O contains a res		lishments to any line in this Part II	ı	٧
1	Briefly describe the	organization's missio	n			
	MPROVE THE HEALT URE THE QUALITY, S				STANDARDS AND RELATED	PROGRAMS THAT HEI
2	Did the organization the prior Form 990 c			ervices during the year v	which were not listed on	
	If "Yes," describe th	ese new services on	Schedule O			
3	services?			nt changes in how it cond	ducts, any program	
	If "Yes," describe th	ese changes on Sche	dule O			
4	expenses Section 5		4) organization:	s are required to report t	e largest program services, and allo	•
4a	(Code SEE SCHEDULE O) (Expenses \$	129,058,585	including grants of \$) (Revenue \$	181,291,626)
4b	(Code SEE SCHEDULE O) (Expenses \$	2,836,452	including grants of \$) (Revenue \$	2,728,464)
4c	(Code SEE SCHEDULE O) (Expenses \$	9,927,583	including grants of \$	213,586) (Revenue \$	611,844)
	Other program serv	vices (Describe in Scl	nedule O)			

) (Revenue \$

including grants of \$

141,822,620

(Expenses \$

Total program service expenses ►

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A^{\bullet \bullet}$	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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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	Yes	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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 $11e^{2}$ 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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more 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		No
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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			1
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? <i>If "Yes," complete Schedule N, Part II</i>	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	Yes	
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Ċ	Statements Regarding Other IRS Filings and Tax Compliance			_
	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 57		103	110
	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	1c	Yes	
2a	gaming (gambling) winnings to prize winners?		165	
b	by this return	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1 00	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
1 a	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	Yes	
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7 a	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI a
d	file Form 8282?	7c		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N o
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	H		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	H		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	[
ła	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	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
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	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		Νο
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
<i>,</i> u	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17				
	List the States with which a copy of this Form 990 is required to be filed▶MD			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.			

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

Form 990	(2013	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	(A) Name and Title	me and Title A verage hours per week (list any hours A verage hours per week (list any hours A verage hours per wore than one box, unless person is both an officer and a director/trustee) A verage hours do not check more than one box, unless compensation from the organization (W- organizations (W- organizations)								/-	(F) Estima amount o compens	ated fother sation the		
		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)) c	organizat relat organiza	ed
												+		
												+		
1b	Sub-Total			<u> </u>	<u> </u>	<u> </u>		 				+		
c	Total from continuation sheet	s to Part VII, S	ection A	١.				►						
d	Total (add lines 1b and 1c) .									6,312,207		0		733,734
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	nan			
3	Did the organization list any fo on line 1a? <i>If "Yes," complete</i> S					key	emplo	yee,	, or highes	t compen	sated employee		Yes	No
4	For any individual listed on line					mne	nsatio	· nan/	d other co	mpensatu	on from the	3		No
	organization and related organ											4	Yes	
5	Did any person listed on line 1									anızatıon	or individual for	•	1	
	services rendered to the organ	nization? <i>If "Yes</i>	," compl	ete S	chea	lule J	for su	ch pe	erson .			5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fix	ve highest comp												
	compensation from the organiz	zation Report co (A)	ompens	ation	for	the c	alenda	arye	arending	with or wi	thin the organizat (B)	ion's T	tax year (C	

(A) Name and business address	(B) Description of services	(C) Compensation
Berkeley Research Group LLC, 2200 Powell St Suite 1200 EMERYVILLE CA 94608	Consulting	541,073
Covington Burling LLP, 1201 Pennsylvania Ave NW WASHINGTON DC 20004	Legal	491,288
AAPS Associates LLP, 40 Nagog Park 105 ACTON MA 01720	IT Consulting	407,910
Analytical Research Laboratories, 10810 72nd St Suite 206 LARGO FL 33777	Collab Testing	391,726
Grant Thornton LLP, 33960 Treasury Center CHICAGO IL 60694	Audıt & Tax	280,232

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►18

Other Revenue	Program Serwce Revenue	Contributi
	•	and Other

Form 99		•					Page S
Part V	/	Statement of Revenue Check if Schedule O contains a respon	nse or note to any lu	ne in this Part VIII			Г
		Check if Schedule O Contains a respon	ise of flote to any fi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
o L	1a	Federated campaigns 1a					
ant	b	Membership dues 1b					
بة ق	С	Fundraising events 1c					
iffs,	d	Related organizations 1d					
n E	e	Government grants (contributions) 1e	7,592,507				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1,493,147				
ntribu d Oth	g	Noncash contributions included in lines 1a-1f \$	1,493,147				
ğ G	h	Total. Add lines 1a-1f	· · · · •	9,085,654			
<u> </u>			Business Code				
æm	2a	COMPENDIAL ACTIVITIES	511190	181,291,626	181,291,626		
æ	b	ALLIED COMPENDIAL ACTIVITIES	900099	2,728,464	2,728,464		
90 E	С	NON-COMPENDIAL ACTIVITIES	900099	611,844	611,844		
<u> </u>	d						
Ē	е						
Program Serwce Revenue	f	All other program service revenue					
_ <u>&</u>	g	Total. Add lines 2a-2f		184,631,934			
	3	Investment income (including dividen and other similar amounts)		2,968,085			2,968,08
	4	Income from investment of tax-exempt bond		0			
	5	Royalties		140,874			140,87
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income 0 or (loss)	0				
	d	Net rental income or (loss)		0			
	_	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of 47,918,712 assets other than inventory	3,478				
	b	Less cost or other basis and 42,214,329	2,115				
		sales expenses	·				
	C	Gain or (loss) 5,704,383	1,363	5,705,746			5,705,74
	d 8a	Net gain or (loss)		3,703,740			3,703,74
Other Revenue		events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
<u></u>		a					
Ě	Ь	Less direct expenses b		0			
0	9a	Net income or (loss) from fundraising Gross income from gaming activities See Part IV, line 19	events 🛌	0			
		а					
	b	Less direct expenses b					
	10a	Net income or (loss) from gaming acti Gross sales of inventory, less	vities	0			
	100	returns and allowances .					
		a					
	Ь	Less cost of goods sold b	L	_			
	С	Net income or (loss) from sales of inv		0			
	11a	Miscellaneous Revenue	Business Code 900099	677,414			677,41
	ь	OTHER INCOME					
	c				+		
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨				
	12	Total revenue. See Instructions .	. -	677,414			
	l		🟲	203,209,707	184,631,934		9,492,119

Part IX Statement of Functional Expenses

	section 501(c)(3) and 501(c)(4) organizations	s must complete all columns	All other organizations must o	omplete column (A)
--	-----------------------------	--------------------	-----------------------------	--------------------------------	-------------------	---

