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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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 06-01-2015, and ending 05-31-2016

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 INC

Doing business as

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

4500 east-west highway

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

BETHESDA, MD 20814

F Name and address of principal officer

PAUL W ABRAMOWITZ

4500 east-west highway

BETHESDA, MD 20814

H(a) Is this a group return for subordinates?

No

☐ Yes

☒

H(b) Are all subordinates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

52-0807628

E Telephone number

(301) 657-3000

G Gross receipts \$ 47,896,648

I Tax-exempt status

☐ 501(c)(3)

☒ 501(c) (6) ◀(insert no)

☐ 4947(a)(1) or

☐ 527

J Website: ▶ WWW.ASHP.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

L Year of formation 1984

M State of legal domicile MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO ADVANCE PUBLIC HEALTH BY PROMOTING PROFESSIONAL INTERESTS OF PHARMACISTS PRACTICING IN HOSPITALS AND ORGANIZED HEALTH CARE SETTINGS FURTHER, TO FOSTER RATIONAL DRUG USE IN SOCIETY THROUGH ADVOCATING PUBLIC POLICIES TOWARD THAT END

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

3	Number of voting members of the governing body (Part VI, line 1a)	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	8
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	234
6	Total number of volunteers (estimate if necessary)	2,500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	2,555,711
7b	Net unrelated business taxable income from Form 990-T, line 34	141,263

Revenue

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0
9	Program service revenue (Part VIII, line 2g)	43,550,323
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,476,811
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,226,104
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,253,238

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	394,680	427,358
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)	26,396,226	30,912,975
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	20,092,446	19,548,086
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	46,883,352	50,888,419
19	Revenue less expenses Subtract line 18 from line 12	-630,114	-3,857,067

Net Assets or Fund Balances

	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	61,295,559	148,327,732
21	Total liabilities (Part X, line 26)	24,009,791	24,807,469
22	Net assets or fund balances Subtract line 21 from line 20	37,285,768	123,520,263

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

Signature of officer

PAUL W ABRAMOWITZ CEO

Type or print name and title

2017-04-10

Date

Paid Preparer Use Only

Print/Type preparer's name

Deborah G Kosnett

Preparer's signature

Deborah G Kosnett

Date

2017-04-06

Check ☐ if self-employed

PTIN 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

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

ASHP BELIEVES THAT THE MISSION OF PHARMACISTS IS TO HELP PEOPLE MAKE THE BEST USE OF MEDICATIONS THE MISSION OF ASHP IS TO ADVANCE AND SUPPORT THE PROFESSIONAL PRACTICE OF PHARMACISTS IN HOSPITALS AND HEALTH SYSTEMS AND SERVE AS THEIR COLLECTIVE VOICE ON ISSUES RELATED TO MEDICATION USE AND PUBLIC HEALTH

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 \$ including grants of \$) (Revenue \$)

EDUCATIONAL SERVICES - ASHP IS AN ACCREDITED PROVIDER OF CONTINUING EDUCATION FOR PHARMACISTS, AND OTHER RELATED HEALTH CARE PERSONNEL ASHP OFFERS ACCESS TO MULTIDISCIPLINARY PROFESSIONAL DEVELOPMENT CE ACTIVITIES FOR MEMBERS AND NONMEMBERS INCLUDING PHARMACISTS, PHARMACY TECHNICIANS, PHYSICIANS, NURSES, NURSE PRACTITIONERS, AND OTHER HEALTH CARE PROFESSIONALS ACTIVITIES ARE AVAILABLE IN MANY DIFFERENT FORMATS SUCH AS WEB-BASED, PODCASTS, MULTIMEDIA, PRINT PUBLICATIONS, AND LIVE MEETINGS THESE EDUCATIONAL SERVICES HELP TO MAINTAIN AND IMPROVE THE COMPETENCY OF PHARMACISTS

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

PUBLICATION SERVICES - ASHP DEVELOPS, MAINTAINS AND PUBLISHES A COMPREHENSIVE LIBRARY OF BOOKS AND MULTIMEDIA PRODUCTS DESIGNED TO MEET PROFESSIONAL NEEDS AND ADVANCE RATIONAL DRUG THERAPY IN HEALTH - SYSTEM PHARMACY SETTINGS FURTHER, IT IS A SOURCE OF INFORMATION ON DRUG THERAPY, PHARMACY PRACTICE, AND PHARMACY PRACTICE RESEARCH AND TECHNOLOGY DEVELOPS OFFICIAL PROFESSIONAL POLICIES, IN THE FORM OF POLICY POSITIONS AND GUIDANCE DOCUMENTS (STATEMENTS AND GUIDELINES), IN ORDER TO ESTABLISH BEST PRACTICES AND PROVIDE GUIDANCE TO ASHP MEMBERS AND OTHER AUDIENCES IMPACTED BY HEALTH-SYSTEM PHARMACY PRACTICE

