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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
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 06-01-2014 , and ending 05-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

Doing business as
ASHP FOUNDATION

Number and street (or P O box if mail is not delivered to street address) | Room/suite
7272 WISCONSIN AVENUE 2ND FLOOR

City or town, state or province, country, and ZIP or foreign postal code
BETHESDA, MD 20814

D Employer identification number
23-7033369

E Telephone number
(301) 664-8612

G Gross receipts $ 9,739,138

F Name and address of principal officer
STEPHEN J ALLEN
7272 WISCONSIN AVENUE 2ND FLOOR
BETHESDA, MD 20814

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW ASHPFOUNDATION ORG

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

L Year of formation 1968

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE ASHP FOUNDATION IS TO IMPROVE THE HEALTH AND WELL-BEING OF PATIENTS IN HEALTH SYSTEMS THROUGH APPROPRIATE, SAFE AND EFFECTIVE MEDICATION USE

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	2,336,842	2,104,181
9	Program service revenue (Part VIII, line 2g)	644,504	598,688
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	664,224	1,033,973
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,564	-367
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,637,006	3,736,475
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	885,924	986,620
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,427,819	1,260,043
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶449,141		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,763,681	1,276,557
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,077,424	3,523,220
19	Revenue less expenses Subtract line 18 from line 12	-440,418	213,255
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	10,877,113	10,238,841
21	Total liabilities (Part X, line 26)	571,456	332,933
22	Net assets or fund balances Subtract line 21 from line 20	10,305,657	9,905,908

Part II Signature Block

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

Sign Here

****** | 2016-04-11
Signature of officer | Date

STEPHEN J ALLEN SECRETARY/ASHP REF EVP-CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DEBORAH G KOSNETT	DEBORAH G KOSNETT	2016-04-08		P00290720

Firm's name ▶ TATE AND TRYON | Firm's EIN ▶ 52-1855942
Firm's address ▶ 2021 L STREET NW SUITE 400, WASHINGTON, DC 20036 | Phone no (202) 293-2200

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

OUR MISSION THE MISSION OF THE ASHP FOUNDATION IS TO IMPROVE THE HEALTH AND WELL-BEING OF PATIENTS IN HEALTH SYSTEMS THROUGH APPROPRIATE, SAFE AND EFFECTIVE MEDICATION USE OUR VISION AS THE PHILANTHROPIC ARM OF THE AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS, OUR VISION IS THAT PATIENT OUTCOMES IMPROVE BECAUSE OF THE LEADERSHIP AND CLINICAL SKILLS OF PHARMACISTS, AS VITAL MEMBERS OF THE HEALTH CARE TEAM, ACCOUNTABLE FOR SAFE AND EFFECTIVE MEDICATION USE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,781,890 including grants of $ 981,120) (Revenue $)