	Check if Schedule O contains a response or note to any line in this	Part IX			Г
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	198,350	198,350		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	236	236		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	15,000	15,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	5,555,433	3,777,694	1,777,739	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	73,004,062	49,642,762	23,361,300	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,188,483	4,208,168	1,980,315	
9	Other employee benefits	7,252,898	4,931,971	2,320,927	
10	Payroll taxes	4,736,129	3,220,568	1,515,561	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	1,251,639		1,251,639	
С	Accounting	242,296		242,296	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	345,024		345,024	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,337,277	7,482,603	3,854,674	
12	Advertising and promotion	939,267	929,874	9,393	
13	Office expenses	4,776,341	3,582,256	1,194,085	
14	Information technology	3,563,949	2,672,962	890,987	
15	Royalties	0	2,072,302	030,307	
16	Occupancy	4,982,975	3,737,231	1,245,744	
17	Travel	3,922,180	2,941,635	980,545	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	2,511,033	300,313	
19	Conferences, conventions, and meetings	4,670,719	3,503,039	1,167,680	
20	Interest	3,425,341	2,397,739	1,027,602	
21	Payments to affiliates	32,813,413	24,610,060	8,203,353	
22	Depreciation, depletion, and amortization	10,213,368	7,660,026	2,553,342	
23	Insurance	798,328	598,746	199,582	
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	COGS	11,655,609	11,655,609	0	
b	VALIDATION & CALIBRATION	2,043,981	2,043,981	0	
c	BANK & CREDIT CARD FEES	1,453,989	1,090,492	363,497	
d	PUBLICATIONS & SUBSCRIPTIONS	890,798	445,399	445,399	
e	All other expenses	592,409	476,219	116,190	
25	Total functional expenses. Add lines 1 through 24e	196,869,494	141,822,620	55,046,874	0
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

Pal	rt X	Check if Schedule O contains a response or note to any line in this Part	X			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		15,960,681	1	19,011,499
	2	Savings and temporary cash investments	. [3,441,343	2	634,221
	3	Pledges and grants receivable, net	. [2,727,927	3	2,496,341
	4	Accounts receivable, net	. [43,067,646	4	24,705,262
	5	Loans and other receivables from current and former officers, directors employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
Assets	6	Loans and other receivables from other disqualified persons (as defined $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contribute and sponsoring organizations of section $501(c)(9)$ voluntary employees organizations (see instructions) Complete Part II of Schedule L	ing employers		5	0
85	7	Notes and loans receivable, net	ŀ	0	7	0
4	8	Inventories for sale or use	ŀ	49,024,356	-	48,847,687
	9	Prepaid expenses and deferred charges		3,086,743		3,399,729
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		0,000,140	-	0,000,720
	Ь	Less accumulated depreciation	68,958,819	119,200,035	10c	118,381,248
	11	Investments—publicly traded securities	· · ·	84,077,147	11	100,516,528
	12	Investments—other securities See Part IV, line 11		12,871,925		10,543,143
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11	· ·	36,673,335		37,397,863
	16	Total assets. Add lines 1 through 15 (must equal line 34)		370,131,138		365,933,521
	17	Accounts payable and accrued expenses		37,448,067	17	45,851,575
	18	Grants payable		0	18	0
	19	Deferred revenue	-	2,946,422	19	4,401,013
	20	Tax-exempt bond liabilities		109,360,000	20	109,360,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trus key employees, highest compensated employees, and disqualified				
<u>a</u>		persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		24,325,723	23	1,782,341
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third and other liabilities not included on lines 17-24) Complete Part X of S		0	25	
		D	•		25	161 304 636
	26	Total liabilities. Add lines 17 through 25		174,080,212	26	161,394,929
ž	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets		196,050,926	27	204,538,592
<u>ଅ</u>	28	Temporarily restricted net assets	•	0	28	0
<u></u>	29	Permanently restricted net assets	•	0	29	0
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐	-		23	
ō	30	complete lines 30 through 34. Capital stock or trust principal, or current funds			30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund	· ·		31	
35	32	Retained earnings, endowment, accumulated income, or other funds			32	
¥	33	Total net assets or fund balances	ŀ	196,050,926	33	204,538,592
Net	34	Total liabilities and net assets/fund balances	•	370,131,138	34	365,933,521
	J4	rotal navinties and het assets/juliu valances	•	370,131,138	54	365,933,521

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)				
_		1		203,2	209,707
2	Total expenses (must equal Part IX, column (A), line 25)	2		196,8	369,494
3	Revenue less expenses Subtract line 2 from line 1	,		6.3	340,213
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	4		196,0	050,926
6	Donated services and use of facilities	5		2,7	782,208
		6			
7	Investment expenses	7			
8	Prior period adjustments	8			22,412
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
Par	t XII Financial Statements and Reporting	10		204,5	538,592
·	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	ewed 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 sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: **Software Version:**

EIN: 13-1656692

Name: United States Pharmacopeial Convention

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation Compensated Employees, and Ind	n of Officers, ependent Coi	ntracto	ors, ors	ıru	ste	es, r	чеу	Employees, High	nest	
(A) Name and Title			ion (i	ne b oth ctor,	ox, ι an o ⁄trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099 11130/	2/1099 11130/	related organizations
Timothy R FransonBS PharmMD President	4 0	×						0	0	0
Rene H Bravo MDFAAP	4 0	х						0	0	0
Past President John E Courtney PhD Traceurer	4 0	х						0	0	0
Treasurer Michael D Maves MD	38 0	Х						119,010	0	5,596
Med Sciences Trustee/SVP Dev Robert M Russell MD	4 0	×						0	0	0
Medical Sciences Trustee Duane M KirkingPharmDPhD	4 0									
Chair, USP Board of Trustees Manilyn K Speedie PHD	4 0	X						0	0	0
Pharmaceutical Trustee Carolyn H AsburyScMPHPhD	4 0	Х						0	0	0
Public Trustee Robert L Buchanan PhD	4 0	X						0	0	0
At-Large Trustee	4 0	×						0	0	0
Thomas MenighanBSPharmMBA At-Large Trustee	4 0	x						0	0	0
Jeffrey L Sturchio PhD At-Large Trustee	4 0	х						0	0	0
Thomas R TempleBSPharmMS At-Large Trustee	4 0	Х						0	0	0
Gail R Wilensky PhD	4 0	х						0	0	0
At-Large Trustee Kıran Muzandar-Shaw	4 0	х								
At-Large Trustee Stephen P Spielberg MD PhD	4 0	X								
Medical Sciences Trustee Roger L Williams PhD	38 0			Х				726,002	0	74,444
Outgoing CEO Susan S De Mars	38 0									
EVP, CHIEF LEGAL OFFICER Brian Hendrix	38 0			Х				482,147	0	65,052
Outgoing Chief Op Officer Ronald T Piervincenzi	38 0			Х				388,061	0	48,472
Incoming CEO				Х						
Vijayaraghavan Srinivasan EVP, CHIEF SCIENCE OFFICER	38 0				х			732,617	0	61,148
Scott Henderson Sr VP Info and Services	38 0				х			324,880	0	49,325
Angela Long Sr VP Global Alliance & Org	38 0				х			314,713	0	48,051
Susan Bach	38 0				Х			226,779	0	28,146
VP HUMAN RESOURCES Richard Wailes	38 0				Х			384,048	0	47,042
Incoming CHIEF OP OFFICER James Thompson	38 0	-			X			220,502	0	38,078
VP Fin, Accounting & Treasury								220,302	<u> </u>	36,078