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

MEMBERSHIP PROGRAMS - ACTIVITIES AND RESOURCES FOR MEMBERS INCLUDE CLINICAL RESEARCH AND PROFESSIONAL PUBLICATIONS INCLUDING A SUBSCRIPTION TO AJHP (PRINT AND ELECTRONIC), E-NEWSLETTER, DAILY BRIEFING, AND THE MAGAZINE - INTERSECTIONS THERE IS ORGANIZED REPRESENTATION AT THE FEDERAL LEVEL AND RELEVANT FEDERAL REGULATORY AGENCIES ABOUT LEGISLATION AND REGULATIONS THAT AFFECT PHARMACY PRACTICE, AND COMMUNICATION WITH THE PUBLIC ABOUT THE ROLE OF HEALTH-SYSTEM PHARMACIST MEMBERS ARE PROVIDED NETWORKING OPPORTUNITIES BY THEIR PARTICIPATION IN OUR COUNCILS, COMMITTEES, DISCUSSION GROUPS, LISTSERVS, AND MENTOR EXCHANGE OUR MEMBERS RECEIVE CURRENT PRACTICE TOOLS AND RESOURCES THROUGH OUR SPECIAL INTEREST SECTIONS AND FORUMS, EDUCATIONAL CONFERENCES, AND ONLINE RESOURCE CENTERS

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
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	
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	Yes
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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, 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	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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	Yes
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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? <i>If "Yes," complete Schedule I, Parts I and II</i> 	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? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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? <i>If "Yes," complete Schedule R, Part VI</i> 	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	570	
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	234	
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	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
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	Yes	
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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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 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	12	
1b	Enter the number of voting members included in line 1a, above, who are independent	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	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review 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 ►

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 4500 east-west highway BETHESDA, MD 20814 (301) 664-8809

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

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	4,413,969	0	609,039

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	5	No

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.

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 ► 20

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				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	CONTINUING EDUCATION & Meetings	Business Code 900099	25,641,994	25,641,994		
	b	PUBLICATIONS	541800	9,636,050	7,080,339	2,555,711	
	c	MEMBERSHIP DUES	900099	5,714,785	5,714,785		
	d	ADVANTAGE PROGRAM	900004	4,023,446	4,023,446		
	e	SPONSORSHIPS	900099	621,354			621,354
	f	All other program service revenue		308,665	308,665		
	g	Total. Add lines 2a-2f		45,946,294			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		39,020		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties		306,266			306,266
6a		Gross rents	(i) Real (ii) Personal				
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	920,868			
		b	Less cost or other basis and sales expenses	865,296			
		c	Gain or (loss)	55,572			
		d	Net gain or (loss)		55,572		
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events . . .				
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	other investment income	900099	620,000	620,000			
b	Miscellaneous	900099	64,200			64,200	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		684,200				
12	Total revenue. See Instructions		47,031,352	43,389,229	2,555,711	1,086,412	

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.	415,508			
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	11,850			
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.	3,964,053			
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.	20,206,171			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,295,296			
9	Other employee benefits.	1,903,064			
10	Payroll taxes.	1,544,391			
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	246,658			
c	Accounting.	48,255			
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	222,678			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	678,495			
12	Advertising and promotion.	752,007			
13	Office expenses.	1,407,264			
14	Information technology.	1,046,561			
15	Royalties.	162,930			
16	Occupancy.	1,898,640			
17	Travel.	2,008,551			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	4,952,055			
20	Interest.	11,692			
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	346,539			
23	Insurance.	185,735			
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	UBI.	60,048			
b	Contract Services.	2,037,376			
c	Publications & Products.	1,531,461			
d	Advantage Program.	1,372,547			
e	All other expenses.	578,594			
25	Total functional expenses. Add lines 1 through 24e.	50,888,419			
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)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		65,093	1	43,778	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		1,600,470	4	3,004,740	
	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	52,750,000	
	8	Inventories for sale or use		60,854	8	74,521	
	9	Prepaid expenses and deferred charges		2,324,702	9	2,365,169	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	9,395,232			
	b	Less: accumulated depreciation	10b	9,066,132	597,224	10c	329,100
	11	Investments—publicly traded securities		34,916,964	11	84,118,140	
	12	Investments—other securities. See Part IV, line 11		21,730,252	12	5,642,284	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 34)		61,295,559	16	148,327,732		
Liabilities	17	Accounts payable and accrued expenses		10,662,798	17	10,192,770	
	18	Grants payable			18		
	19	Deferred revenue		13,098,160	19	14,345,974	
	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		248,833	25	268,725	
	26	Total liabilities. Add lines 17 through 25		24,009,791	26	24,807,469	
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		37,285,768	27	123,520,263	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	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		37,285,768	33	123,520,263	
	34	Total liabilities and net assets/fund balances		61,295,559	34	148,327,732	

