

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

AS THE VOICE OF PHARMACY, THE AMERICAN PHARMACISTS ASSOCIATION LEADS THE PROFESSION AND EQUIPS MEMBERS FOR THEIR ROLE AS THE MEDICATION EXPERT IN TEAM-BASED, PATIENT-CENTERED CARE. APHA WILL ACCOMPLISH THIS BY: * ADVANCING PHARMACISTS' OPTIMAL ROLES IN TEAM-BASED, PATIENT-CENTERED CARE * PROVIDING OPPORTUNITIES FOR PROFESSIONAL DEVELOPMENT, RECOGNITION, DIFFERENTIATION, AND LEADERSHIP * DISSEMINATING TIMELY RELEVANT INFORMATION AND STATE-OF-THE-ART TOOLS AND RESOURCES * RAISING SOCIETAL AWARENESS ABOUT THE ROLE OF PHARMACISTS AS ESSENTIAL IN PATIENT CARE FOR OPTIMAL MEDICATION USE * CREATING UNIQUE OPPORTUNITIES FOR MEMBERS TO CONNECT AND SHARE WITH PEERS ACROSS PRACTICE SETTINGS

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 \$)
See Additional Data




















4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
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 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
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 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		
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>		
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>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>		
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>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	318	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	139	
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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	10	
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	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	Yes
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	Yes
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: **►** JOSEPH JANELA CFO 2215 CONSTITUTION AVENUE NW WASHINGTON, DC 20037 (202) 628-4410

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2017)

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 47

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
CASTLE WORLDWIDE INC 900 PERIMETER PARK DRIVE MORRISVILLE, NC 27560	ADMINISTERS BPS EXAM	1,138,674
BIG ARMOR LLC 8901 GARDEN GATE DRIVE FAIRFAX, VA 22031	DEVELOPMENT OF PHARMACY PROFILES	762,206
PANTHEON SOFTWARE 2500 WILSON BLVD SUITE 200 ARLINGTON, VA 22201	P COM REDESIGN/HOSTING	295,716
PSI SERVICES INC 18000 W 105TH STREET OLATHE, KS 66061	ADMINISTERS BPS GERIATRIC EXAM	278,081
BRIGHTKEY INC 9050 JUNCTION DRIVE ANNAPOLIS JUNCTION, MD 20701	CALL CENTER	266,290

<p>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 ► 19</p>	
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Part VIII Statement of RevenueCheck 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	194,277			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,448,700			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		1,642,977			
Program Service Revenue		Business Code				
	2a MEETINGS & EDUCATIONAL PROGRAMS	611710	11,275,669	10,981,743	293,926	
	b CERTIFICATION	900099	7,711,269	7,711,269		
	c PUBLICATIONS	511190	4,400,633	4,400,633		
	d MEMBERSHIP DUES	900099	4,142,736	4,142,736		
	e ADVERTISING	541800	616,818		616,818	
	f All other program service revenue					
	g Total. Add lines 2a-2f		28,147,125			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,001,480			1,001,480
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		630,806			630,806
	6a Gross rents	(i) Real (ii) Personal				
		9,036,260				
	b Less rental expenses	9,104,719				
	c Rental income or (loss)	-68,459				
	d Net rental income or (loss)		-68,459		-68,459	
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		8,781,533				
	b Less cost or other basis and sales expenses	8,088,904 299,928				
	c Gain or (loss)	692,629 -299,928				
	d Net gain or (loss)		392,701		-299,928	692,629
	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 SECTION 481(A) ADJUSTMENT	900099	1,058,892		1,058,892		
b GARAGE RENTAL INCOME	812930	697,632	285,683	411,949		
c OTHER INVESTMENT INCOME	900099	620,000			620,000	
d All other revenue		273,085	1,000		272,085	
e Total. Add lines 11a-11d		2,649,609				
12 Total revenue. See Instructions		34,396,239	27,523,064	2,013,198	3,217,000	