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

(A) Name and Title	(B) A verage hours per week (list any hours	more th	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	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)	organization and related organizations
Hermes van der Lee	38 0				х			247,862		25,497
SVP GLOBAL LAB OPS								ŕ		
Anthony Destefano	38 0				x			492,879		28,990
VP General Chapters								,		,
Shawn Dressman	38 0				х			171,087		25,817
VP Chemical Medicines										
Stamatia Calomeris DIRECTOR, COMM & DESIGN	38 0					х		372,093	0	33,487
Barbara Hubert	38 0					х		272,250	0	32,431
VP SALES & MARKETING										
Kevin Hool	38 0					x		311,413	0	47,978
VP RESEARCH & INNOVATION		x								
Todd Cecil	38 0					х		270,158	0	43,085
VP, CHEMICAL MEDICINES										
Matthew Van Hook	38 0			х		255,706	0	31,095		
VP GLOBAL LEGAL AFFAIRS	j									

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DLN: 93493135032535

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

Open to Public **Inspection**

Na me	of	the	orga	nizatio	on
Jnited	Stat	tes Pl	harma	copeial	Convention

Employer identification number on 13-1656692

									+	+	1	
					Yes	No	Yes	No	Yes	No		
				or IRC section (see instructions))	docume	· · ·		l		T		
or	ganiza	ation		(described on lines 1 - 9 above	col (i) list your gove	ganızed JS?	support					
•) Nam uppor		(ii) EIN	(iii) Type of organization	(iv) Is t organızatı		(v) Did you the organiz	,	(vi) I s organiza		(vii) A mount of monetary	
h												
h				ned entity of a perso ng information about						119	()	
			•	er of a person descri lled entity of a perso			ahove2			11g 11g		
		•		governing body of th		_	П				J(i)	
				rectly or indirectly o	•		_	persons de	escribed in (ii		Yes No	
			ng persons?	reactly or reduce atter-	ontrole aith	orolona a:-+	togother wate	norcena de	oombod in /::	. \	Was I No	
g				2006, has the organi	zation accep	ted any gift	or contributi	on from any	of the		,	
f		If the o		received a written de	etermination	from the IR	S that it is a	Type I, Typ	oe II, or Type	e III support	ing organization,	
е	Γ	other tl	_	ox, I certify that the on managers and otl	-				· · · · · · · · · · · · · · · · · · ·	•		
11	ı	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated										
10				ganized and operated								
				janızatıon after June								
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less	section 511	. tax) from bu	usinesses	
	-	receipt	s from activ	ities related to its ex	xempt function	ons—subjec	t to certain e	xceptions,	and (2) no m	ore than 331	./3% of	
9	<u> </u>	An orga	anızatıon tha	at normally receives	(1) more th	an 331/3% o	of its support	from contri	butions, men	nbership fees	s, and gross	
8	Γ	described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)										
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(h)(1)(A)(vi). (Complete Part II.)										
6				local government or	_							
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)							
5	Γ	Anorga	anızatıon op	erated for the benefi	t of a college	or universi	ty owned or o	perated by	a governmer	ntal unit desc	cribed in	
4	Γ			n organization operat ty, and state	lea in conjun	ction with a	nospitai desi	cribea in se	crion 170(p)	(1)(A)(III).	inter the	
3	<u> </u>			perative hospital se	3			` ' '	,, ,, ,	(4)(A)(:::) [
2	_			in section 170(b)(1			•	470(1)(4				
1	_		•	on of churches, or as				ection 170(b)(1)(A)(i).			
	rganı		•	te foundation becaus	•			•	•			
	t I			blic Charity Sta						instructions	5	

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5))			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	37,060,996	11,476,249	12,058,237	10,666,763	9,085,654	80,347,899
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	117,254,467	133,976,191	148,646,258	165,964,538	184,631,934	750,473,388
3	Gross receipts from activities that are not an unrelated trade or business under section 513		31,125				31,125
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2,	154,315,463	145,483,565	160,704,495	176,631,301	193,717,588	830,852,412
b	and 3 received from disqualified persons 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						0
8	Add lines 7a and 7b Public support (Subtract line 7c from line 6)						830,852,412
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🏲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	A mounts from line 6	154,315,463	145,483,565	160,704,495	176,631,301	193,717,588	830,852,412
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,104,918	3,271,009	3,321,352	2,894,581	3,108,959	15,700,819
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	3,104,918	3,271,009	3,321,352	2,894,581	3,108,959	15,700,819
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				3,286,090	677,414	3,963,504
13	Total support. (Add lines 9, 10c, 11, and 12)	157,420,381	148,754,574	164,025,847	182,811,972	197,503,961	850,516,735
14 Se	First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub		·	, third, fourth, or f	ifth tax year as a	501(c)(3) organ	ızatıon, ▶┌
15	Public support percentage for 2013			13 column (f))		15	97 688 %
16	Public support percentage from 20			= = 1 = = 1 million (1/)		16	97 869 %
Se	ction D. Computation of Inv	estment Inco	ome Percenta	ge		1 1	
17	Investment income percentage for				n (f))	17	1 846 %
18	Investment income percentage fro					18	1 723 %
19a	33 1/3% support tests—2013. If the	e organization did	not check the bo	x on line 14, and	line 15 is more t	han 33 1/3%, and	line 17 is not

^{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 III, - OTHER INCOME	2012 2013 TOTAL OTHER INCOME 3,286,090 677,414 3,963,504					

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493135032535

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

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

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

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

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

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

	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III			
	me of the organization ited States Pharmacopeial Convention			Employer ider	tification number
	nea states i namiacopeiai convention			13-1656692	
Par	t I-A Complete if the or	ganization is exempt under s	section 501(c	c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	al campaign acti	vities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
	T. D. Commisto if the on			.)(2)	
		ganization is exempt under		:)(3). _	
1		e tax incurred by the organization und		4055	\$
2	•	e tax incurred by organization manage		4955	\$
3		section 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV			\\	14(-)(2)
	-	ganization is exempt under			<u>, (c)(3).</u>
1		ended by the filing organization for se	•		\$
2	exempt function activities	organization's funds contributed to otl	ner organizations	for section 52/	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120	O-POL, line 17b ►	\$
4	Did the filing organization file F	Form 1120-POL for this year?			┌ Yes ┌ No
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid froi rectly delivered t	m the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

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

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

B Check ► If the filing organization checked box A and "limited control" provisions apply

			(a) Filing organization's totals	(b) Affiliated group totals	
a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	71,063		
c	Total lobbying expenditures (add lines 1a and 1	exempt purpose expenditures (add lines 1c and 1d) ying nontaxable amount Enter the amount from the following table in both nns e amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: 20% of the amount on line 1e 5500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 51,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 51,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 517,000,000 \$1,000,000			
d	Other exempt purpose expenditures		141,822,620		
e	Total exempt purpose expenditures (add lines 1	c and 1d)	141,893,683		
f	Lobbying nontaxable amount Enter the amount is columns	1,000,000			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -			
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -			
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 472	0 reporting		