ADVANCING PATIENT CARE THROUGH PRACTICE TRANSFORMATION AWARDS PROGRAMSASHP STUDENT LEADERSHIP AWARDTHIS PROGRAM, FUNDED THROUGH THE WALTER JONES MEMORIAL PHARMACY STUDENT FUND, IS ADMINISTERED BY THE ASHP PHARMACY STUDENT FORUM IN COLLABORATION WITH THE ASHP FOUNDATION TWELVE STUDENTS WHO DEMONSTRATE HIGH ACADEMIC ACHIEVEMENT, EXCEPTIONAL INTEREST IN HEALTH-SYSTEM PHARMACY PRACTICE, AND OUTSTANDING LEADERSHIP SKILLS WERE RECOGNIZED RECIPIENTS WERE CLASS OF 2015 - GRETA ASTRUP, UNIVERSITY OF NEW ENGLAND PORTLAND, JORDAN BURDINE, TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, NICOLE HOLLINGER, TEMPLE UNIVERSITY SCHOOL OF PHARMACY, BERNICE MAN, CHICAGO STATE UNIVERSITY COLLEGE OF PHARMACYCLASS OF 2016 - BRITTNI GROSS, UNIVERSITY OF NEW MEXICO COLLEGE OF PHARMACY, MARY HASTON-LEARY, THE UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY, JASMINE REBER, TOURO UNIVERSITY, AMY YANICAK, SOUTH CAROLINA COLLEGE OF PHARMACYCLASS OF 2017 -JENNA FANCHER, JEFFERSON SCHOOL OF PHARMACY JONATHAN MEYER, UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY, PUNAM PATEL, TOURO UNIVERSITY, KAYLEE TOOLE, LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINETHE AWARDEES RECEIVED A PLAQUE, A $2,000 AWARD AND A DRUG INFORMATION LIBRARY CONSISTING OF 10 ASHP PUBLICATIONS EACH AWARDEE SUBMITTED A PLAN TO RAISE STUDENT AWARENESS OF THE PHARMACY PRACTICE MODEL INITIATIVE AWARDEES WILL BE SURVEYED TO COLLECT INFORMATION ON IMPLEMENTATION AND OUTCOMES OF THEIR PLAN AWARD FOR EXCELLENCE IN MEDICATION-USE SAFETYSUPPORTED BY A GRANT FROM THE CARDINAL HEALTH FOUNDATION, THIS PROGRAM IS DESIGNED TO RECOGNIZE PHARMACIST-LED INTER-PROFESSIONAL TEAMS THAT MAKE SIGNIFICANT INSTITUTION-WIDE SYSTEM IMPROVEMENTS RELATING TO SAFE MEDICATION USE THE 2014 RECIPIENT AND FINALIST ORGANIZATIONS WERE SELECTED FROM 32 APPLICANTS USING A LETTER OF INTENT PROCESS UNDERTAKEN BY AN INDEPENDENT INTER-PROFESSIONAL PANEL OF EXPERTS IN THE FIELD OF MEDICATION SAFETY AND HEALTHCARE ADMINISTRATION YALE-NEW HAVEN HOSPITAL WAS THE RECIPIENT ORGANIZATION AND RECEIVED A $50,000 AWARD FOR ITS USE OF TECHNOLOGY TO ENABLE ADVANCED PHARMACIST CLINICAL SUPPORT FOR SAFE AND EFFECTIVE CANCER MEDICATION TREATMENTS IN REMOTE LOCATIONS THE TWO FINALISTS, MINNESOTA HOSPITAL ASSOCIATION AND UNIVERSITY OF CALIFORNIA SAN DIEGO, EACH RECEIVED $10,000 FOR THEIR RESPECTIVE PROGRAMS, MINNESOTA ROAD MAP TO REDUCING ADES AND EHR "BEST PRACTICE ALERTS" IMPROVE MEDICATION SAFETY IN KIDNEY PATIENTS THE 2014 AWARD FOR EXCELLENCE VIDEO HIGHLIGHTED THE SUCCESS STORIES OF THE RECIPIENT AND FINALISTS AND WAS SHOWN TO MORE THAN 9,200 PHARMACISTS AT THE 2014 ASHP MIDYEAR CLINICAL MEETING OPENING GENERAL SESSION IN ANAHEIM, CA A DINNER WAS ALSO HELD TO RECOGNIZE THE AWARD WINNER AND FINALISTS' TEAMS FOR THE EIGHTH CONSECUTIVE YEAR, THE ASHP FOUNDATION, WITH SUPPORT FROM ASHP, SPONSORED A NATIONAL RADIO MEDIA TOUR AIMED AT EDUCATING CONSUMERS ABOUT THE VITAL ROLE OF HEALTH-SYSTEM PHARMACISTS THE RADIO MEDIA TOUR - FOCUSED ON PATIENT CHEMOTHERAPY PREPARATION - OCCURRED IN MARCH 2015 DURING NATIONAL PATIENT SAFETY AWARENESS WEEK AWARD RECIPIENT REPRESENTATIVE LORRAINE LEE WAS INTERVIEWED AND HER ADVICE TO PATIENTS WAS HEARD BY 10 3 MILLION LISTENERS IN ADDITION, ERIC CABIE, R PH , M B A , HOWARD I COHEN, M S , LORRAINE LEE, B B , M H A , AND ARTHUR P LEMAY, M S , PRESENTED AN EDUCATIONAL SESSION AT THE 2015 ASHP SUMMER MEETINGS ENTITLED "MOVING CANCER CLOSER TO HOME "A VIDEO TRIBUTE TO THE RECIPIENTS AND FINALISTS OVER THE LAST 10 YEARS WAS DEVELOPED WITH SUPPORT FROM THE CARDINAL HEALTH FOUNDATION AND THE ASHP FOUNDATION, AND PREMIERED AT THE ASHP FOUNDATION DONOR BREAKFAST AT THE 2014 SUMMER MEETINGS PHARMACY RESIDENCY EXCELLENCE AWARDS PROGRAM THE 2014 PHARMACY RESIDENCY EXCELLENCE AWARDS PROGRAM WAS SUPPORTED AGAIN BY AMGEN, INC THIS UNIQUE NATIONAL COMPETITION RECOGNIZES EXCELLENCE AND LEADERSHIP IN THE TRAINING AND MENTORING OF PHARMACY RESIDENTS THE PHARMACY RESIDENCY EXCELLENCE AWARDS PROGRAM RECOGNIZES A PRECEPTOR, NEW PRECEPTOR AND PROGRAM THE OBJECTIVES OF THIS PROGRAM ARE TO 1) RECOGNIZE THE ACHIEVEMENTS OF RESIDENCY PROGRAMS AND PHARMACISTS WHO HAVE DEMONSTRATED EXCELLENCE AND LEADERSHIP IN THE TRAINING OF PHARMACY RESIDENTS AND 2) WIDELY DISSEMINATE THE RESULTS OF THESE ACCOMPLISHMENTS TO FOSTER INNOVATIONS IN PHARMACY RESIDENT TRAINING NEW THIS YEAR EACH AWARDEE PRESENTED AN EDUCATIONAL