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.	111,708			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	37,350			
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,850,528			
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.	10,876,196			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	487,462			
9 Other employee benefits.	865,771			
10 Payroll taxes.	821,030			
11 Fees for services (non-employees):				
a Management.				
b Legal.	175,634			
c Accounting.	66,480			
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	190,107			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	5,406,430			
12 Advertising and promotion.				
13 Office expenses.	3,216,825			
14 Information technology.				
15 Royalties.				
16 Occupancy.	140,951			
17 Travel.	1,251,734			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,252,332			
20 Interest.	1,833,268			
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	2,643,743			
23 Insurance.	234,911			
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 INCOME TAX	1,186			
b PUBLICATION & EDITORIAL	1,343,781			
c STRATEGIC OP FUND EXPEN	828,949			
d PROF DUES & SUBSCRIPTI	278,190			
e All other expenses	631,548			
25 Total functional expenses. Add lines 1 through 24e.	34,546,114			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		390	1	413
	2	Savings and temporary cash investments		14,355,398	2	10,737,627
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4,188,971	4	4,505,668
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		338,074	8	394,144
	9	Prepaid expenses and deferred charges		678,834	9	677,502
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	109,515,511		
	b	Less: accumulated depreciation	10b	37,991,321		
				74,910,604	10c	71,524,190
	11	Investments—publicly traded securities		36,784,063	11	42,776,517
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		258,464	14	258,464
15	Other assets. See Part IV, line 11		1,572,863	15	1,802,189	
16	Total assets. Add lines 1 through 15 (must equal line 34)		133,087,661	16	132,676,714	
Liabilities	17	Accounts payable and accrued expenses		5,220,672	17	4,173,511
	18	Grants payable			18	
	19	Deferred revenue		9,435,129	19	9,212,307
	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		104,440,484	23	103,435,307
	24	Unsecured notes and loans payable to unrelated third parties		300,000	24	91,008
	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		1,192,386	25	1,450,356
	26	Total liabilities. Add lines 17 through 25		120,588,671	26	118,362,489
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		12,353,825	27	14,170,137
	28	Temporarily restricted net assets		130,165	28	129,088
	29	Permanently restricted net assets		15,000	29	15,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		12,498,990	33	14,314,225
	34	Total liabilities and net assets/fund balances		133,087,661	34	132,676,714

Part XI Reconciliation of Net AssetsCheck 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	34,396,239
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,546,114
3	Revenue less expenses Subtract line 2 from line 1	3	-149,875
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,498,990
5	Net unrealized gains (losses) on investments	5	2,790,266
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-825,156
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,314,225

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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: 53-0026265
Name: AMERICAN PHARMACISTS ASSOCIATION

Form 990 (2017)

Form 990, Part III, Line 4a:

THE AMERICAN PHARMACISTS ASSOCIATION (APHA) IS THE ORGANIZATION WHOSE MEMBERS ARE RECOGNIZED IN SOCIETY AS ESSENTIAL IN ALL PATIENT CARE SETTINGS FOR OPTIMAL MEDICATION USE THAT IMPROVES HEALTH, WELLNESS, AND QUALITY OF LIFE THROUGH INFORMATION, EDUCATION, AND ADVOCACY APHA EMPOWERS ITS MEMBERS TO IMPROVE MEDICATION USE AND PATIENT CARE BY PROVIDING TIMELY AND ACCURATE INFORMATION THAT IS VITAL TO OUR MEMBERS, RAISING SOCIETAL AWARENESS ABOUT THE ROLE OF PHARMACISTS AS ESSENTIAL IN PATIENT CARE FOR OPTIMAL MEDICATION USE, PROVIDING STATE-OF-THE-ART RESOURCES TO ENHANCE OUR MEMBERS' CONTINUING PROFESSIONAL DEVELOPMENT, EDUCATING AND INFLUENCING LEGISLATORS, POLICY MAKERS, REGULATORS, AND THE PUBLIC TO ADVANCE OUR VISION AND MISSION, CREATING UNIQUE OPPORTUNITIES FOR OUR MEMBERS TO CONNECT AND SHARE WITH THEIR PEERS ACROSS PRACTICE SETTINGS APHA WAS THE FIRST-ESTABLISHED NATIONAL PROFESSIONAL SOCIETY OF PHARMACISTS, HAVING BEEN FOUNDED IN 1852 AS THE AMERICAN PHARMACEUTICAL ASSOCIATION IT REMAINS THE LARGEST ASSOCIATION OF PHARMACISTS IN THE UNITED STATES, BOASTING MORE THAN 60,000 PRACTICING PHARMACISTS, PHARMACEUTICAL SCIENTISTS, STUDENT PHARMACISTS, PHARMACY TECHNICIANS, AND OTHERS INTERESTED IN ADVANCING THE PROFESSION THROUGH A HOUSE OF DELEGATES THAT MEETS EACH YEAR AT THE APHA ANNUAL MEETING AND EXPOSITION, APHA PROVIDES A FORUM FOR DISCUSSION, CONSENSUS BUILDING, AND POLICY SETTINGS FOR THE PROFESSION OF PHARMACY IN FACT, NEARLY ALL OF PHARMACY'S SPECIALTY ORGANIZATIONS TRACE THEIR ROOTS TO APHA, HAVING ORIGINALLY BEEN A SECTION OR PART OF THIS BROAD FOUNDATION OF PHARMACY CONTINUING EDUCATION - APHA IS A LEADING PROVIDER OF CONTINUING PHARMACY EDUCATION AND TRAINING ON TOPICS OF GREATEST IMPORTANCE TO PHARMACISTS COURSES AND TRAINING ARE OFFERED IN A VARIETY OF FORMATS - IN-PERSON, LIVE-WEBINAR, SELF PACED LEARNING - ALL DELIVERED BY EXPERTS IN THE FIELD