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

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) Total beginning in) 1,000,000 1,000,000 1,000,000 1,000,000 4,000,000 Lobbying nontaxable amount Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) 120,022 71,063 Total lobbying expenditures 120,000 69,122 380,207 Grassroots nontaxable amount 250,000 250,000 250,000 250,000 1,000,000 Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) Grassroots lobbying expenditures

	Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)).					
For e	r each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed descri	ption of the lobbying	(8	a)	(1	b)
	tivity.		Yes	No	Amo	ount
1 a	legislation, including any attempt to influence public opinion on a legislative r through the use of					
b c	b Paid staff or management (include compensation in expenses reported on line	es 1c through 1ı)?				
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
f	f Grants to other organizations for lobbying purposes?					
g	g Direct contact with legislators, their staffs, government officials, or a legislati	ive body?				
h i		ımılar means?				
j	•			1		
2a	.	on 501(c)(3)?				
b						
C	, , , , , , , , , , , , , , , , , , , ,			İ		
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for	-				
Par	art III-A Complete if the organization is exempt under section 501(c)(6).	on 501(c)(4), section 5	01(c)(5), c	or sect	ion
	301(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by membe	rs?		Г	1	111
2					2	
3					3	
Pai	art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 a line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not inclease for which the section 527(f) tax was paid).	lude amounts of political	20			
a	•		2a			
b			2b 2c			
с 3		a saction 163(a) duas	3			
4						
•	does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year?	•	4			
5	, , , , , , , , , , , , , , , , , , , ,		5			
P	Part IV Supplemental Information					
	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Part II-B, line 1 Also, complete this part for any additional information	e 5, Part II-A (affiliated grou	p lıst),	Part II	-A , line	2, and
	Return Reference Explanation					

201104410 3 (1 01111 3 3 0 01 3 3 0 12) 2 0 1 3	r age -			
Part IV Supplemental Information	on <i>(continued)</i>			
Return Reference	Explanation			

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493135032535

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 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 www.irs.gov/form990.

Open to Public Inspection

	the organization		Emp	oloyer identification number
united State	es Pharmacopeial Convention		13-	1656692
Part I	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990			
		(a) Donor advised funds		(b) Funds and other accounts
Total	number at end of year			
Aggre	egate contributions to (during year)			
Aggre	egate grants from (during year)			
Aggre	egate value at end of year			
	he organization inform all donors and donor adviso s are the organization's property, subject to the or	-	nor adv	ısed ┌ Yes ┌ N o
used	he organization inform all grantees, donors, and do only for charitable purposes and not for the benef erring impermissible private benefit?			
art II	Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
□ P □ P □ Com	ose(s) of conservation easements held by the org reservation of land for public use (e g , recreation rotection of natural habitat reservation of open space plete lines 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	certifie	rically important land area d historic structure m of a conservation
ease	ment on the last day of the tax year			
Total	I number of concentration accoments			Held at the End of the Year
	I number of conservation easements		2a	
	l acreage restricted by conservation easements	ama atmustuma included in (a)	2b	
	ber of conservation easements on a certified history	• •	2c	
hısto	ber of conservation easements included in (c) acq ric structure listed in the National Register		2d	
	ber of conservation easements modified, transferr	ed, released, extinguished, or terminate	ed by th	ne organization during
the ta	ax year 🛌			
Numl	ber of states where property subject to conservati	on easement is located ►		
	the organization have a written policy regarding treement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	f violations, and Yes No
Staff ▶	and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments o	during the year
	unt of expenses incurred in monitoring, inspecting	, and enforcing conservation easement	s durın	g the year
	s each conservation easement reported on line 2(o section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı) Yes No
balar	art XIII, describe how the organization reports con nce sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financia ents	l stater	ments that describes
rt III	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
works	e organization elected, as permitted under SFAS 1 s of art, historical treasures, or other similar asse ice, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reve ts held for public exhibition, education,	or rese	earch in furtherance of public
If the works	e organization elected, as permitted under SFAS 1 s of art, historical treasures, or other similar asse ice, provide the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	nent and balance sheet
(i) _R	evenues included in Form 990, Part VIII, line 1			► \$
(ii) _A	ssets included in Form 990, Part X			► \$
Ifthe	e organization received or held works of art, histor wing amounts required to be reported under SFAS			
Reve	nues included in Form 990, Part VIII, line 1			► \$
• Asse	ets included in Form 990, Part X			► \$

Part	Organizations Maintaining Collection	ns of Art, I	Histor	ical	Treas	ures, or Othe	<u>er Similar As</u>	sets (continued)
3	Using the organization's acquisition, accession, and collection items (check all that apply)	other records	, check	anyo	of the fo	lowing that are	a sıgnıfıcant use	of its
а	Public exhibition		d \lceil	Loa	an or exc	change program	s	
b	Scholarly research		е Г	Oth	ner			
c	Preservation for future generations							
4	Provide a description of the organization's collections Part XIII	s and explain	how th	ey furt	ther the	organızatıon's e	exempt purpose i	n
5	During the year, did the organization solicit or receiv assets to be sold to raise funds rather than to be mai							□Yes □No
Par	IV Escrow and Custodial Arrangement	s. Complete	e if the	orga	anızatıc			, , , , , , , , , , , , , , , , , , , ,
1a	Part IV, line 9, or reported an amount o Is the organization an agent, trustee, custodian or ot					or other assets		 □Yes □No
ь	included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and co	mplete the fo	llowing	table				res i No
							An	nount
С	Beginning balance					1c		
d	Additions during the year					1d		
e	Distributions during the year					1 e		
f	Ending balance					1f		
2a	Did the organization include an amount on Form 990,	, Part X, line 2	21?					⊤Yes
b	If "Yes," explain the arrangement in Part XIII Check	k here if the e	xplanat	tion ha	as been	provided in Part	tXIII	
Par	t V Endowment Funds. Complete if the or							
		rent year	(b) Prio	r year	b (c)	Two years back (d)Three years back	(e)Four years back
1a	Beginning of year balance							
b	Contributions				_			
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current year	end balance	(line 1	g, colu	umn (a))	held as		
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment ►							
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal	100%						
За	Are there endowment funds not in the possession of	the organızatı	on that	are h	eld and	admınıstered fo	r the	
	organization by						2-(Yes No
	(i) unrelated organizations			•			3a(
ь	If "Yes" to 3a(II), are the related organizations listed			dule F	२? .		3t	
4	Describe in Part XIII the intended uses of the organi							
Par	Land, Buildings, and Equipment. Con 11a. See Form 990, Part X, line 10.	mplete if the	e orga	nızat	ion ans	wered 'Yes' to	Form 990, Pa	rt IV, line
	Description of property				or other estment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a l	and					11,439,846	5	11,439,846
b F	Buildings					103,501,262	1	
_								1
	easehold improvements		.			3,361,889	498,796	2,863,093
c L	easehold improvements		: ├			3,361,889 63,885,669	'	· · ·
c L d E	·	· · · · · · · · · · · · · · · · · · ·	· - -			, ,	44,028,485	