Part XI **Reconciliation 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	47,031,352
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,888,419
3	Revenue less expenses Subtract line 2 from line 1	3	-3,857,067
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	37,285,768
5	Net unrealized gains (losses) on investments	5	36,107
6	Donated services and use of facilities	6	-85,378
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	90,140,833
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	123,520,263

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? 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		No
b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		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		

Additional Data

Software ID:

Software Version:

EIN: 52-0807628

Name: AMERICAN SOCIETY OF HEALTH-SYSTEM
PHARMACISTS INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
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	ACCREDITATION SERVICES - ASHP ACCREDITS PROGRAMS FOR PHARMACY RESIDENCY AND PHARMACY TECHNICIAN FURTHER, THIS SERVICE IS COMMITTED TO ASSISTING EXISTING RESIDENCIES REFINE THEIR PROGRAMS, HELPING PROSPECTIVE PROGRAMS WITH THE PROCESS OF SEEKING ACCREDITATION, AND ASSISTING PROSPECTIVE PHARMACY RESIDENTS TO GET THE INFORMATION NEEDED TO FIND THE BEST RESIDENCY PROGRAM FOR THEM ACCREDITATION INVOLVES THE ACT OF GRANTING APPROVAL TO A POSTGRADUATE PHARMACY RESIDENCY PROGRAM AFTER THE PROGRAM HAS MET SET REQUIREMENTS AND HAS BEEN REVIEWED AND EVALUATED THROUGH A FORMAL PROCESS POSTGRADUATE RESIDENCY PROGRAMS ARE CONSIDERED THE BEST SOURCE OF HIGHLY QUALIFIED PHARMACY MANPOWER			
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (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			
John A Armitstead PRESIDENT	5 00 0 00	X		X				10,150	0	0
Lisa M Gersema PRESIDENT-Elect	5 00 0 00	X		X				0	0	0
Philip J Schneider TREASURER	4 00 1 00	X		X				0	0	0
Paul W Abramowitz Secretary & CEO	40 00 9 00	X		X				654,492	0	46,080
Chrstene M Jolowsky IMMEDIATE PAST PRESIDENT	5 00 1 00	X		X				11,201	0	0
Timothy R Brown BOARD MEMBER	1 00 0 00	X						0	0	0
Lea S Eiland BOARD MEMBER	1 00 0 00	X						0	0	0
Todd A Karpinski BOARD MEMBER	1 00 0 00	X						0	0	0
Donald E Letendre BOARD MEMBER	1 00 0 00	X						0	0	0
Amber J Lucas BOARD MEMBER	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
Kathleen S Pawlicki BOARD MEMBER	1 00 0 00	X						0	0	0
Ranee Runnebaum BOARD MEMBER	1 00 0 00	X						0	0	0
Jennifer M Schultz BOARD MEMBER	1 00 0 00	X						0	0	0
Kelly M Smith BOARD MEMBER	1 00 0 00	X						0	0	0
Gerald Meyer Immed Past President (til 8/15)	5 00 1 00	X		X				10,150	0	0
Paul WBush Board Member (til 8/15)	1 00 0 00	X						490	0	0
Steve Rough Board Member (til 8/15)	1 00 0 00	X						0	0	0
James A Trovato Board Member (til 8/15)	1 00 0 00	X						0	0	0
David Witmer Senior Vice President	40 00 8 00				X			351,219	0	46,080
Carol Wolfe Vice President, Publications and Drug Information	40 00 0 00				X			295,595	0	34,842

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

(A) Name and Title	(B) Average hours per week (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			
Julie Webb Vice President, Professional Development	40 00 0 00				X			268,907	0	44,462
David Edwards Vice President and Chief Financial Officer	40 00 8 00				X			260,571	0	43,226
Dean Manke Vice President, Marketing and Sales	40 00 0 00				X			242,561	0	42,317
Janet Silvester Vice President, Accreditation Services	40 00 0 00				X			270,739	0	29,797
Douglas Scheckelhoff Vice President, Practice Advancement	40 00 0 00				X			233,177	0	47,101
Kasey Thompson Vice President, Policy, Planning and Communication	40 00 0 00				X			223,266	0	19,695
Hannah Vanderpool Vice President, Member Relations	40 00 0 00				X			201,792	0	44,342
Paula Tiedemann General Counsel, Vice President and Chief Complian	40 00 8 00				X			236,443	0	45,100
Gregory Smith CIO and VP of Operations and Technology	40 00 0 00				X			182,856	0	19,452
Daniel Cobaugh Assist VP and Editor in Chief, Pharmacy Publishing	40 00 0 00					X		232,942	0	29,417