Form 990, Part III, Line 4b:

PUBLISHING - APHA PRODUCES PHARMACY TODAY, THE JOURNAL OF AMERICAN PHARMACISTS ASSOCIATION, STUDENT PHARMACISTS, TRANSITIONS, AND DRUGINFOLINE THE JOURNAL OF AMERICAN PHARMACISTS ASSOCIATION PROVIDES MEMBERS AND NONMEMBERS WITH PEER-REVIEWED ARTICLES, WHILE THE OTHER PUBLICATIONS PROVIDE NEWS AND INFORMATION TO MEMBERS AND NONMEMBERS IN PHARMACY PRACTICE, RESEARCH AND EDUCATION SETTINGS APHA PRODUCES THE JOURNAL OF PHARMACEUTICAL SCIENCES WHICH INCLUDES ARTICLES OF IMPORTANCE TO PHARMACEUTICAL SCIENTISTS APHA ALSO PUBLISHES BOOKS RELATED TO THE PHARMACY PROFESSION AND TEXT BOOKS USED BY STUDENT PHARMACISTS PHARMACY LIBRARY FEATURES APHA'S AUTHORITATIVE TEXTBOOKS, PHARMACOTHERAPY FIRST, AN INTERACTIVE NAPLEX REVIEW AND MORE THAN 250 ACTIVE LEARNING EXERCISES

Form 990, Part III, Line 4c:

BOARD OF PHARMACY SPECIALTIES (BPS) - BPS IS THE PREMIER POST-LICENSURE CERTIFICATION AGENCY WORLDWIDE THAT OPERATES ACROSS THE PHARMACY PROFESSION TO PROVIDE SPECIALTY CERTIFICATION OF PHARMACISTS THE CERTIFICATIONS INCLUDE AMBULATORY CARE, CARDIOLOGY, CRITICAL CARE, GERIATRIC, INFECTIOUS DISEASES, NUCLEAR, NUTRITION SUPPORT, ONCOLOGY, PEDIATRICS, PSYCHIATRIC AND PHARMACOTHERAPY