Part VII Investments—Other Securities. Col	mplete if the organizatio	n answered 'Yes' to For	rm 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value	(c) Method of v	
(including name of security)		Cost or end-of-year	market value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Tabl. (Calum (h) and a sud 5-m (00) Part V and (0) Inc. 12.)	b		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Co	<u>Fl</u> omplete if the organizati	 on answered 'Yes' to Fe	orm 990 Part IV line 11c
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
		Cost of end-of-year	market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 9	90, Part IV, line 11d See	
(a) Descr	ription		(b) Book value
(1) DEBT FINANCING			1,066,840
(2) INVESTMENT IN FOREIGN SUBS (3) OTHER ASSETS			36,137,205 193,818
(-)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	(5.)		37,397,863
Part X Other Liabilities. Complete if the organization			
Form 990, Part X, line 25.		, ,	
1 (a) Description of liability	(b) Book value	_	
Federal income taxes	C	<u> </u>	
		-	
		1	
		-	
		7	
		-	
		_	
		1	
Tabel (Column (b)		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			1 - t - t

Part		Levenue per Audited Financial Stat wered 'Yes' to Form 990, Part IV, line 1		its Wi	ith Re	evenu	e per	· Re	turn C	omple	te ıf
1		er support per audited financial statements						1			
2	A mounts included on line 1 bu	ut not on Form 990, Part VIII, line 12									
а	Net unrealized gains on inves	tments	2a								
b	Donated services and use of f	acılıtıes	2b								
С	Recoveries of prior year grant	s	2c								
d	Other (Describe in Part XIII))	2d								
e	Add lines 2a through 2d .						. 2	2e			
3	Subtract line ${f 2e}$ from line ${f 1}$.				•		. $ abla$	3			
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1									
а	Investment expenses not incl	luded on Form 990, Part VIII, line 7b .	4a								
b	Other (Describe in Part XIII))	4b								
С	Add lines 4a and 4b						.] 4	4c			
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12)					5			
Part		xpenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line		nts W	/ith E	xpen	ses p	er F	≀eturn	. Com	plete
1	Total expenses and losses pe	r audited financial statements						1			
2	A mounts included on line 1 bu	ıt not on Form 990, Part IX, lıne 25									
а	Donated services and use of f	acılıtıes	2a								
b	Prior year adjustments		2b								
c	Otherlosses		2c								
d	Other (Describe in Part XIII)		2d								
e	Add lines 2a through 2d						. [:	2e			
3	Subtract line ${f 2e}$ from line ${f 1}$.						. [3			
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:									
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a								
b	Other (Describe in Part XIII)		4b								
c	Add lines 4a and 4b							4c			
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line	e 18)					5			
Part	XIII Supplemental Int	formation									
Part		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and						ovıd€	any ad	dıtıonal	
	Return Reference	Explanation									
Liabili (ASC	ty for Uncertain Tax Positions 740)	Schedule D, Part X, Line 2 USPC IS EXEM PROVISIONS OF SECTION 501(C)(3) OF SUBJECT TO TAX ON ITS UNRELATED B 2014 AND 2013 THERE WAS NO PROVIS MATERIAL UNRELATED BUSINESS ACTION	THE I USINE SION F	NTER SS IN OR IN	NAL R COME	EVENU FOR	THE YE	DE U	JSPC IS 5, ENDE	S, HOWI	

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135032535

SCHEDULE F State (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization United States Pharmacopeial Convent	ion			Employer identi	fication number
onited States Pharmacoperal Convent	1011			13-1656692	
Part I General Information "Yes" to Form 990, Par			e United States. Co	omplete if the organiza	ation answered
For grantmakers. Does the o other assistance, the grantee to award the grants or assistance.	s' eligibility fo	r the grants or	assistance, and the s	election criteria used	d Yes No
2 For grantmakers. Describe in assistance outside the United		ganızatıon's pr	ocedures for monitorii	ng the use of its grant	s and other
3 Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ce is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data		-			
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I	6	267			33,630,720
c Totals (add lines 3a and 3b)	6	267			33,630,720

			nizations or Entitie eived more than \$5,0				on answered "Yes'	' to Form 990,
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Sub-Saharan Africa	SPONSORSHIP-SCI CONFON MEDS REGULATION IN AFRICA	15,000	WIRE			
(2)								
(3)								
(4)								
			ted above that are re e or counsel has pro				s 	1
3 Enter total nur	mber of other	organizations or en	itities					0

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	্ন	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	ঘ	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	F	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	ঘ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	্	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	▽	Νo

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation		
Procedure for Monitoring Use of Grant Funds Outside US	Schedule F, Part I, Line 2 USP WILL ESTABLISH A SPECIFIC REPORTING PROCESS AND TIMING WITH EACH INDIVIDUAL GRANT RECIPIENT THE REPORTING METHODOLOGY AND TIMING OF THE REPORTS WILL VARY ON A PER GRANT BASIS AT A MINIMUM, THE GRANTEE WILL BE EXPECTED TO PROVIDE A NARRAT IVE STATEMENT AS TO THE PROGRESS MADE IN ACCOMPLISHING THE PURPOSE OF THE GRANT		

Additional Data

Software ID: Software Version:

EIN: 13-1656692

Name: United States Pharmacopeial Convention

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America	1	35	Program Services	Compendial	10,848,066
East Asia and the Pacific	1	69	Program Services	Compendial	9,424,753
South Asia	1	144	Program Services	Compendial	11,665,715

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	1	5	Program Services	Sales Office	1,424,843
Sub-Saharan Africa	1	7	Program Services	PQM Office/USAID	83,074
Sub-Saharan Africa	1	7	Program Services	CePat	169,269

Form 990 Schedule F I	<u> Part I - Activit</u>	ties Outside T	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Grantmaking		15,000

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Part I General Information on Grants and Assistance

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

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

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

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Attach to Form 990

✓ Yes

DLN: 93493135032535 OMB No 1545-0047

Name of the organization United States Pharmacopeial Convention

Employer identification number

13-1656692

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 gran or assistance
1) American Foundation for harma Edu (AFPE) 107 WILSON BLVD 700 RLINGTON,VA 22201	53-0214882	501(c)(3)	22,500		•		FELLOWSHIP - 3 PR DOCTORAL
2) GEORGIA TECH ESEARCH GROUP 05 10TH STREET TLANTA,GA 30332	58-0603146	501(c)(3)	18,750				GLO BAL FELLO WSHIP
3) PURDUE UNIV COLLEGE OF PHARMACY 75 STADIUM MALL DRIVE VEST LAFAYETTE,IN 7906	35-6002041	501(c)(3)	50,000				GLO BA L FELLO WSHIP
(4) HOWARD UNIVERSITY 525 BRYANT ST NW WASHINGTON, DC 20059	53-0204707	501(c)(3)	50,000				GLO BA L FELLO WSHIP
(5) APHA FOUNDATION (2215 CONSTITUTION AVE NW WASHINGTON, DC 20037	52-6039142	501(c)(3)	20,000				CONTRIBUTION - 2013 BOWL OF HYGEIA PLEDGE CONTRIBUTION - TRUMPETER 2013 CONTRIBUTION - 2013 CHEERS AWARD DINNER CONTRIBUTION - 2013 REGULATORY CONFERENCE CONTRIBUTION - GRAD STUDENT RESEARCH CONTRIBUTION - QUALITY CONTROL PROGRAM CONTRIBUTION - MEMORIAL FOR KAREN ALEXANDER CONTRIBUTION - MEMORIAL FOR DR JOHN A MILNER
(6) PAN AMERICAN HEALTH AND EDUC FOUNDATION 525 23RD ST NW WASHINGTON, DC 20037	23-7072046	501(c)(3)	20,000				CONTRIBUTION - QUALITY CONTROL PROGRAM CONTRIBUTION - MEMORIAL FOR KAREN ALEXANDER CONTRIBUTION - MEMORIAL FOR DR JOHN A MILNER