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

(A) Name and Title	(B) Average hours per week (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			
Gerald McEvoy Assist VP and Editor in Chief, AHFS Drug Informati	40 00 0 00					X		212,499	0	28,363
Elizabeth Hartnett Controller	40 00 0 00					X		190,908	0	37,862
David Chen Senior Director, Section of Pharmacy Practice Mana	40 00 0 00					X		160,317	0	34,808
Elaine Snow Editor, American Hospital Formulary Service Drug I	40 00 0 00					X		163,694	0	16,095

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS INC	Employer identification number 52-0807628
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	\$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

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

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

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		☐ Yes	☐ No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i.			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1		No
2		No
3	Yes	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	5,714,785
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	909,465
b	Carryover from last year	2b	960,896
c	Total	2c	1,870,361
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	2,285,914
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-415,553

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
------------------	-------------

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY OF HEALTH-SYSTEM
PHARMACISTS INC

Employer identification number
52-0807628

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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" on 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)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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)

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

The percentages on 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

(i) unrelated organizations

(ii) related organizations

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

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		2,832,052	2,809,625	22,427
d Equipment		5,618,027	5,361,800	256,227
e Other		945,153	894,707	50,446
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				329,100

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

1	Total revenue, gains, and other support per audited financial statements	1	136,926,714
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	36,107
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	90,179,853
e	Add lines 2a through 2d	2e	90,215,960
3	Subtract line 2e from line 1	3	46,710,754
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	222,678
b	Other (Describe in Part XIII)	4b	97,920
c	Add lines 4a and 4b	4c	320,598
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	47,031,352

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

1	Total expenses and losses per audited financial statements	1	50,692,219
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	85,378
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	85,378
3	Subtract line 2e from line 1	3	50,606,841
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	222,678
b	Other (Describe in Part XIII)	4b	58,900
c	Add lines 4a and 4b	4c	281,578
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	50,888,419

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 XI, Line 2d - Other Adjustments	NON-OPERATING PENSION ADJUSTMENT - EFFECT OF FASB 158 1,450,821 7272 title holding company distribution from asset sale 88,729,032

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	NON OPERATING EXPENSE RECOVERY NETTED AGAINST OTHER INCOME FOR BOOK 58,900

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2015

Open to Public Inspection

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

Name of the organization
AMERICAN SOCIETY OF HEALTH-SYSTEM
PHARMACISTS INC

Employer identification number

52-0807628

Part I

General Information on Activities Outside the United States.

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

- 1

For grantmakers.

Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes

☐ No
- 2

For grantmakers.

Describe in Part V the organization’s procedures for monitoring the use of its grants and other assistance outside the United States
- 3

Activites per Region

(The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	16			71,345
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	16			71,345

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities ▶ _____

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☒

Yes

☐

No

Additional Data

Software ID:

Software Version:

EIN: 52-0807628

Name: AMERICAN SOCIETY OF HEALTH-SYSTEM
PHARMACISTS INC

Schedule F (Form 990) 2015

Page **5**

Part V Supplemental Information

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	PROGRAM SERVICES	PUBLICATION COMMISSION PAYMENT	3,757
Europe (Including Iceland & Greenland)	0	8	PROGRAM SERVICES	MEETING AND CONFERENCE EXPENSES, PUBLICATION COMMISSION PAYMENTS	57,450
Middle East and North Africa	0	3	PROGRAM SERVICES	MEETING AND CONFERENCE EXPENSES	2,830

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	4	PROGRAM SERVICES	MEETING AND CONFERENCE EXPENSES	5,251
South America	0	0	PROGRAM SERVICES	PUBLICATION COMMISSION PAYMENT	1,064
South Asia	0	1	PROGRAM SERVICES	Program Readiness Assessment	993

**Open to Public
Inspection**

52-0807628

Schedule I (Form 990) 2015

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
(1) COMPET stipends	21	9,850			
(2) CSC Awards	2	2,000			

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	In November 2000 the Board of Directors and Committee on Finance and Audit approved the document "The Officers and Directors of ASHP - Scope of Commitment" dated November 11, 2000 Within this document are guidelines that are meant to facilitate qualified candidates running for elective office on the ASHP Board of Directors In general, the institution employing the elected Officer of ASHP may submit a request for funding (\$15,000 max/year) with justification to help offset the use of institutional resources (e g , support staff, office supplies, etc) while the individual is an Officer of ASHP