WEBINAR ON A RESIDENT PROFESSIONAL DEVELOPMENT TOPIC NINETEEN APPLICATIONS WERE RECEIVED FOR THE 2014 PROGRAM AND THE RECIPIENTS WERE PRECEPTOR AWARD ROBERT KUHN, B A , B S , PHARM D , UNIVERSITY OF KENTUCKY COLLEGE OF PHARMACY, LEXINGTON, KY NEW PRECEPTOR AWARD RACHEL HEILMANN, PHARM D , BCPS, KAISER PERMANENTE COLORADO, DENVER, COPROGRAM AWARD ANNE M DENHAM, PHARM D , BCPS-AQ, RACHANA J PATEL, PHARM D , BCPS, BCACP, KAISER PERMANENTE COLORADO, DENVER, CODR JANE PRUEMER, RECIPIENT OF THE 2013 PRECEPTOR AWARD, PRESENTED AN EDUCATIONAL SESSION AT THE 2014 ASHP NATIONAL PHARMACY PRECEPTORS CONFERENCE TITLED "2013 EXCELLENCE IN RESIDENCY TRAINING AWARD LECTURE LOOKING TO THE FUTURE OF PHARMACY RESIDENCY TRAINING" WHICH WAS ATTENDED BY 320 PHARMACY PRECEPTORS LITERATURE AWARDS PROGRAM THE ASHP FOUNDATION LITERATURE AWARDS PROGRAM RECOGNIZES IMPORTANT CONTRIBUTIONS TO THE BIOMEDICAL LITERATURE BY PHARMACISTS THIS PROGRAM, ADMINISTERED BY THE ASHP FOUNDATION SINCE 1971, IS BASED ON THE CONCEPT THAT RECOGNITION THROUGH AWARDS STIMULATES RESEARCH AND INNOVATION AND FOSTERS IMPROVEMENT IN THE QUALITY OF THE EVIDENCE AWARDEES ARE RECOGNIZED AT THE ASHP MIDYEAR CLINICAL MEETING DURING THE SPOTLIGHT ON SCIENCE PLENARY SESSION THE 2014 RECIPIENTS WERE AWARD FOR SUSTAINED CONTRIBUTIONS TO THE LITERATUREGLEN T SCHUMOCK, B S PHARM , PHARM D , M B A , PH D , DEPARTMENT OF PHARMACY SYSTEMS, OUTCOMES AND POLICY, COLLEGE OF PHARMACY, UNIVERSITY OF ILLINOIS AT CHICAGO, CHICAGO, ILAWARD FOR INNOVATION IN PHARMACY PRACTICE"EMERGENCY DEPARTMENT DISCHARGE PRESCRIPTION INTERVENTIONS BY EMERGENCY MEDICINE PHARMACISTS"JOSEPH L CESARZ, M S , PHARM D , AARON L STEFFENHAGEN, PHARM D , BCPS, JAMES SVENSON, M D , M S , AND AZITA G HAMEDANI, M D , M P H ANN EMERG MED 2013, 61 209-214 UNIVERSITY OF WISCONSIN HOSPITAL & CLINICS MADISON, WIDRUG THERAPY RESEARCH AWARD "TYPE OF STRESS ULCER PROPHYLAXIS AND RISK OF NOSOCOMIAL PNEUMONIA IN CARDIAC SURGICAL PATIENTS COHORT STUDY" BRIAN T BATEMAN, M D , M SC , KATSIARYNA BYKOV, PHARM D , M S , NITEESH K CHOUDHRY, M D , PH D , SEBASTIAN SCHNEEWEISS, M D , SC D , JOSHUA J GAGNE, PHARM D , SC D , JENNIFER M POLINSKI, SC D , M P H , JESSICA M FRANKLIN, PH D , MICHAEL DOHERTY, M S , MICHAEL A FISCHER, M D , M S , AND JEREMY A RASSEN, SC D BMJ 2013, 19 347 BRIGHAM AND WOMEN'S HOSPITAL AND HARVARD MEDICAL SCHOOL BOSTON, MAPHARMACY PRACTICE RESEARCH AWARD "IMPROVING OUTCOMES OF RENAL TRANSPLANT RECIPIENTS WITH BEHAVIORAL ADHERENCE CONTRACTS A RANDOMIZED CONTROLLED TRIAL" MARIE A CHISHOLM-BUMS, PHARM D , M P H , M B A , CHRISTINA A SPIVEY, PH D , JOSHUA GRAFF ZIVIN, PH D , JEANNIE KIM LEE, PHARM D , BCPS, ERIC SREDZINSKI, PHARM D , AND ELIZABETH A TOLLEY, PH D AM J TRANSPLANT 2013, 13 2364-73 UNIVERSITY OF TENNESSEE COLLEGE OF PHARMACY MEMPHIS, TNSTUDENT RESEARCH AWARD"EFFECT OF CAFFEINATED VERSUS NONCAFFEINATED ENERGY DRINKS ON CENTRAL BLOOD PRESSURES" JENNIFER K PHAN, PHARM D , AND SACHIN A SHAH, PHARM D PHARMACOTHERAPY 2014, 34 555-60 UNIVERSITY OF THE PACIFIC THOMAS J LONG SCHOOL OF PHARMACY AND HEALTH SCIENCES STOCKTON, CA EDUCATION PROGRAMSTRAINEESHIPS IN FY15, THE FOUNDATION ADMINISTERED THREE TRAINEESHIPS, INCLUDED BELOW, AND WORKED WITH EXPERT PANELS TO REVISE THE CURRICULUM OF THE ANTITHROMBOTIC PHARMACOTHERAPY TRAINEESHIP AND DEVELOP A NEW MEDICAL HOME TRAINEESHIP ALL FIVE TRAINEESHIPS ARE SET TO OPEN FOR APPLICATIONS IN JUNE 2015 FOR FY16 ONCOLOGY PATIENT CARE TRAINEESHIP THIS PROGRAM WAS CONVERTED TO A TUITION-BASED PROGRAM IN LATE 2013 WHEN CORPORATE SUPPORT WAS DISCONTINUED THREE PHARMACISTS WERE ACCEPTED INTO THE TRAINEESHIP AND BEGAN THEIR DISTANCE EDUCATION IN DECEMBER 2014 THE ENROLLEES PARTICIPATED IN EXPERIENTIAL TRAINING AT JOHNS HOPKINS HOSPITAL, THE UNIVERSITY OF TEXAS M D ANDERSON CANCER CENTER, AND THE UNIVERSITY OF WASHINGTON MEDICAL CENTER IN THE SPRING OF 2015 CRITICAL CARE TRAINEESHIP THIS TRAINEESHIP ENTERED ITS THIRD YEAR AS A TUITION-BASED PROGRAM IN FY15 ELEVEN TRAINEES COMPLETED THE DISTANCE EDUCATION COMPONENT FROM DECEMBER 2014 THROUGH MARCH 2015 AND PARTICIPATED IN EXPERIENTIAL TRAINING IN THE SPRING OF 2015 TRAINING SITES FOR THIS PROGRAM INCLUDE CLEVELAND CLINIC, UNIVERSITY OF ARIZONA MEDICAL CENTER, MAYO CLINIC HOSPITAL - ROCHESTER, TEXAS TECH UNIVERSITY, UNIVERSITY OF CINCINNATI HEALTH - UNIVERSITY HOSPITAL, UNIVERSITY OF PITTSBURGH MEDICAL CENTER, AND UNIVERSITY OF TENNESSEE