USE OF GRANT FUNDS INSIDE

US

t III	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 assistand	ce	(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
Part IV Supplemental I	nforma	tion. Provide the info	ormation required in Pa	art I, line 2, Part III, col	umn (b), and any other a	dditional information.
Return Reference	Explana	tion				
PROCESS FOR MONITORING	Schedule	e I, Part I, Line 2 USP V	VILL ESTABLISH A SPEC	IFIC REPORTING PROCE	SS AND TIMING WITH EACH	HINDIVIDUAL GRANT RECIPIENT

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DLN: 93493135032535

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization United States Pharmacopeial Convention

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

Employer identification number

13-1656692 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1**b Νo Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee ✓ Written employment contract Independent compensation consultant 굣 Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Yes 4b Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 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. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Nο If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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)(1)-(111) 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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2013

Part IIII 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
Payments	Schedule J, Part I, Line 1B In 2013, Dr Srini Srinivasan brought to USPs attention the significant tax liabilities that he incurred as a result of working in India at the India USP site through the years of 2010 and 2012 After reviewing documentation provided by Dr Srinivasan and his tax counsel, USP consulted with outside counsel to review his tax liabilities for those two years Following the USP counsels thorough analysis and recommendation, USP agreed to make a one-time payment of \$191,523 to Dr Srinivasan to reconcile these tax liabilities
Severance or change of control	Schedule J, Part I, Line 4a STAMATIA CALOMERIS \$97,812 Anthony DeStefano \$188,100
plan	Schedule J, Part I, Line 4b The following individuals participate in the supplemental nonqualified retirement plan. Todd Cecil Scott Henderson Brian Hendrix Richard Wailes Susan De Mars Kevin Hool Barbara Hubert Angela Long V. Srini Srinivasan Roger Williams Anthony DeStefano Matthew Van Hook The following individuals received a payout from the supplemental nonqualified retirement plan. Roger Williams \$43,244 V. Srini Srinivasan \$49,387 Richard Wailes \$31,629 The following individuals received deferrals from the supplemental nonqualified retirement plan. Roger Williams \$41,596 Susan De Mars \$22,715 Brian Hendrix \$13,306 V. Srini Srinivasan \$23,671 Scott Henderson \$6,988 Angela Long \$5,714 Richard Wailes \$9,746 Barbara Hubert \$1,725 Kevin Hool \$5,641 Todd Cecil \$1,516 Anthony DeStefano \$1,486 Matthew Van Hook \$71

Schedule J (Form 990) 2013

Software ID: Software Version:

EIN: 13-1656692

Name: United States Pharmacopeial Convention

Form 990, Schedule J,	Part I	II - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees	<u>, </u>	
(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Roger L Williams PhD Outgoing CEO	(ı) (ıı)		77,033 0	55,039	67,096 0	7,348 0	800,446	0
Susan S De Mars EVP, CHIEF LEGAL OFFICER	(1)		48,604 0	0	48,215 0	16,837 0	547,199 0	0
Brian Hendrix Outgoing Chief Op Officer	(ı) (ıı)		59,063 0	0	38,806 0	9,666 0	436,533	0
Stamatia Calomeris DIRECTOR, COMM & DESIGN	(I) (II)		19,562 0	105,871	25,500 0	7,987 0	405,580	0
Vıjayaraghavan Srinivasan EVP, CHIEF SCIENCE OFFICER	(I) (II)) 0	0	240,910	49,171 0	11,977 0	793,765	0
Scott Henderson Sr VP Info and Services	(ı) (ıı)		30,209	0	32,488 0	16,837 0	374,205	0
Angela Long SrVP Global Alliance & Org	(I) (II)		33,125 0	5 2,573 0	31,214 0	16,837 0	362,764	0
Susan Bach VP HUMAN RESOURCES	(I) (II)		21,239 0	0	22,678 0	5,468 0	254,925	0
Richard Wailes Incoming CHIEF OP OFFICER	(I) (II)		30,844 0	31,629	35,246 0	11,796 0	431,090	0
Barbara Hubert VP SALES & MARKETING	(ı) (ıı)) 244,360) 0	27,890 0	0	27,225 0	5,206 0	304,681	0
Kevin Hool VP RESEARCH & INNOVATION	(1)		27,528 0	0	31,141 0	16,837 0	359,391 0	0
Todd Cecil VP, CHEMICAL MEDICINES	(I)		28,965 0	0	27,016 0	16,069 0	313,243	0
James Thompson VP Fin, Accounting & Treasury	(I) (II)) 0	0	0 0	22,050 0	16,028 0	258,580 0 0	0
Matthew Van Hook VP GLOBAL LEGAL AFFAIRS	(I) (II)) 230,545) 0	25,161 0	0	25,571 0	5,524 0	286,801	0
Hermes van der Lee SVP GLOBAL LAB OPS	(I) (II)	228,111	19,751	. 0	24,786	711	273,359	0
Anthony Destefano VP General Chapters	(ı) (ıı)		26,804	196,212	26,986	2,004	521,869	
Shawn Dressman VP Chemical Medicines	(I) (II)) 150,674)	20,413		17,109	8,708	196,904	

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Department of the Treasury

Internal Revenue Service

DLN: 93493135032535 OMB No 1545-0047

2013

Schedule K **Supplemental Information on Tax Exempt Bonds** (Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

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

Open to Public **Inspection** Employer identification number

Name of the organization United States Pharmacopeial Convention 13-1656692 Rond Tecues

L	Part L Bond Issues												
(a) Issuer name		Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued ((e) Issue price (f) Description of purpo		Description of purpose	(g) Defeased		(h) On behalf of issuer			Pool ncing	
				1			Yes	No	Yes	No	Yes	No	
A	MARYLAND ECONOMIC DEVELOPMENT CORPORATION 2012	52-1376562		09-29-2012	109,360,000	Refina exemp	nce 2008 and 2009 tax- ot		Х		х		X
Р	art III Proceeds												
					A		В		С			D	
1 A mount of bonds retired			0	0					•				
A mount of hands legally defended				_									