Additional Data

Software ID:
Software Version:
EIN: 52-0807628
Name: AMERICAN SOCIETY OF HEALTH-SYSTEM
PHARMACISTS INC

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 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
ASHP RESEARCH AND EDUCATION FDTN 7272 WISCONSIN AVE BETHESDA,MD 20814	23-7033369	501c3	342,078				The grant is provided to help fund general operating and program expenses
University of Minnesota 308 Harvard St SE Minneapolis,MN 55455	36-2167060	501c3	15,000				The grant is provided to the employers of the ASHP Presidential Officers, if requested, to offset support costs that the institution may incur during their election term
Allina Health System (dba United Hospital) 333 North Smith Ave St Paul,MN 55102	36-3261413	501c3	15,000				The grant is provided to the employers of the ASHP Presidential Officers, if requested, to offset support costs that the institution may incur during their election term

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 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
Olathe Medical Center 20333 W 151st St olathe, KS 66061	48-0577664	501c3	15,000				The grant is provided to the employers of the ASHP Presidential Officers, if requested, to offset support costs that the institution may incur during their election term
Lee Memorial Health System PO Box 2218 fort myers, FL 33908	59-0714812	501c3	15,000				The grant is provided to the employers of the ASHP Presidential Officers, if requested, to offset support costs that the institution may incur during their election term

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on 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.

Name of the organization AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS INC	Employer identification number 52-0807628
--	--

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 indemnification 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 Yes	
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 Yes	
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 on 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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a No 4b Yes 4c No	
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5a 5b	
6 For persons listed on 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? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6a 6b	
7 For persons listed on 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	
8 Were any amounts reported on Form 990, Part VII, paid or accrued 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	
9 If "Yes" on 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 on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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 1a	ASHP has provided first-class travel to Officers in the amount of \$30,797. ASHP'S CEO RECEIVED TAXABLE COMPENSATION FOR SPOUSAL TRAVEL. Several Vice Presidents of the organization received gross-up payments, which were included on their W-2 wages.
Part I, Line 4b	PAUL W. ABRAMOWITZ \$18,000, SECTION 457 PLAN

Additional Data

Software ID:

Software Version:

EIN: 52-0807628

Name: AMERICAN SOCIETY OF HEALTH-SYSTEM
PHARMACISTS INC

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

(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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Paul W Abramowitz Secretary & CEO	(i)	569,989	50,391	34,112	26,200	22,634	703,326	0
	(ii)	0	0	0	0	0	0	0
1David Witmer Senior Vice President	(i)	328,155	19,500	3,564	26,200	25,214	402,633	0
	(ii)	0	0	0	0	0	0	0
2Carol Wolfe Vice President, Publications and Dru	(i)	275,031	17,000	3,564	26,200	11,210	333,005	0
	(ii)	0	0	0	0	0	0	0
3Julie Webb Vice President, Professional Develop	(i)	247,813	18,250	2,844	24,582	25,208	318,697	0
	(ii)	0	0	0	0	0	0	0
4David Edwards Vice President and Chief Financial O	(i)	234,056	22,000	4,515	23,346	24,957	308,874	0
	(ii)	0	0	0	0	0	0	0
5Dean Manke Vice President, Marketing and Sales	(i)	221,929	14,500	6,132	22,437	23,889	288,887	0
	(ii)	0	0	0	0	0	0	0
6Janet Silvester Vice President, Accreditation Servic	(i)	246,458	22,000	2,281	9,916	21,481	302,136	0
	(ii)	0	0	0	0	0	0	0
7Douglas Scheckelhoff Vice President, Practice Advancement	(i)	214,173	17,000	2,004	21,165	30,889	285,231	0
	(ii)	0	0	0	0	0	0	0
8Kasey Thompson Vice President, Policy, Planning and	(i)	200,607	22,000	659	19,695	8,530	251,491	0
	(ii)	0	0	0	0	0	0	0
9Hannah Vanderpool Vice President, Member Relations	(i)	185,632	15,750	410	18,407	35,734	255,933	0
	(ii)	0	0	0	0	0	0	0
10Paula Tiedemann General Counsel, Vice President and	(i)	212,456	22,000	1,987	19,164	30,878	286,485	0
	(ii)	0	0	0	0	0	0	0
11Gregory Smith CIO and VP of Operations and Technol	(i)	175,693	6,356	807	0	23,148	206,004	0
	(ii)	0	0	0	0	0	0	0
12Daniel Cobaugh Assist VP and Editor in Chief, Pharm	(i)	220,050	11,790	1,102	20,775	13,120	266,837	0
	(ii)	0	0	0	0	0	0	0
13Gerald McEvoy Assist VP and Editor in Chief, AHFS	(i)	196,516	13,200	2,783	19,721	12,508	244,728	0
	(ii)	0	0	0	0	0	0	0
14Elizabeth Hartnett Controller	(i)	176,327	12,018	2,563	17,982	24,381	233,271	0
	(ii)	0	0	0	0	0	0	0
15David Chen Senior Director, Section of Pharmacy	(i)	154,714	5,098	505	16,158	22,739	199,214	0
	(ii)	0	0	0	0	0	0	0
16Elaine Snow Editor, Amencan Hospital Formulary	(i)	151,342	10,433	1,919	14,882	4,382	182,958	0
	(ii)	0	0	0	0	0	0	0