4b (Code) (Expenses $ 1,108,179 including grants of $ 5,500) (Revenue $ 598,688)

ADVANCING PATIENT CARE THROUGH PHARMACIST LEADERSHIP CENTER FOR HEALTH-SYSTEM PHARMACY LEADERSHIPTHE CENTER, DEVELOPED AS A COLLABORATIVE LEADERSHIP INITIATIVE OF ASHP AND THE ASHP FOUNDATION, ENTERED ITS 9TH YEAR OF BEING ADMINISTERED BY THE FOUNDATION ITS PRIMARY OBJECTIVES ARE TO (1) ASSURE THAT PHARMACY LEADERS HAVE THE KNOWLEDGE NECESSARY TO PROACTIVELY INFLUENCE THE ADVANCEMENT OF THE MEDICATION-USE PROCESS BY PROVIDING COMPETENCY BASED EDUCATION OPPORTUNITIES, (2) PROVIDE LEADERSHIP DEVELOPMENT PROGRAMS FOR STUDENTS, RESIDENTS AND NEW PRACTITIONERS THAT PROMOTE THE IMPORTANT ROLE OF THE PHARMACIST AS A CHANGE AGENT AND A LEADER IN PATIENT CARE, (3) INTEGRATE INTO HEALTH SYSTEM LEADERSHIP DECISION-MAKING THE CRITICAL ROLE FOR PHARMACISTS AS ACTIVE PARTICIPANTS IN ACHIEVING ORGANIZATIONAL OBJECTIVES, AND (4) CONDUCT RESEARCH ON EFFECTIVE PHARMACY MANAGEMENT AND LEADERSHIP IN ACHIEVING THE OBJECTIVES OF HOSPITALS AND HEALTH SYSTEMS, AS WELL AS IMPROVING COMMUNITY DISEASE PREVENTION AND HEALTH PROMOTION EFFORTS PHARMACY FORECAST REPORT 2015-2019THE PHARMACY FORECAST REPORT 2015-2019 SUPPORTED BY THE DAVID A ZILZ LEADERS FOR THE FUTURE FUND WAS RELEASED AT THE 2014 ASHP MIDYEAR CLINICAL MEETING AND PRESENTED AT AN EDUCATIONAL SESSION WITH AN ESTIMATED ATTENDANCE OF 400 PHARMACISTS THE REPORT GENERATED 40 AUTHORITATIVE, ACTIONABLE STRATEGIC RECOMMENDATIONS TO ENHANCE THE EFFECTIVENESS OF LEADERS IN HOSPITAL AND HEALTH-SYSTEM PHARMACY THIS IS THE THIRD EDITION OF THE REPORT RELEASED BY THE CENTER THE THREE REPORTS' UPTAKE HAS BEEN EXCELLENT WITH ALMOST 20, 000 VISITORS TO THE ON-LINE REPORT VISITING LEADERS PROGRAM (VLP)THE VISITING LEADERS PROGRAM, WITH SUPPORT FROM THE DAVID A ZILZ LEADERS FOR THE FUTURE FUND, HAD ANOTHER SUCCESSFUL YEAR EIGHT LEADERS WERE INVOLVED IN 25 RESIDENCY VISITS, REACHING MORE THAN 650+ RESIDENTS IN 17 STATES, IN FY15 PHARMACY LEADERSHIP ACADEMY (PLA)THE PLA, SUPPORTED IN PART BY AN EDUCATIONAL GRANT FROM AMGEN, IS DESIGNED TO PROVIDE COMPREHENSIVE LEADERSHIP EDUCATION TO PHARMACISTS NINETY-THREE PERCENT OF THE PARTICIPANTS SUCCESSFULLY COMPLETED THE PROGRAM THE 2014 GRADUATING CLASS OF 66 PHARMACISTS AND 1 PHARMACY TECHNICIAN IN JUNE 2014 BROUGHT THE NUMBER OF PLA GRADUATES TO 578 PHARMACISTS AND 1 PHARMACY TECHNICIAN THE 2015 APPLICATION PROCESS WAS CONDUCTED FROM NOVEMBER 2014 - MAY 2015 AND A CLASS OF 52 PHARMACISTS WAS ENROLLED PHARMACY LEADERSHIP INSTITUTE (PLI)ASHP AND ASHP FOUNDATION ENTERED THEIR 17TH YEAR OF PLI COLLABORATION WITH BOSTON UNIVERSITY AND THE CARDINAL HEALTH FOUNDATION AS A MAJOR PROGRAM WITHIN THE CENTER'S PORTFOLIO THE PLI USES RELEVANT BUSINESS-ORIENTED CURRICULA, TENURED FACULTY-LED INSTRUCTION, AND PEER INTERACTION TO BROADEN BUSINESS SKILLS, MANAGERIAL VERSATILITY AND THE EXTRAORDINARY LEADERSHIP DEMANDED OF TODAY'S HEALTH-SYSTEM PHARMACY LEADERS THE EXPERIENCE ENABLES PHARMACIST LEADERS TO LEARN A NEW WAY OF THINKING AND A NEW SET OF BEHAVIORS TO MEET THE DEMANDING CHALLENGES FACING PHARMACY FORTY (40) PHARMACISTS ATTENDED THE PLI PROGRAM FROM APRIL 26 - MAY 1, 2015 THE ALUMNI, NOW COMPOSED OF 450 HEALTH SYSTEM PHARMACISTS, ARE VALUABLE ASSETS SERVING TO PROMOTE CENTER PROGRAMS, AND GENEROUSLY OFFER THEIR ASSISTANCE WHEN ASKED CONVERSATIONS WITH HEALTH-SYSTEM PHARMACY'S MOST INFLUENTIAL LEADERS VIDEOSTHEME-CENTERED VIDEOS WERE ADDED TO THE LEADERS VIDEOS COLLECTIONS IN 2014 TO PROVIDE MULTIPLE VIEWPOINTS IN A SHORT TIME SPAN ON COMMON THEMES DUAL-CAREER COUPLES, THE EVOLVING PRACTICE OF HEALTH-SYSTEM PHARMACY, THE VALUE OF MENTORS, AND LANDMARK EVENTS ASHP PAST PRESIDENT AND WHITNEY AWARD RECIPIENT SARA WHITE CONTINUED TO PROVIDE THE FOUNDATION WITH ONGOING FINANCIAL SUPPORT AND VOLUNTEERED HER TIME TO HELP PRODUCE A SERIES OF VIDEOS WITH SOME OF THE MOST INFLUENTIAL HEALTH-SYSTEM PHARMACY LEADERS THE VIDEOS ARE HOSTED ON THE ASHP FOUNDATION WEBSITE AS A LEADERSHIP RESOURCE AND A SOURCE OF MOTIVATION FOR HEALTH-SYSTEM PHARMACY PROFESSIONALS LEADERSHIP SPEAKERS BUREAU (LSB)THIRTEEN (13) PHARMACY LEADERS SPOKE TO PHARMACY STUDENT SOCIETY FOR HEALTH-SYSTEM PHARMACY (SSHP) CHAPTERS AT THEIR CAMPUS IN FY15 THE LEADERSHIP SPEAKERS BUREAU IS A COLLABORATION WITH THE ASHP STUDENT FORUM, AND IS DESIGNED TO OFFER SSHPS THE OPPORTUNITY TO HOST A PHARMACY LEADER TO ENGAGE STUDENTS ON THE TOPIC OF LEADERSHIP AS A PROFESSIONAL OBLIGATION ASHP STATE AFFILIATE MEMBERS AND PLA/PLI ALUMNI ARE THE PRIMARY SOURCE OF SPEAKERS SPEAKERS HIGHLIGHT LEADERSHIP OPPORTUNITIES AND PRACTICE SUCCESS STORIES IN HEALTH-SYSTEM PHARMACY TO UNDERSCORE THE NEED FOR THIS COMMITMENT AS STUDENTS THE STUDENT FORUM LEADERSHIP SECTION ADVISORY GROUP WORKS CLOSELY WITH THE CENTER IN THE LSB'S PROMOTION AND EVALUATION STUDENT LEADERSHIP DEVELOPMENT WORKSHOPTHE CENTER FOR HEALTH-SYSTEM PHARMACY LEADERSHIP PROVIDED FUNDING SUPPORT FOR THREE OF THE SECTION OF PHARMACY PRACTICE MANAGERS' 3-HOUR LEADERSHIP DEVELOPMENT WORKSHOPS FOR PHARMACY STUDENTS AT THREE STATE AFFILIATE MEETINGS THE WORKSHOP BUILDS ON THE LEADERS SPEAKERS BUREAU THEME, GIVING STUDENTS OPPORTUNITIES TO EXPLORE MANAGEMENT/LEADERSHIP SKILL BUILDING THROUGH DIDACTIC PRESENTATIONS AND PRACTICAL CASE STUDIES LEADERSHIP RESOURCE CENTER (LRC)SPONSORED BY BAXTER HEALTHCARE, INC , THIS PROGRAM WAS DEVELOPED IN 2009 AND LAUNCHED IN FEBRUARY OF 2010 AS A WEB-BASED RESOURCE THAT IS PART OF THE ASHP FOUNDATION'S WEBSITE THE PRIMARY GOAL OF THE LRC IS TO HAVE AN ONGOING AND CONTINUOUSLY UPDATED SOURCE OF LEADERSHIP INFORMATION AND TOOLS TO ASSIST PHARMACISTS AT ALL STAGES OF THEIR CAREER THE COMPONENT PARTS OF THE LRC INCLUDE (1) A LEADERSHIP SELF-ASSESSMENT TOOL TO MEASURE ONE'S LEADERSHIP CAPABILITIES AND TO IDENTIFY AREAS FOR IMPROVEMENT, (2) A LEADER'S TOOL KIT THAT INCLUDES A HOST OF PRACTICAL RESOURCES THAT LEADERS CAN USE IN WORKING WITH TEAMS AND IN PLANNING PROJECTS, (3) A LEADERSHIP PRIMER WHICH SERVES AS AN EDUCATIONAL PROGRAM AND REFERENCE RESOURCE FOR LEADERSHIP DEVELOPMENT, AND (4) THREE EDUCATIONAL MODULES "LEADING FOR INFLUENCE AND ADVOCACY," WHICH IS DESIGNED TO HELP PHARMACISTS EXPAND THEIR INFLUENCE AND EFFECTIVENESS IN ADVANCING SAFE AND EFFECTIVE MEDICATION USE ON AN INSTITUTION-WIDE BASIS, "CLINICAL MICROSYSTEMS TRANSFORMATIONAL FRAMEWORK FOR LEAN THINKING," PROVIDING A FRAMEWORK FOR UNDERSTANDING THE PHILOSOPHY OF LEAN THINKING ALONG WITH THE PRESENTATION OF A SCIENTIFIC METHOD FOR TESTING AND IMPLEMENTING CHANGE USING LEAN PRINCIPLES, AND "TRANSFORMATIONAL CHANGE," OFFERING PRACTICAL STEPS TO SUCCESSFULLY LEAD TRANSFORMATIONAL CHANGE IN AN ORGANIZATION THE NEWEST MODULE, TRANSFORMATIONAL CHANGE, IS LINKED TO A TWO-WEBINAR SERIES "RIDING THE NEW CURVE LEADING HEALTH CARE TRANSFORMATION IN TURBULENT TIMES, AND "COLLABORATING FOR TRANSFORMING PRACTICE " THE LRC SERVES AS A PRIMARY RESOURCE FOR THE CENTER'S LEADERSHIP PROGRAMS AND THE PPMI WILLIAM A ZELLMER LEADERSHIP LECTURE WHERE PRACTICE MEETS POLICYTHIS ANNUAL LUNCHEON-LECTURE EVENT, HOSTED BY ASHP IN PARTNERSHIP WITH THE ASHP FOUNDATION, IS DESIGNED TO HONOR THE DISTINGUISHED 40-YEAR ASHP CAREER OF WILLIAM A ZELLMER AND IS SUPPORTED BY DONORS TO THE ASHP FOUNDATION'S WILLIAM ZELLMER FUND THE FIFTH ANNUAL LECTURE, "THE INTERSECTION OF PUBLIC POLICY AND PROFESSIONAL RESPONSIBILITY," WAS PRESENTED BY SUSAN C WINCKLER, B S PHARM , J D , ON SEPTEMBER 16, 2014 IN BETHESDA, MD AND WAS ATTENDED BY 130 LEADERS IN PHARMACY PRACTICE ATTENDING THE ANNUAL ASHP POLICY WEEK WINCKLER IS CURRENTLY THE MANAGING PARTNER FOR LEAVITT PARTNERS AND IS THE FORMER CHIEF EXECUTIVE OFFICER OF THE FOOD AND DRUG LAW INSTITUTE AND FORMER FDA CHIEF OF STAFF THE CONTENT OF HER PRESENTATION WAS PUBLISHED IN THE MAY 1, 2015 ISSUE OF AJHP (AM J HEALTH SYST PHANN MAY 1, 2015 72 711-715, DOI J0 2146/AJHPL40715) LEADERSCOLLABORATE (FORMERLY PLA ALUMNI SALON SERIES)AT THE REQUEST OF PLA ALUMNI, THE CENTER OFFERED QUARTERLY LEADERSHIP FOCUSED WEBINARS THESE ONE-AND-ONE-HALF HOUR, MONTHLY CONVERSATIONS WITH HEALTH SYSTEM PHARMACY LEADERS OFFERED SMALL GROUP DISCUSSION ON TOPICS OF CURRENT RELEVANCE TO THE TRANSFORMATIONAL ENVIRONMENT IN TODAY'S HEALTH CARE THE SERIES CONTINUED FROM JUNE 2014 THRU MAY 2015 LEADERSEDGETHE ASHP FOUNDATION CONTINUED THE QUARTERLY LEADERSEDGE WEBINAR SERIES TOPICS INCLUDED "LEADING FOR FINANCIAL EFFECTIVENESS CARE INTEGRATION AND EXPANDING CLINICAL ROLES," "BREAKTHROUGH CHANGE SUCCESSES AND LESSONS LEARNED," "ENGAGING AND ALIGNING LEADERS AT EVERY LEVEL, AND "THE BIG DATA CHALLENGE " FOUR HUNDRED FIFTY TWO (452) PEOPLE REGISTERED FOR THE MOST RECENT WEBINAR ON BIG DATA