Par	Proceeds									
			P	L	В	1	(3	1)
1	A mount of bonds retired			0						
2	A mount of bonds legally defeased			0						
3	Total proceeds of issue		10	9,360,000						
4	Gross proceeds in reserve funds			0						
5	Capitalized interest from proceeds			0						
6	Proceeds in refunding escrows		10	9,360,000						
7	Issuance costs from proceeds			0						
8	Credit enhancement from proceeds			0						
9	Working capital expenditures from proceeds			4,524						
10	Capital expenditures from proceeds			0						
11	Other spent proceeds		10	9,355,476						
12	O ther unspent proceeds			0						
13	3 Year of substantial completion		2012							
			Yes	No	Yes	No	Yes	No	Yes	No

13	rear or substantial completion	20	12						
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	Х							
15	Were the bonds issued as part of an advance refunding issue?		Х						
16	Has the final allocation of proceeds been made?	Х							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х							
Par	t IIII Private Business Use								
			Δ		В		С	r	D

Pa	TIIII Private Business Use								
			A		В	С		ŗ	D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		Х						
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5019	93E			Sch	nedule K (Foi	rm 990) 2013

Part III	Private	Business	Use	(Continued)

	- Trivate Basiness God (Continues)		A		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		×						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
с	Are there any research agreements that may result in private business use of bond-financed property?		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %						
6	Total of lines 4 and 5		0 %						
7	Does the bond issue meet the private security or payment test?		Х						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		х						
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		×						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	x							

Part IV Arbitrage

Раг	ulv Arbitrage									
		Α		В		С	С			
		Yes	No	Yes	No	Yes	No	Yes	No	
1	Has the issuer filed Form 8038-T?		Х							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?	Х								
b	Exception to rebate?		Х							
С	No rebate due?		Х							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		×							
b	Name of provider	0								
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was the hedge terminated?									
	Schedule K (Form 990) 2013									

Pa	rt IV Arbitrage (Continued)								,
	· · · · · · · · · · · · · · · · · · ·	Α		В	В		С		
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х						
7	Has the organization established written procedures to monitor the requirements of section 148?	Х							
Pa	rt V Procedures To Undertake Corrective Action	•						•	
		Α	1	В	3	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

DLN: 93493135032535

OMB No 1545-0047

SCHEDULE M (Form 990)

Noncash Contributions

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

Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Nan	ne of the organization ed States Pharmacopeial Convention		Employer identification number				
UIIIŒ	ги этатех кнапнасорета Сопуеплоп				13-1656692		
P	art I Types of Property						
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported oi Form 990, Part VIII line 1g	n noncash contribution amounts		
1	Art—Works of art						
2	Art—Historical treasures .						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
_	goods						
	Cars and other vehicles						
7	'						
8	Intellectual property						
9	Securities—Publicly traded .						
	Securities—Closely held stock .						
11	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Qualified conservation contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—O ther						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
21	Taxıdermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
	Other▶ (NTRIBUTED RAW MATERIAL)	X	265	1,493,1	47 REPLACEMENT COST		
26	Other ►()						
27	O ther ▶()						
28	O ther ▶ ()						
29	Number of Forms 8283 received by for which the organization completed				29		
			. L. L. L. J. D. SINCE MERITOWIC	-g-///	Yes No		
30	a During the year, did the organization	receive by	contribution any property i	reported in Part I, lines			

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that			
	it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			110
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2013)

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As Filed Data -

DLN: 93493135032535

OMB No 1545-0047

2013

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization United States Pharmacopeial Convention **Employer identification number**

13-1656692

Return Reference	Explanation
Program Service Accomplishments	FORM 990, PART III, LINE 4A COMPENDIAL PROGRAMS - USP ESTABLISHES INTERNATIONALLY RECOGNIZED PUBLIC STANDARDS (BOTH DOCUMENTARY STANDARDS AND THE PHYSICAL REPERENCE MATERIALS THAT SUPPORT THE APPLICATION AND LISE OF THESE DOCUMENTARY STANDARDS IN THE PHYSICAL REPERENCE MATERIALS THAT SUPPORT THE APPLICATION AND LISE OF THESE DOCUMENTARY STANDARDS AND THE PHYSICAL REPERENCE MATERIALS THAT SUPPORT THE APPLICATION AND LISE OF THESE DOCUMENTARY STANDARDS AND AREA PROVED BY APPLICATION OF THE COUNTRY SUPPLIES OF THE PROPERTY SERVICE STANDARDS ARE DEVELOPED USING AN OPEN PUBLIC PROCESS AND AREA PROVED BY INDEPENDENT SCIENTIFIC EXPERTS PRESCRIPTION AND OVER THE COUNTRY MEDICINES AND AREA PRROVED BY STANDARDS EXIST THAN OTHER COUNTRY OF THE CONTRY OF THE COUNTRY OF THE

Return Reference	Explanation
Elect and Decisions Subject to	Form 990, Part VI, Line 7a & 7b THE MEMBERS OF USP ELECT THE MEMBERS OF THE BOARD OF TRUSTEES AT EACH FIVE-YEAR MEETING OF THE CONVENTION UP TO THREE ADDITIONAL TRUSTEES MAY BE APPOINTED BY THE BOARD DURING THE FIVE-YEAR CYCLE

Return Reference	Explanation
Form 990 Review Process	Form 990, Part VI, Line 11b The Form 990 was reviewed thoroughly by the organization's Vice President of Finance, Accounting & Treasury in initial draft and final form prior to filing. The Form 990 was provided to the audit committee for review and approval. The Form 990 was also made available electronically to all members of the board of directors before it was filed with the IRS.

Return Reference	Explanation
Conflict of Interest Policy Monitoring & Enforcement	Form 990, Part VI, Line 12c USPs conflict of interest policy is reflected in its bylaws and in its code of ethics. This policy is implemented with respect to our employees and volunteers (members of the board of trustees and the council of experts and expert committees, USPs standard setting bodies) through specific provisions in the employee handbook, the rules of business practice for the board of trustees, and the rules and procedures of the council of experts. All trustees, members of the council of experts and expert committees, and employees in director level or above positions or positions where they work with expert committees are required to submit and keep current a disclosure statement identifying any conflict of interest. For USPs volunteers, a conflict of interest is defined broadly under the bylaws to include a financial interest in a company or any other relationship or interest that could interfere with the individual's ability to exercise independent judgment. Trustees, experts and employees are required to recuse themselves from any matter in which they have a potential conflict, and employees may also be required to divest themselves of interests that present a potential conflict. At each meeting of the board and all expert committees, the chair reminds member of the conflict of interest rules. The identification and resolution of conflicts of interest is handled as follows for USP employees and volunteers. Employees. Disclosure statements are collected annually by the legal department from employees at the director level and above and employees who work directly with USPs expert committees if an employee discloses that he or she has a financial interest above the specified threshold, the CEO if the CEO determines that the interest above the specified threshold, the CHoir Legal Officer reviews the interest with the CEO if the CEO determines that the interest is an isolated one and one that would be difficult to divest (e.g., a retirement plan from a former employer, or a spouse's employment),