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			
NANCY ALVAREZ PRESIDENT	5 00 0 00	X		X				10,000	0	0
NICKI HILLIARD PRESIDENT ELECT	1 00 0 00	X		X				10,000	0	0
KELLY GOODE PAST PRESIDENT	5 00 0 00	X		X				13,200	0	0
TERY BASKIN TREASURER	1 00 0 00	X		X				5,000	0	0
ROBERT DICENZO TRUSTEE	1 00 0 00	X						0	0	0
DENNIS HELLING TRUSTEE	1 00 0 00	X						0	0	0
LINDA GARRELTS-MCLEAN TRUSTEE	1 00 0 00	X						0	0	0
DAN BUFFINGTON TRUSTEE	1 00 0 00	X						0	0	0
MICHAEL HOGUE TRUSTEE	1 00 0 00	X						2,300	0	0
SANDRA LEAL TRUSTEE	1 00 0 00	X						1,875	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			
RANDY MCDONOUGH TRUSTEE	1 00 0 00	X						3,600	0	0
MICHAEL MURPHY TRUSTEE	1 00 0 00	X						0	0	0
SARAH RAY TRUSTEE	1 00 0 00	X						0	0	0
DANIEL ZLOTT TRUSTEE	1 00 0 00	X						0	0	0
LAWRENCE BROWN PAST PRESIDENT(THRU MARCH)	1 00 0 00	X		X				0	0	0
THERESA TOLLE TRUSTEE(THRU MARCH)	1 00 0 00	X						0	0	0
BRADLEY TICE TRUSTEE(THRU MARCH)	1 00 0 00	X						0	0	0
GREGORY FOX TRUSTEE (THRU MARCH)	1 00 0 00	X						0	0	0
KELSEA GALLEGOS TRUSTEE(THRU MARCH)	1 00 0 00	X						0	0	0
WENDY WEBER TRUSTEE(THRU MARCH)	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			
TOM MENIGHAN EVP, CEO AND SECRETARY	40 00 0 00	X		X				647,841	0	74,211
JOE JANELA CHIEF FINANCIAL OFFICER	40 00 0 00			X				363,862	0	19,269
ELIZABETH KEYES CHIEF OPERATING OFFICER	36 50 0 00			X				292,460	54,000	37,588
WILLIAM ELLIS EXECUTIVE DIRECTOR, BPS	40 00 0 00				X			278,532	0	36,790
STACIE MASS SVP, PHARM PRTC/GOVT AFFAIRS	40 00 0 00					X		288,548	0	23,087
MITCH ROTHHOLZ CHIEF STRATEGY OFFICER	40 00 0 00					X		260,238	0	22,266
STEVE MANKOFSKY VP, PUBLISHING /BUSINESS DEVELOPMENT	40 00 0 00					X		222,250	0	46,591
JULE MILLER SVP, HUMAN RESOURCES	40 00 0 00					X		217,405	0	27,979
JIM OWEN VP, PRACTICE/SCIENCE AFFAIRS	40 00 0 00					X		160,486	0	34,012

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

2017

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 PHARMACISTS ASSOCIATION	Employer identification number 53-0026265
--	--

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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-
(1) AMERICAN PHARMACISTS ASSN PAC	2215 CONSTITUTION AVENUE NW WASHINGTON, DC 20037	52-2114318	0	33,299
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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(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 Were substantially all (90% or more) dues received nondeductible by members?		No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	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	4,142,736
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).	2a	719,623
a	Current year	2b	-3,032,464
b	Carryover from last year	2c	-2,312,841
c	Total	3	2,303,775
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	-4,616,616
5	Taxable amount of lobbying and political expenditures (see instructions)		

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
PART I-A, LINE 1	ALL EXPENDITURES ARE MADE VIA AMERICAN PHARMACIST ASSOCIATION'S CONNECTED POLITICAL ACTION COMMITTEE. SEE PART I-C.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318073118	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>▶ 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.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>
Name of the organization AMERICAN PHARMACISTS ASSOCIATION				Employer identification number 53-0026265	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶					
4 Number of states where property subject to conservation easement is located ▶					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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 ▶ \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
Cat No 52283D		Schedule D (Form 990) 2017			

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(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

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on 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		5,298,139		5,298,139
b Buildings		81,045,166	21,639,391	59,405,775
c Leasehold improvements		14,397,744	11,005,229	3,392,515
d Equipment		4,517,879	3,854,273	663,606
e Other		4,256,583	1,492,428	2,764,155
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				71,524,190

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION	1,446,234
DUE TO RELATED PARTIES	4,122
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,450,356

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	45,430,291
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	2,790,266
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	88,138
e	Add lines 2a through 2d	2e	2,878,404
3	Subtract line 2e from line 1	3	42,551,887
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	190,107
b	Other (Describe in Part XIII)	4b	-8,345,755
c	Add lines 4a and 4b	4c	-8,155,648
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	34,396,239

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	43,592,224
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	9,236,217
e	Add lines 2a through 2d	2e	9,236,217
3	Subtract line 2e from line 1	3	34,356,007
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	190,107
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	190,107
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	34,546,114

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
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 53-0026265
Name: AMERICAN PHARMACISTS ASSOCIATION

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	PAC REVENUE 80,488 BOOK-TAX DIFFERENCE FOR NETTING OF FOUNDATION ACTIVITIES 7,650