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

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

4e **Total program service expenses** ▶ 2,890,069

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part 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 V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part 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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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	108		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 11			
	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 **1b** 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review 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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MD

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ ELIZABETH HARTNETT

7272 WISCONSIN AVENUE 2ND FLOOR
BETHESDA,MD 20814 (301)664-8612

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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM P OWAD JR CHAIR	1 00 0 00	X		X				0	0	0
(2) JANET L MIGHTY VICE CHAIR	1 00 0 00	X		X				0	0	0
(3) PAUL W ABRAMOWITZ PRESIDENT/ASHP CEO	1 00 39 00	X		X				0	533,657	32,178
(4) PHILIP J SCHNEIDER TREASURER	1 00 4 00	X		X				0	0	0
(5) STEPHEN J ALLEN SECRETARY/ASHP REF CEO	40 00 0 00	X		X				290,840	0	26,059
(6) J KEITH HANCHEY DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(7) R EDWARD HOWELL DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(8) RANDALL A LIPPS DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(9) GERALD E MEYER DIRECTOR AT LARGE	1 00 0 00	X						0	10,100	0
(10) JOHN T TIGHE III DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(11) GEORGE ZORICH DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(12) KATHRYN SCHULTZ DIRECTOR AT LARGE (THRU 3/15)	1 00 0 00	X						0	10,100	0
(13) DANIEL COBAUGH VICE PRESIDENT	40 00 0 00				X			202,866	0	21,724
(14) RICHARD WALLING DIR, CNTR FOR HSL (THRU 10/14)	40 00 0 00					X		142,813	0	10,543

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MYRNA KONAJESKI	40 00					X		123,152	0	27,312
DIR, DEVELOPMENT	0 00									
(16) BETHANY COULTER	40 00					X		107,023	0	15,877
DIR, COMM/EVENTS	0 00									

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	866,694	553,857	133,693

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 5

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF FLORIDA W UNIVERSITY AVENUE GAINESVILLE, FL 32611	PPMI COMPLEXITY INDEX HRM FUND	250,000
ENVISION CHANGE LLC 990 IVY FALLS DRIVE ATLANTA, GA 30328	CURRICULUM DEVELOPMENT SVCS	138,275

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 2

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c	147,500			
	d Related organizations . . .	1d	441,811			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,514,870			
	g Noncash contributions included in lines 1a-1f $		64,091			
	h **Total.** Add lines 1a-1f . . . . . ▶		2,104,181			
Program Service Revenue		Business Code				
	2a PHARMACY LEADERSHIP ACADEMY	611430	393,600	393,600		
	b CRITICAL CARE TRAINEESHIP	611430	67,500	67,500		
	c ONCOLOGY TRAINEESHIP	611430	63,450	63,450		
	d PAIN & PALLIATIVE TRAINEESHIP	611430	48,000	48,000		
	e LEADERS INNOVATION MASTER SERIES	611430	24,209	24,209		
	f All other program service revenue		1,929	1,929		
	g **Total.** Add lines 2a–2f . . . . . ▶		598,688			
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		331,180			331,180
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	6,677,589				
	b Less cost or other basis and sales expenses	5,974,322	474			
	c Gain or (loss)	703,267	-474			
	d Net gain or (loss) . . . . . ▶			702,793			702,793
Other Revenue	8a Gross income from fundraising events (not including $ 147,500 of contributions reported on line 1c) See Part IV, line 18 . . a		27,500				
	b Less direct expenses . . . b		27,867				
	c Net income or (loss) from fundraising events . . ▶			-367			-367
	9a Gross income from gaming activities See Part IV, line 19 . . . a						
	b Less direct expenses . . . b						
	c Net income or (loss) from gaming activities . . ▶						
	10a Gross sales of inventory, less returns and allowances . a						
	b Less cost of goods sold . . b						
	c Net income or (loss) from sales of inventory . . ▶						
	Miscellaneous Revenue		Business Code				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d . . . . . ▶						
	12 **Total revenue.** See Instructions . . . . . ▶			3,736,475	598,688	0	1,033,606

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	881,469	881,469		
2 Grants and other assistance to domestic individuals See Part IV, line 22	105,151	105,151		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	548,731	371,653	23,114	153,964
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	545,749	373,541	20,976	151,232
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,010	39,044	5,439	15,527
9 Other employee benefits	42,841	24,133	2,347	16,361
10 Payroll taxes	62,712	40,941	4,266	17,505
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	10,985		10,985	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	836,667	765,568	57,723	13,376
12 Advertising and promotion				
13 Office expenses	42,538	25,435	4,598	12,505
14 Information technology				
15 Royalties				
16 Occupancy	79,656	53,381	7,163	19,112
17 Travel	142,559	111,829	21,886	8,844
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,195		20,195	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a GENERAL EXPENSES	125,229	80,592	5,119	39,518
b TEMPORARY SERVICES	17,332	17,332		
c STAFF DEVELOPMENT	1,396		199	1,197
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	3,523,220	2,890,069	184,010	449,141
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		447,639	2	1,455,014
	3	Pledges and grants receivable, net		336,574	3	209,504
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		7,430	9	1,492
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 83,090			
	b	Less accumulated depreciation	10b 43,605	36,443	10c	39,485
	11	Investments—publicly traded securities		9,537,627	11	8,174,740
	12	Investments—other securities See Part IV, line 11		491,533	12	339,442
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		19,867	15	19,164
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		10,877,113	16	10,238,841
Liabilities	17	Accounts payable and accrued expenses		518,731	17	311,058
	18	Grants payable			18	
	19	Deferred revenue		52,725	19	21,875
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		571,456	26	332,933
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,392,799	27	1,259,260
	28	Temporarily restricted net assets		4,124,029	28	3,855,479
	29	Permanently restricted net assets		4,788,829	29	4,791,169
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		10,305,657	33	9,905,908
	34	Total liabilities and net assets/fund balances		10,877,113	34	10,238,841

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,736,475
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,523,220
3	Revenue less expenses Subtract line 2 from line 1	3	213,255
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,305,657
5	Net unrealized gains (losses) on investments	5	-617,598
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,594
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,905,908

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ 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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
23-7033369

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,697,502	3,023,671	2,475,022	2,336,842	2,104,181	12,637,218
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,697,502	3,023,671	2,475,022	2,336,842	2,104,181	12,637,218
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)						6,510,334
6 **Public support.** Subtract line 5 from line 4						6,126,884