Return Reference	Explanation
Process for Determining Compensation	Form 990, Part VI, Line 15A & 15B The USP Board of Trustees approved a total compensation philosophy with the following key provisions - USP will link base pay and variable pay to performance in such a way that it aligns with USPs strategic planning process and outcome-based metrics, and results in differential rewards - USP will continually evaluate and realign performance measures to conform to changing strategic goals and other business needs - USPs total cash compensation program will be designed using a market-driven whole job family structure to deliver above average total compensation, direct and indirect, relative to those offered within various labor markets in which USP competes for talent - The total compensation package will be established, reviewed, and approved in a manner that qualifies for the rebuttable presumption of reasonableness and will be reviewed periodically to ensure that it continues to be aligned with USPs strategic direction and financial limits and continues to be both reasonable and competitive. Under the rules of business practice of the board of trustees, the operations committee of the board is responsible for overseeing the organization's compensation and benefits systems and programs, including 1. Reviewing and making recommendations to the Board regarding the overall compensation philosophy and principles of the organization 2. Reviewing the structure of the staff compensation program, including salary levels, benefits, and the success sharing plan and the extent to which they are achieving desired purposes 3. Reviewing and making recommendations to the executive committee and the board regarding employee benefit plans and employee benefits, with the board retaining responsibility for final approval of the insurer or insurers through whose policies the plan benefits are to be funded and the rules and procedures for administration of the plan 4. Based on input from the evp-ceo, reviewing and making recommendations to the board regarding the proposed metrics for organizational

Return Reference	Explanation
How Documents are Made Available to the Public	Form 990, Part VI, Line 19 USP makes these documents available to the public to the extent required by law

Return Reference	Explanation
Other Changes in Net Assets or Fund Balances	Form 990, Part XI, Line 9 Unrealized Foreign Exchange Losses \$(657,167)

DLN: 93493135032535

OMB No 1545-0047 2013

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

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Employer identification number Name of the organization United States Pharmacopeial Convention 13-1656692

Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity		
(1) USP HOLDING LLC 12601 TWINBROOK PARKWAY ROCKVILLE, MD 20852 56-2515663	HOLDING	MD	466,971	2,960,709	USP			
(2) USP HOLDING INTERNATIONAL LLC 12601 TWINBROOK PARKWAY ROCKVILLE, MD 20852 56-2515662	HOLDING	MD	0	24	USP			
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	rations Complete if ne tax year.	the organization ar	nswered "Yes" (on Form 990, Par	t IV, I	ine 34 because it	had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity sta (if section 501(c)	tatus (f) Direct controlling (c)(3)) entity		(g) Section 512((13) controll entity?	
							Yes	No

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

•		daring the	,								
(b) Primary activity		(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	rtionate	amount in box 20 of	mana partr	iging ner?	(k) Percentage ownership
			'			Yes	No		Yes	No	
										-	
									\vdash	\vdash	
									1		
									1 1		
ac a Corna	ratio-	or Truct (Complete of th	o organia	ation and	word	L"Voc	" on Form (000	Dart	TV
	Primary activity	Primary activity Legal domicile (state or foreign country)	Primary activity Legal domicile (state or foreign country)	Primary activity domicile (state or foreign country) Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Primary activity domicile (state or foreign country) Primary activity domicile (state or foreign country) Predominant income (related, excluded from tax under sections 512-514) Share of total income	Primary activity domicile (state or foreign country) Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income assets Share of otal income end-of-year assets	Primary activity domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) Yes	Primary activity Legal domicile (state or foreign country) Share of total income (related, excluded from tax under sections 512-514) Share of total income end-of-year assets Share of end-of-year assets Share of total income end-of-year assets Share of end-of-year assets Share of total income end-of-year assets Share of end-of-year assets Share of total income end-of-year asset Share of tot	domicile (state or foreign country) country) amount in box 20 of Schedule K-1 (Form 1065) Yes No Yes No	domicile (state or foreign country) Income(related, unrelated, excluded from tax under sections 512-514) Yes No Yes	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Share of total income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Sh

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

	Thore related organizat	ions treated as a corp	poration or trast	daring the ta	x year.				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(i) contro enti	n 512 (13) olled
								Yes	No
(1) US PHARMACOPEIA INDIA PRIVATE LTD	SCIENTIFIC	IN	USPHUSPHI	C Corp	11,858,517	16,130,944	100 000 %	Yes	
ICICI KNOWLEDGE PARK GENOME VALLEY HYDERBAD 500 LABS 7- 10,									
IN 13-1656692									
(2) US PHARMACOPEIA RESEARCH AND DVP CORP	SCIENTIFIC	СН	USP Holding	C Corp	3,351,040	4,643,966	100 000 %	Yes	
BUILDING 11 ALLEY 67 LIBING ROAD SHANGHAI 2012 ZAHANGUAN CH									
13-1656692 (3) UNITED STATES	SCIENTIFIC	BR	USPHUSPHI	C Corp	11,448,219	10,584,071	100 000 %	Yes	
FARMACOPEIA BRASIL LTDA WTORRE TECHNOLOGY PARK AVENIDA CECI SAO PAULO N 1600 BR 13-1656692	SCILIVI II IC	DK	USTIIUSTIII	ССОГР	11,440,217	10,304,071	100 000 76	165	
(4) US PHARMACOPEIA STND RESEARCH & DEV	SCIENTIFIC	СН	USP Holding	C Corp	6,344,667	33,749,870	100 000 %	Yes	
Waigaoqiao Free Trade 520 NFu Te SHANGHAI 200131 CH 13-1656692									
(5) CENTER FOR PHARM ADVANCEMENT AND TRAIN	SCIENTIFIC	GH	USPHUSPHI	C Corp	169,269	1,370,201	100 000 %	Yes	
No3 Park Avenue Motorway Extensio ACCRA WY 1204 GH 13-1656692									

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No				
1 D	ırıng the tax year, dıd the orgranızatıon engage ın any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No				
ь	b Gift, grant, or capital contribution to related organization(s)										
c	Gift, grant, or capital contribution from related organization(s)				1c		No				
d	Loans or loan guarantees to or for related organization(s)										
e	e Loans or loan guarantees by related organization(s)										
f	Dividends from related organization(s)										
g	Sale of assets to related organization(s)										
h	Purchase of assets from related organization(s)				1h		No				
i	Exchange of assets with related organization(s)				1i		No				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No				
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		No				
m	m Performance of services or membership or fundraising solicitations by related organization(s)										
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
0	Sharing of paid employees with related organization(s)				10		No				
р	Reimbursement paid to related organization(s) for expenses				1р		No				
q	Reimbursement paid by related organization(s) for expenses				1 q		No				
r	Other transfer of cash or property to related organization(s)				1r		No				
s	Other transfer of cash or property from related organization(s)				1s		No				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	_									
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	nvolved					
1) C	nter for Pharmaceutical Advacement & Train	b	800,000	Cash							

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

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 regarding exclusion for certain investment partnerships																							
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(g) Share of end-of-year assets	(g) Share of end-of-year assets	(g) Share of end-of-year assets	otal end-of-year	(f) Share of total income (g) Share of end-of-year assets	(h) Disproprtiona allocations?	of 9	(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership					
			314)	Yes	No			Yes	No		Yes	No											
]											
												\Box											
												\Box											
	•																						

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