**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

2015**Open to Public
Inspection**Name of the organization
AMERICAN SOCIETY OF HEALTH-SYSTEM
PHARMACISTS INC

Employer identification number

52-0807628

**Return
Reference****Explanation**

Form 990, Part VI, Section A, line 6	ASHP HAS THE FOLLOWING CLASSES OF MEMBERSHIP- ACTIVE MEMBERS PHARMACISTS LICENSED BY ANY STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES WHO HAVE PAID DUES AS ESTABLISHED BY ASHP AND WHO SUPPORT THE PURPOSES OF A SHP AS STATED IN THE ARTICLE THIRD OF THE ASHP CHARTER ASSOCIATE MEMBERS PERSONS WHO HAVE PAID THE DUES AS ESTABLISHED BY ASHP AND WHO, BY VIRTUE OF VOCATION, TRAINING, EDUCATION, AND INTEREST, WISH TO FURTHER THE PURPOSES OF ASHP ASSOCIATE MEMBERS FALL INTO THE FOLLOWING SUB-CLASSES - - SUPPORTING INDIVIDUALS, OTHER THAN THOSE WHO QUALIFY AS ACTIVE MEMBERS, WHO BY WORKING IN THE HEALTH SERVICES, TEACHING PROSPECTIVE PHARMACISTS, OR OTHERWISE CONTRIBUTING TO PHARMACY SERVICES PROVIDED IN ORGANIZED HEALTH CARE SYSTEMS, MAKE THEMSELVES ELIGIBLE FOR MEMBERSHIP -- STUDENT INDIVIDUALS ENROLLED FULL TIME IN A PHARMACY PRACTICE DEGREE PROGRAM (GRADUATE OR UNDERGRADUATE) IN AN ACCREDITED COLLEGE OF PHARMACY -- INTERNATIONAL PHARMACISTS WHO ARE ENGAGED IN PRACTICE OUTSIDE THE UNITED STATES OF AMERICA AND ITS POSSESSIONS AND WHO ARE NOT CITIZENS OF THE UNITED STATES, INDIVIDUALS, OTHER THAN PHARMACISTS, WHO ARE INTERESTED IN PHARMACY AS PRACTICED IN AN ORGANIZED HEALTH CARE SYSTEM, RESIDE OUTSIDE THE UNITED STATES AND ITS POSSESSIONS, AND ARE NOT CITIZENS OF THE UNITED STATES -- PHARMACY SUPPORT PERSONNEL TECHNICIANS AND OTHER INDIVIDUALS WHO ARE EMPLOYED AS SUPPORT PERSONNEL IN A HEALTH CARE SYSTEM HONORARY MEMBERS PERSONS WHO SHALL BE ELECTED FOR LIFE BY UNANIMOUS VOTE OF THE BOARD OF DIRECTORS FROM AMONG INDIVIDUALS WHO ARE OR HAVE BEEN ESPECIALLY INTERESTED IN, OR WHO HAVE MADE OUTSTANDING CONTRIBUTIONS TO, PHARMACY PRACTICE IN ORGANIZED HEALTH CARE SYSTEMS
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Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	EXCEPT FOR THE CEO OF THE ORGANIZATION WHO IS A MEMBER OF THE BOARD OF DIRECTORS BY VIRTUE OF HIS POSITION, THE OTHER 11 MEMBERS OF THE BOARD ARE ELECTED TO BE MEMBERS OF THE BOARD BY THE GENERAL MEMBERSHIP OR THE HOUSE OF DELEGATES THE TREASURER (3 YEAR TERM) AND CHAIR OF THE HOUSE OF DELEGATES (1 YEAR TERM) ARE ELECTED BY WRITTEN BALLOT BY A MAJORITY VOTE OF THE DELEGATES PRESENT AND VOTING IN THE HOUSE OF DELEGATES AT THE SUMMER/ANNUAL MEETING THE OTHER NINE MEMBERS OF THE BOARD ARE ELECTED BY THE ACTIVE MEMBERSHIP ON A STAGGERED BASIS FOR 3 YEAR TERMS