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2,697,502	3,023,671	2,475,022	2,336,842	2,104,181	12,637,218
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	232,970	219,336	251,504	248,335	331,180	1,283,325
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 VI)	7,085	30,000	20,000	25,500	27,500	110,085
11 **Total support** Add lines 7 through 10						14,030,628

12 Gross receipts from related activities, etc (see instructions)	12	2,083,547

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	43 670 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	42 440 %

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	SPECIAL EVENT INCOME - 2010 AMOUNT $ 7,085 2011 AMOUNT $ 30,000 2012 AMOUNT $ 20,000 2013 AMOUNT $ 25,500 2014 AMOUNT $ 27,500

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
23-7033369

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	6,418,767	6,319,749	6,063,322	6,281,196	5,934,328
b Contributions	2,340	2,290	8,145		350
c Net investment earnings, gains, and losses	312,633	610,172	860,936	-174,945	886,373
d Grants or scholarships					
e Other expenditures for facilities and programs	330,532	513,444	612,654	42,929	539,855
f Administrative expenses					
g End of year balance	6,403,208	6,418,767	6,319,749	6,063,322	6,281,196

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 7 800 %
- b Permanent endowment ▶ 74 830 %
- c Temporarily restricted endowment ▶ 17 370 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		83,090	43,605	39,485
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				39,485

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	3,226,891
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-617,598		
b	Donated services and use of facilities	2b	79,673		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	28,341		
e	Add lines **2a** through **2d**			2e	-509,584
3	Subtract line **2e** from line **1**			3	3,736,475
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	3,736,475

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	3,626,640
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	79,673		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	28,341		
e	Add lines **2a** through **2d**			2e	108,014
3	Subtract line **2e** from line **1**			3	3,518,626
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	4,594		
c	Add lines **4a** and **4b**			4c	4,594
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	3,523,220

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE FOUNDATION'S ENDOWMENT PRIMARILY CONSISTS OF CONTRIBUTIONS TO THE JOSEPH A ODDIS ENDOWMENT CAMPAIGN, THE PURPOSE OF WHICH IS TO RAISE FUNDS FOR PROGRAMS THAT IMPROVE PHARMACY PRACTICE AND THE SAFE AND EFFECTIVE USE OF MEDICATIONS
PART X, LINE 2	DURING THE YEAR ENDED MAY 31, 2015, MANAGEMENT DID NOT IDENTIFY ANY UNCERTAIN INCOME TAX POSITIONS AT A MINIMUM, THE TAX YEARS BEGINNING IN 2011 THROUGH 2014 ARE OPEN FOR EXAMINATION BY TAX AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSE REPORTED IN PART VIII 27,867 LOSS ON DISPOSAL OF FIXED ASSETS 474
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSE REPORTED IN PART VIII 27,867 LOSS ON DISPOSAL OF FIXED ASSETS 474
PART XII, LINE 4B - OTHER ADJUSTMENTS	RECOVERY OF PRIOR YEAR GRANTS 4,518 REVERSAL OF FY13 OVERACCRUAL - GRANTS 76

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
23-7033369

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 PEG DINNER (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	175,000			175,000
	2 Less Contributions	147,500			147,500
	3 Gross income (line 1 minus line 2)	27,500			27,500
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	27,867			27,867
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(27,867)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-367

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activities conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
23-7033369

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 44

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 2

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE ASHP FOUNDATION HAS A DETAILED REPORTING REQUIREMENT FOR ALL GRANTS AWARDED WHICH INCLUDES REPORTING PROGRESS AT 6-MONTH INTERVALS ANY UNUSED GRANT FUNDS MUST BE RETURNED THE ASHP FOUNDATION HAS A GOOD TRACK RECORD OF ENSURING STUDY COMPLETION AND PUBLICATION OF STUDY RESULTS