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	BUILDING RENTAL EXPENSES RECLASSSED TO PART VIII -9,104,719 BOOK TO TAX ADJUSTMENT - SECTI ON 481(A) ADJUSTMENT 1,058,892 LOSS ON DISPOSAL OF FIXED ASSETS -66,192 BOOK TO TAX ADJU STMENT - LOSS ON DISPOSAL OF FIXED ASSETS -233,736

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	PAC EXPENSE 57,656 BUILDING RENTAL EXPENSES RECLASSSED TO PART VIII 9,104,719 LOSS ON DISPOSAL OF FIXED ASSETS 66,192 BOOK-TAX DIFFERENCE FOR NETTING OF FOUNDATION ACTIVITIES 7,650

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
AMERICAN PHARMACISTS ASSOCIATION

Employer identification number

53-0026265

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 Activities 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) EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	GRANTMAKING		37,350
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			37,350
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			37,350

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)			EUROPE (INCLUDING ICELAND & GREENLAND) -	DUES	37,350	WIRE TRANSFER			
(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 **0**

3 Enter total number of other organizations or entities **1**

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 separately 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

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).

Return Reference	Explanation
PART I, LINE 2	THE AMERICAN PHARMACISTS ASSOCIATION IS A VOTING MEMBER OF THE GRANT RECIPIENT AND PARTICIPATES IN THE RECIPIENT'S ANNUAL CONGRESS AND CONFERENCE

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318073118

Schedule I
(Form 990)

OMB No 1545-0047

2017

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
AMERICAN PHARMACISTS ASSOCIATION

Employer identification number
53-0026265

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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	APHA SERVES OR HAS REPRESENTATION ON THE GOVERNING BODIES OF SOME OF THE GRANTEEES APHA IS INVITED TO PARTICIPATE IN THE BUSINESS MEETINGS OF THE GRANTEEES

Additional Data

Software ID:
Software Version:
EIN: 53-0026265
Name: AMERICAN PHARMACISTS ASSOCIATION

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
ACCREDITATION COUNCIL ON PHARMACY EDUCATION 20 NORTH CLARK STREET SUITE 2500 CHICAGO, IL 60160	36-2123871	501(C)(3)	86,435				DUES
PQA 9687 SOUTH RUN OAKS DRIVE FAIRFAX STATION, VA 22039	26-2968498	501(C)(3)	16,500				DUES

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
PHARMACY WORKFORCE CENTER INC 1727 KING STREET ALEXANDRIA, VA 22314	54-1569970	501(C)(3)	8,773				DUES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.