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	PURSUANT TO THE BYLAWS PROFESSIONAL PHARMACY POLICIES WHICH ARE APPROVED BY THE BOARD OF DIRECTORS ARE THEN SENT TO THE HOUSE OF DELEGATES (HOD) AT THE ASHP SUMMER MEETING FOR RATIFICATION BY THAT BODY OF MEMBERS ANY POLICIES NOT APPROVED BY HOD ARE THEN RETURNED TO THE BOARD FOR FURTHER REVIEW AND ACTION

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	Copies of the Form 990 and required schedules are reviewed by the Board of Directors at their spring meeting before they are filed

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	ALL CANDIDATES FOR ELECTION TO THE ASHP BOARD OF DIRECTORS ARE PROVIDED A COPY OF THE POLICY AND OTHER FORMS RELATING TO CONFLICT OF INTEREST EACH MEMBER OF THE BOARD OF DIRECTORS COMPLETES A WRITTEN ANNUAL DISCLOSURE REPORT FORM WHICH IS PROVIDED TO ALL MEMBERS OF THE BOARD FOR DISCUSSION AND REVIEW THERE IS A CONTINUING OBLIGATION BY INDIVIDUAL BOARD MEMBERS TO UPDATE THIS FORM DURING THE YEAR IF THERE ARE ANY CHANGES IN THE EXTERNAL ACTIVITIES OF THE BOARD MEMBER IF THE BOARD BELIEVES THERE IS A POTENTIAL OR ACTUAL CONFLICT OF INTEREST THEN THE BOARD MEMBER MAY HAVE TO DEFER AN EXTERNAL ACTIVITY UNTIL THEIR TENURE ON THE BOARD IS COMPLETED, MAY HAVE TO RECUSE HIMSELF FROM ANY DISCUSSIONS OF A TOPIC BY THE BOARD, AND OR NOT PARTICIPATE IN ANY BOARD ACTION ON AN ISSUE KEY EMPLOYEES COMPLETE A DISCLOSURE REPORT FORM AS PART OF THE YEARLY EXTERNAL FINANCIAL AUDIT ALSO, AS PART OF THE ASHP CONDITIONS OF EMPLOYMENT WHICH ARE SIGNED BY ALL EMPLOYEES AT THE TIME OF THEIR HIRE, ASHP STAFF MAY NOT ACCEPT COMPENSATION OR PROVIDE SERVICES TO ANY THIRD PARTY WHICH DOES BUSINESS OR COMPETES WITH ASHP WHILE EMPLOYED BY ASHP

Return Reference	Explanation
Form 990, Part VI, Section B, line 15a	CHIEF EXECUTIVE OFFICER PURSUANT TO THE BY LAWS, THE BOARD OF DIRECTORS HAS THE RESPONSIBILITY FOR THE SELECTION AND HIRING OF THE CEO OF THE ORGANIZATION EIGHT MEMBERS OF THE BOARD ARE CONSIDERED INDEPENDENT PERSONS AND RECEIVE NO COMPENSATION FROM THE ORGANIZATION THE BOARD REVIEWS SEVERAL SALARY SURVEY DATA REPORTS FOR OTHER COMPARABLE EXEMPT ORGANIZATIONS AS WELL AS DATA FOR POSITIONS WHICH HAVE SIMILAR RESPONSIBILITIES THE BOARD KEEPS MINUTES OF THE DELIBERATIONS AND THEIR DECISIONS OTHER EMPLOYEES THAT ARE EMPLOYED BY THE ORGANIZATION ARE "EMPLOYEES AT WILL" SALARIES FOR THESE INDIVIDUALS ARE DETERMINED USING RELEVANT COMPARABLE SALARY DATA PRIOR TO FILLING A VACANT POSITION, A HIRING SUPERVISOR, IN CONJUNCTION WITH THE HUMAN RESOURCES DIVISION, RESEARCHES RELEVANT SALARY RANGES FOR THE POSITION

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE POSTED ON ITS PUBLIC WEBSITE (WWW.ASHP.ORG) ALONG WITH ITS POLICY ON ACCEPTANCE OF COMMERCIAL SUPPORT AND CONFLICT OF INTEREST. THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE PUBLISHED YEARLY IN THE OFFICIAL MEMBERSHIP JOURNAL AJHP.