Additional Data

Software ID:
Software Version:
EIN: 23-7033369
Name: AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCE106 NEW SCOTLAND AVENUE ALBANY,NY 12208	14-1423161	501(C)(3)	24,750				PHARMACY PRACTICE MODEL GRANT
AMERICAN FOUNDATION FOR PHARMACEUTICAL EDUCATIONONE CHURCH STREET ROCKVILLE,MD 20850	53-0214882	501(C)(3)	7,500				2014 SPONSORSHIP
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS7272 WISCONSIN AVENUE BETHESDA,MD 20814	52-0807628	501(C)(6)	33,983				CLINICAL SKILLS COMPETITION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOZEMAN DEACONESS FOUNDATION931 HIGHLAND BLVD BOZEMAN,MT 59715	84-1407943	501(C)(3)	5,000				PHARMACY RESIDENCY GRANT
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION 3901 BEAUBIEN-MAILBOX 257 DETROIT,MI 48201	32-0087353	501(C)(3)	6,643				NEW INVESTIGATOR GRANT
CLEVELAND CLINIC FOUNDATION9500 EUCLID AVENUE CLEVELAND,OH 44195	34-0714585	501(C)(3)	10,000				CRITICAL CARE TRAINEESHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CORPORATION OF MERCER UNIVERSITY1400 COLEMAN AVENUE MACON,GA 31207	58-0566167	501(C)(3)	7,520				PHARMACY PRACTICE MODEL INITIATIVE DEMO GRANT
DUKE UNIVERSITYBOX 104132 DURHAM,NC 27708	56-0532129	501(C)(3)	8,250				PHARMACY PRACTICE MODEL INITIATIVE DEMO GRANT
EXEMPIA LUTHERAN MEDICAL CENTER FOUNDATION8300 WEST 38TH AVENUE WHEAT RIDGE,CO 800335610	20-8846152	501(C)(3)	8,250				PHARMACY PRACTICE MODEL INITIATIVE DEMO GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAIRVIEW HEALTH SERVICES2450 RIVERSIDE AVENUE MINNEAPOLIS,MN 55363	41-0991680	501(C)(3)	40,000				PHARMACY RESIDENT EXPANSION GRANT
GENERAL HOSPITAL CORPORATION55 FRUIT STREET BOSTON,MA 02114	04-2697983	501(C)(3)	40,000				PHARMACY RESIDENT EXPANSION GRANT
HARRIS COUNTY HOSPITAL DISTRICT FOUNDATION2525 HOLLY HALL HOUSTON,TX 77054	76-0408224	501(C)(3)	8,500				MULTIDOSE MEDICATION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INSTITUTIONAL PROFESSIONAL EDUCATION SUPPORT FUND410 W 10TH AVENUE COLUMBUS,OH 43210	31-6025985	501(C)(3)	40,000				PHARMACY RESIDENT EXPANSION GRANT
JOHNS HOPKINS HOSPITAL 1800 ORLEANS STREET BALTIMORE,MD 21287	52-0591656	501(C)(3)	5,500				ONCOLOGY TRAINEESHIP
MAYO CLINIC ROCHESTER 200 FIRST STREET SW ROCHESTER,MN 55905	41-6011702	501(C)(3)	5,000				CRITICAL CARE TRAINEESHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEDICAL CENTER FUND OF CINCINNATI INC2830 VICTORY PARKWAY CINCINNATI,OH 45206	31-0904251	501(C)(3)	10,000				CRITICAL CARE TRAINEESHIP
MEDICAL UNIVERSITY HOSPITAL AUTHORITY169 ASHLEY AVENUE CHARLESTON,SC 29425	57-1098556	SC STATE GOVERN	40,000				PHARMACY RESIDENT EXPANSION GRANT
MIDWESTERN UNIVERSITY 555 31ST STREET DOWNERS GROVE,IL 60515	36-3377698	501(C)(3)	5,000				BOOT CAMP GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MINNESOTA HOSPITAL ASSOCIATION2550 UNIVERSITY AVE W SAINT PAUL,MN 55114	41-0637595	501(C)(6)	10,000				AWARD FOR EXCELLENCE
MISSION HEALTHCARE FOUNDATION INC890 HENDERSONVILLE ROAD ASHEVILLE,NC 28803	56-1881331	501(C)(3)	48,250				PHARMACY PRACTICE MODEL INITIATIVE DEMO GRANT, PHARMACY RESIDENT EXPANSION GRANTS
NORTHWESTERN MEMORIAL HOSPITAL251 E HURON STREET CHICAGO,IL 60611	37-0960170	501(C)(3)	6,665				NEW INVESTIGATOR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OHIO STATE UNIVERSITY 333 WEST 10TH AVENUE COLUMBUS,OH 43210	31-0625986	501(C)(3)	8,500				PHARMACY PRACTICE MODEL INITIATIVE DEMO GRANT
PALOMAR HEALTH DEVELOPMENT INC456 E GRAND AVENUE ESCONDIDO,CA 92025	20-2356830	501(C)(3)	40,000				PHARMACY RESIDENT EXPANSION GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIA1850 RESEARCH PARK DRIVE DAVIS,CA 95618	94-6036494	501(C)(3)	15,000				AWARD FOR EXCELLENCE & PHARMACY RESIDENCY GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF COLORADO13001 E 17TH PLACE AURORA,CO 800452571	84-6000555	501(C)(3)	5,000				PHARMACY RESIDENCY GRANT
SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLECAMPUS BOX 2000 EDWARDSVILLE,IL 62026	37-0986220	501(C)(3)	6,500				PAIN & PALLIATIVE CARE TRAINEESHIP
ST MARGARET FOUNDATION815 FREEPORT ROAD PITTSBURGH,PA 15215	25-1520340	501(C)(3)	6,799				NEW INVESTIGATOR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SUTTER HEALTH2200 RIVER PLACE DRIVE SACRAMENTO,CA 95833	94-2788907	501(C)(3)	8,312				PHARMACY PRACTICE MODEL INITIATIVE DEMO GRANT
THOMAS JEFFERSON UNIVERSITY1020 WALNUT STREET PHILADELPHIA,PA 19107	23-1352651	501(C)(3)	6,667				NEW INVESTIGATOR GRANT
TOURO UNIVERSITY CALIFORNIA1310 CLUB DRIVE VALLEJO,CA 94592	13-3838740	501(C)(3)	5,000				BOOT CAMP GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRINITY HEALTH-MICHIGAN200 JEFFERSON AVENUE SE GRAND RAPIDS,MI 49503	38-2113393	501(C)(3)	5,000				PHARMACY RESIDENCY GRANT
UNIVERSITY OF ALABAMA AT BIRMINGHAM619 19TH STREET SOUTH BIRMINGHAM,AL 35249	63-6005396	501(C)(3)	40,000				PHARMACY RESIDENT EXPANSION GRANT
UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD TUCSON,AZ 857190521	74-2652689	501(C)(3)	6,656				NEW INVESTIGATOR GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF ARIZONA FOUNDATION1111 N CHERRY AVENUE TUCSON,AZ 857210109	86-6050388	501(C)(3)	5,000				CRITICAL CARE TRAINEESHIP
UNIVERSITY OF CINCINNATI MEDICAL CENTER3200 BURNET AVENUE CINCINNATI,OH 45229	31-1435820	501(C)(3)	40,000				PHARMACY RESIDENT EXPANSION GRANT
UNIVERSITY OF IOWA HOSPITALS & CLINICS105 JESSUP HALL IOWA CITY,IA 52242	42-6004813	501(C)(3)	7,500				PAIN & PALLIATIVE CARE TRAINEESHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON,KY 405060057	61-6033693	501(C)(3)	5,000				MASTERS RESIDENT GRANT
UNIVERSITY OF MARYLAND BALTIMORE220 ARCH STREET BALTIMORE,MD 21201	52-6002033	501(C)(3)	17,500				PAIN & PALLIATIVE CARE TRAINEESHIP
UNIVERSITY OF NEW MEXICO HOSPITAL2211 LOMAS BLVD NE ALBUQUERQUE,NM 871062745	85-6003005	501(C)(3)	40,000				PHARMACY RESIDENT EXPANSION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL104 AIRPORT DRIVE CHAPEL HILL,NC 27599	56-6001393	501(C)(3)	53,500				PHARMACY PRACTICE MODEL INITIATIVE DEMO GRANT, PHARMACY RESIDENT EXPANSION GRANT, MASTER RESIDENT GRANT
UNIVERSITY OF PITTSBURGH116 ATWOOD STREET PITTSBURGH,PA 15213	25-0965591	501(C)(3)	26,987				PHARMACY PRACTICE MODEL INITIATIVE DEMO GRANT, MULTIDOSE MEDICATION GRANT, CRITICAL CARE TRAINEESHIP
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER1515 HOLCOMBE BLVD HOUSTON,TX 770307009	74-6001118	STATE AGENCY	30,205				ONCOLOGY TRAINEESHIP & PHARMACY PRACTICE MODEL GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF VIRGINIA HEALTH SYSTEM914 EMMET STREET CHARLOTTESVILLE,VA 22903	54-6001796	501(C)(3)	5,000				PAIN & PALLIATIVE CARE TRAINEESHIP
UNIVERSITY OF WASHINGTON MEDICAL CENTER1959 NE PACIFIC STREET SEATTLE,WA 981956015	91-6001537	501(C)(3)	5,500				ONCOLOGY TRAINEESHIP
WEST PENN ALLEGHENY HEALTH SYSTEM INC320 EAST NORTH AVENUE PITTSBURGH,PA 15212	25-0968492	501(C)(3)	40,000				PHARMACY RESIDENT EXPANSION GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YALE-NEW HAVEN HOSPITAL20 YORK STREET NEW HAVEN,CT 06504	06-0646652	501(C)(3)	50,000				AWARD FOR EXCELLENCE

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
AMBULATORY ASSESSMENT TOOL	6	6,000			
AMBULATORY CASE ASSESSMENT	6	6,000			
ANTITHROMBOTIC TRAINEESHIP CURRICULUM	4	6,000			
AWARD FOR EXCELLENCE	4	4,000			
ENVIRONMENTAL FORECASTS FOR THE PHARMACY ENTERPRISE	10	5,500			
INSOURCING GAP ANALYSIS TOOL	8	14,500			
LITERATURE AWARDS	6	13,500			
NEW INVESTIGATOR AWARDS	2	13,151			
PATIENT CARE MEDICAL HOME CURRICULUM	6	9,000			
PHARMACY RESIDENCY EXCELLENCE AWARD	5	2,500			
STATE AFFILIATE WORKSHOPS	1	1,000			
STUDENT LEADERSHIP AWARDS	12	24,000			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
23-7033369

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	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**		
3	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 ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PAUL W ABRAMOWITZ, PRESIDENT/ASHP CEO	(i)	0	0	0	0	0	0	0
	(ii)	463,073	44,792	25,792	13,280	20,506	567,443	0
2 STEPHEN J ALLEN, SECRETARY/ASHP REF CEO	(i)	272,276	15,000	3,564	17,842	11,175	319,857	0
	(ii)	0	0	0	0	0	0	0
3 DANIEL COBAUGH, VICE PRESIDENT	(i)	191,268	10,654	944	13,508	12,501	228,875	0
	(ii)	0	0	0	0	0	0	0
4 RICHARD WALLING, DIR, CNTR FOR HSL (THRU 10/14)	(i)	117,162	8,646	17,005	9,838	1,475	154,126	0
	(ii)	0	0	0	0	0	0	0
5 MYRNA KONAJESKI, DIR, DEVELOPMENT	(i)	113,546	6,649	2,957	8,414	21,137	152,703	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
23-7033369

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	64,091	CASH SALES VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 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?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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
PART I, COLUMN (B)	PART I, COLUMN (B) REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS CONTRIBUTED AND NOT NECESSARILY THE TOTAL NUMBER OF ITEMS CONTRIBUTED

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	
FORM 990, PART VI, SECTION A, LINE 7A	THREE MANDATORY MEMBERS OF THE FOUNDATION'S BOARD OF DIRECTORS ARE THE IMMEDIATE PAST PRE SIDENT, EXECUTIVE VICE PRESIDENT, AND TREASURER OF THE AMERICAN SOCIETY OF HEALTH-SYSTEM P HARMACISTS, A RELATED 501(C)(6) MEMBERSHIP ORGANIZATION THE AFOREMENTIONED TREASURER AND EXECUTIVE VICE PRESIDENT SHALL SERVE, RESPECTIVELY, AS THE TREASURER AND PRESIDENT OF THE FOUNDATION, AND THE IMMEDIATE PAST PRESIDENT SHALL SERVE AS A DIRECTOR OF THE FOUNDATION THE BOARD OF DIRECTORS OF THE AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS MAY ALSO APPOI NT ONE OR MORE MEMBERS OF THE PUBLIC TO SERVE AS MEMBERS OF THE FOUNDATION'S BOARD
FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES THAT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE CHIEF OPERATIONS AND FINANCIAL OFFICERS AND BY THE BOARD (SERVING AS THE AUDIT COMMITTEE) BEFORE IT IS FILED A COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY AT THE MARCH MEETING
FORM 990, PART VI, SECTION B, LINE 15A	CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT A "CEO EVALUATION SUBCOMMITTEE" IS APPOINTED BY THE BOARD AND MEETS SEVERAL TIMES ON AN ANNUAL BASIS THIS SUBCOMMITTEE IS RESPONSIBLE FO R EVALUATING CEO PERFORMANCE ANNUALLY AND NEGOTIATING A CONTRACT THAT CUSTOMARILY SPANS A 3-YEAR PERIOD THE TREASURER CHAIRS THE SUBCOMMITTEE DURING THE CONTRACT RENEGOTIATION YEA R AND THE BOARD CHAIR LEADS THE SUBCOMMITTEE DURING NON-CONTRACT YEAR ANNUAL REVIEWS ALL SUBCOMMITTEE ACTIONS ARE REVIEWED BY THE FULL BOARD PRIOR TO TAKING ANY ACTIONS ONE FULL YEAR PRIOR TO THE COMPLETION OF A CONTRACT CYCLE, THE SUBCOMMITTEE MAKES A REFLECTIVE REVI EW OF PERFORMANCE DURING THE CONTRACT PERIOD ADDITIONALLY, A CEO SELF-ASSESSMENT IS COMPL ETED AND REVIEWED BY THE SUBCOMMITTEE THE REFLECTIVE PERFORMANCE REVIEW AND SELF-ASSESSME NT IS CONSIDERED BY THE BOARD AND A DECISION IS MADE AS TO WHETHER THE BOARD DESIRES TO RE NEGOTIATE A NEW CONTRACT WITH THE EXISTING CEO OR SEEK A REPLACEMENT IF A REPLACEMENT IS DESIRED, THEN A SEARCH COMMITTEE IS APPOINTED IF CONTRACT RENEGOTIATION WITH THE CURRENT CEO IS DESIRED, THE CEO EVALUATION COMMITTEE LEADS CONTRACT RENEGOTIATIONS UNDER THE LEADE RSHIP OF THE TREASURER A CONTRACT FOR THE BOARD'S CONSIDERATION IS ESTABLISHED IN WRITING WITH ALL PROVISIONS OUTLINED, INCLUDING COMPENSATION AND BENEFITS TO DETERMINE PROPOSED COMPENSATION THE SUBCOMMITTEE REVIEWS 1) NATIONAL SURVEY DATA FOR CHIEF PHARMACY OFFICERS SINCE THIS IS A LIKELY AND COMPETITIVE CANDIDATE POOL FOR THE CEO POSITION, 2) THE AMERICA N SOCIETY OF ASSOCIATION EXECUTIVE (ASAE) COMPENSATION DATA FOR EXECUTIVES IS REVIEWED FOC USING ON SIMILAR/COMPETITIVE HEALTHCARE ORGANIZATIONS IN THE MID-ATLANTIC REGION, AND 3) G UIDESTAR'S DATABASE IS REFERENCED TO IDENTIFY CEO COMPENSATION IN COMPETITIVE ORGANIZATION 'S 990 FILINGS ULTIMATELY, A NEW CONTRACT IS PRESENTED TO THE BOARD FOR APPROVAL THAT OUT LINES COMPENSATION AND PERFORMANCE EXPECTATIONS IN NON-CONTRACT RENEWAL YEARS, THE SUBCOM MITTEE COMPLETES A DRAFT ANNUAL PERFORMANCE REVIEW FOR THE BOARDS CONSIDERATION PRIOR TO C ONDUCTING THE ANNUAL PERFORMANCE REVIEW ALONG WITH A SET OF CEO PERFORMANCE OBJECTIVES FOR THE UPCOMING YEAR AND A CEO SELF-ASSESSMENT SUMMARY IN ALL CASES CEO PERFORMANCE IS MEAS URED AGAINST BOARD-APPROVED ANNUAL PERFORMANCE OBJECTIVES OTHER OFFICERS OR KEY EMPLOYEES THE CEO DETERMINES COMPENSATION FOR KEY EMPLOYEES RELYING HEAVILY UPON THE GUIDANCE OF T HE HUMAN RESOURCES DEPARTMENT OF ASHP ASAE SURVEY DATA IS REVIEWED WHEN COMPARABLE POSITI ONS EXIST FOR THE KEY EMPLOYEE POSITION (E.G DIRECTOR OF COMMUNICATIONS) THE HUMAN RESOU RCES DEPARTMENT UTILIZES ADDITIONAL SALARY SURVEY DATABASES TO COMPARE SALARIES FOR POSIT IONS WHERE A PHARMACIST IS A JOB REQUIREMENT, PHARMACIST POSITIONS IN HOSPITALS AND HEALTH -SYSTEMS THAT WOULD BE LIKELY CANDIDATE POOLS ARE QUERIED IN THE SALARY SURVEY DATABASES ADDITIONALLY, THE HR DEPARTMENT CAN PROVIDE COMPARATIVE DATA FOR PHARMACIST POSITIONS AT A SHP
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST PER ITS ANNUAL REPORT TH E FOUNDATION ALSO MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST
FORM 990, PART IX, LINE 11G	CONTRACT SERVICES PROGRAM SERVICE EXPENSES 765,568 MANAGEMENT AND GENERAL EXPENSES 57,72 3 FUNDRAISING EXPENSES 13,376 TOTAL EXPENSES 836,667
FORM 990, PART XI, LINE 9	RECOVERY OF PRIOR YEAR GRANTS & REVERSAL OF ACCRUAL 4,594

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
23-7033369

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

(a) Name, address, and EIN (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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
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
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		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	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	C	325,180	CASH
(2) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	L	116,631	CASH
(3) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	N	535,311	RECORDED EXPENSES
(4) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	O	79,673	FAIR VALUE
(5) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	P	1,645,885	RECORDED EXPENSES
(6) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	S	1,110,574	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-7033369
Name: AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	C	325,180	CASH
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	L	116,631	CASH
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	N	535,311	RECORDED EXPENSES
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	O	79,673	FAIR VALUE
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	P	1,645,885	RECORDED EXPENSES
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	S	1,110,574	CASH