Return Reference	Explanation
Form 990, Part XI, line 9	NON-OPERATING PENSION ADJUSTMENT - EFFECT OF FASB 158 1,450,821 LLC interest income -39,020 7272 distribution from sale gain 88,729,032

Return Reference	Explanation
Form 990, part XII, line 2c	THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR

Return Reference	Explanation
FORM 990, PART III, LINE 1	ASHP DEDICATES ITSELF TO ACHIEVING A VISION FOR PHARMACY PRACTICE IN HOSPITALS AND HEALTH SYSTEMS IN WHICH PHARMACISTS 1 WILL SIGNIFICANTLY ENHANCE PATIENTS' HEALTH-RELATED QUALITY OF LIFE BY EXERCISING LEADERSHIP IN IMPROVING BOTH THE USE OF MEDICATIONS BY INDIVIDUALS AND THE OVERALL PROCESS OF MEDICATION USE 2 WILL MANAGE PATIENT MEDICATION THERAPY AND PROVIDE RELATED PATIENT CARE AND PUBLIC HEALTH SERVICES 3 WILL BE THE PRIMARY INDIVIDUALS RESPONSIBLE FOR MEDICATION USE AND DRUG DISTRIBUTION SYSTEMS 4 WILL BE RECOGNIZED AS PATIENT CARE PROVIDERS AND SOUGHT OUT BY PATIENTS TO HELP THEM ACHIEVE THE MOST BENEFIT FROM THEIR THERAPY 5 WILL TAKE A LEADERSHIP ROLE TO CONTINUOUSLY IMPROVE AND REDESIGN THE MEDICATION-USE PROCESS WITH THE GOAL OF ACHIEVING SIGNIFICANT ADVANCES IN (A) PATIENT SAFETY, (B) HEALTH-RELATED OUTCOMES, (C) PRUDENT USE OF HUMAN RESOURCES, AND (D) EFFICIENCY 6 WILL LEAD EVIDENCE-BASED MEDICATION USE PROGRAMS TO IMPLEMENT BEST PRACTICES 7 WILL HAVE AN IMAGE AMONG PATIENTS, HEALTH PROFESSIONALS, ADMINISTRATORS, AND PUBLIC POLICY MAKERS AS CARING AND COMPASSIONATE MEDICATION-USE EXPERTS

Return Reference	Explanation
FORM 990, PART I, LINE 7B	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS FILES A CONSOLIDATED FORM 990-T WITH A RELATED ORGANIZATION, 7272 WISCONSIN BUILDING CORP, A TITLE HOLDING COMPANY UNDER IRC SECTION 501(C)(2) NET UBI ON LINE 7B REFLECTS ONLY ASHP'S PORTION OF NET UBI \$356,201 TAXABLE INCOME, 7272 141,263 TAXABLE INCOME, ASHP 0 MARYLAND BONUS DEPRECIATION ADJUSTMENT - 7272 (41,033) STATE TAX DEDUCTION ----- \$456,424 TAXABLE INCOME, CONSOLIDATED FORM 990-T ~~~~~

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN SOCIETY OF HEALTH-SYSTEM
PHARMACISTS INC

Employer identification number
52-0807628

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
(1) 7272 Wisconsin Lender LLC 4500 East West Highway Bethesda, MD 20814 81-2780923	Related to building purchase	MD	39,020	52,789,020	AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS INC (ASHP)

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	No
(1) ASHP RESEARCH AND EDUCATION FDTN 4500 EAST-WEST HIGHWAY BETHESDA, MD 208144862 23-7033369	IMPROVE QUALITY OF PHARMACEUTICAL SERVICES IN HEALTH SYSTEMS VIA RESEARCH	MD	501(C)(3)	Line 7	ASHP	Yes	
(2) 7272 WISCONSIN BUILDING CORP C/O 4500 EAST-WEST HIGHWAY BETHESDA, MD 208144862 52-1760057	TITLE HOLDING COMPANY	MD	501(C)(2)		ASHP	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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.

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 organization 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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)
.

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r	Yes	
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
See Additional Data Table			

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 52-0807628

Name: AMERICAN SOCIETY OF HEALTH-SYSTEM
PHARMACISTS INC

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
(1)	ASHP RESEARCH AND EDUCATION FDTN	B	332,078	CASH
(1)	7272 WISCONSIN BUILDING CORP	K	1,898,638	CASH
(2)	ASHP RESEARCH AND EDUCATION FDTN	N	62,774	RECORDED EXPENSES
(3)	ASHP RESEARCH AND EDUCATION FDTN	O	85,378	FAIR VALUE
(4)	ASHP RESEARCH AND EDUCATION FDTN	Q	1,496,121	RECORDED EXPENSES
(5)	7272 WISCONSIN BUILDING CORP	R	52,602,241	CASH
(6)	ASHP RESEARCH AND EDUCATION FDTN	R	1,433,348	CASH