2017

Open to Public Inspection

Name of the organization AMERICAN PHARMACISTS ASSOCIATION	Employer identification number 53-0026265
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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. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use										
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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. <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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: <table border="0"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td>4a</td> <td>No</td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td>4b</td> <td>No</td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td>4c</td> <td>No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	a Receive a severance payment or change-of-control payment?	4a	No	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No		
a Receive a severance payment or change-of-control payment?	4a	No									
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No									
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No									
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: <table border="0"> <tr> <td>a The organization?</td> <td>5a</td> <td></td> </tr> <tr> <td>b Any related organization?</td> <td>5b</td> <td></td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.	a The organization?	5a		b Any related organization?	5b						
a The organization?	5a										
b Any related organization?	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: <table border="0"> <tr> <td>a The organization?</td> <td>6a</td> <td></td> </tr> <tr> <td>b Any related organization?</td> <td>6b</td> <td></td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.	a The organization?	6a		b Any related organization?	6b						
a The organization?	6a										
b Any related organization?	6b										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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				
1 TOM MENIGHAN EVP, CEO AND SECRETARY	(i)	558,342	52,929	36,570	38,500	35,711	722,052	52,929
	(ii)	0	0	0	0	0	0	0
2 JOE JANELA CHIEF FINANCIAL OFFICER	(i)	329,841	13,965	20,056	13,500	5,769	383,131	13,965
	(ii)	0	0	0	0	0	0	0
3 ELIZABETH KEYES CHIEF OPERATING OFFICER	(i)	259,778	13,965	18,717	13,500	24,088	330,048	13,965
	(ii)	54,000	0	0	0	0	54,000	0
4 WILLIAM ELLIS EXECUTIVE DIRECTOR, BPS	(i)	227,277	31,965	19,290	11,819	24,971	315,322	13,965
	(ii)	0	0	0	0	0	0	0
5 STACIE MASS SVP, PHARM PRTC/GOVT AFFAIRS	(i)	255,893	13,965	18,690	12,892	10,195	311,635	13,965
	(ii)	0	0	0	0	0	0	0
6 MITCH ROTHHOLZ CHIEF STRATEGY OFFICER	(i)	226,983	13,965	19,290	11,743	10,523	282,504	13,965
	(ii)	0	0	0	0	0	0	0
7 STEVE MANKOFSKY VP, PUBLISHING /BUSINESS DEVELOPMENT	(i)	183,974	35,096	3,180	15,581	31,010	268,841	12,821
	(ii)	0	0	0	0	0	0	0
8 JULE MILLER SVP, HUMAN RESOURCES	(i)	183,460	13,965	19,980	11,464	16,515	245,384	13,965
	(ii)	0	0	0	0	0	0	0
9 JIM OWEN VP, PRACTICE/SCIENCE AFFAIRS	(i)	157,100	2,696	690	8,398	25,614	194,498	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	MR. MENIGHAN IS PERMITTED AN ALLOWANCE FOR TRAVEL FOR HIS WIFE, UP TO \$5,000, HE ALSO IS PROVIDED A MEMBERSHIP TO A BUSINESS/SOCIAL CLUB. ADDITIONALLY, MR. MANKOFSKY IS PROVIDED A HOUSING ALLOWANCE IN LIEU OF HOTELS, AS HE LIVES IN A DIFFERENT STATE. THESE BENEFITS ARE NOT TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUALS.
FORM 990, PART VII, SECTION A, LINE 5	ELIZABETH KEYES RECEIVED MOST OF HER COMPENSATION FROM THE AMERICAN PHARMACISTS ASSOCIATION, AND IN ADDITION RECEIVED COMPENSATION FROM THE AMERICAN PHARMACISTS ASSOCIATION FOUNDATION, FOR SERVICES THAT SHE RENDERED TO THE FOUNDATION AS INTERIM EXECUTIVE DIRECTOR. SEE FORM 990, PART VII.

Additional Data

Software ID:
Software Version:
EIN: 53-0026265
Name: AMERICAN PHARMACISTS ASSOCIATION

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				
1TOM MENIGHAN EVP, CEO AND SECRETARY	(i)	558,342	52,929	36,570	38,500	35,711	722,052	52,929
	(ii)	0	0	0	0	0	0	0
1JOE JANELA CHIEF FINANCIAL OFFICER	(i)	329,841	13,965	20,056	13,500	5,769	383,131	13,965
	(ii)	0	0	0	0	0	0	0
2ELIZABETH KEYES CHIEF OPERATING OFFICER	(i)	259,778	13,965	18,717	13,500	24,088	330,048	13,965
	(ii)	54,000	0	0	0	0	54,000	0
3WILLIAM ELLIS EXECUTIVE DIRECTOR, BPS	(i)	227,277	31,965	19,290	11,819	24,971	315,322	13,965
	(ii)	0	0	0	0	0	0	0
4STACIE MASS SVP, PHARM PRTC/GOVT AFFAIRS	(i)	255,893	13,965	18,690	12,892	10,195	311,635	13,965
	(ii)	0	0	0	0	0	0	0
5MITCH ROTHHOLZ CHIEF STRATEGY OFFICER	(i)	226,983	13,965	19,290	11,743	10,523	282,504	13,965
	(ii)	0	0	0	0	0	0	0
6STEVE MANKOFSKY VP, PUBLISHING /BUSINESS DEVELOPMENT	(i)	183,974	35,096	3,180	15,581	31,010	268,841	12,821
	(ii)	0	0	0	0	0	0	0
7JULE MILLER SVP, HUMAN RESOURCES	(i)	183,460	13,965	19,980	11,464	16,515	245,384	13,965
	(ii)	0	0	0	0	0	0	0
8JIM OWEN VP, PRACTICE/SCIENCE AFFAIRS	(i)	157,100	2,696	690	8,398	25,614	194,498	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318073118	
SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small>	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 <div style="font-size: 2em; font-weight: bold;">2017</div> Open to Public Inspection
	Name of the organization AMERICAN PHARMACISTS ASSOCIATION				Employer identification number 53-0026265

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	<p>THE APHA BOARD OF TRUSTEES EXECUTIVE COMMITTEE (BTEXC) IS COMPOSED OF THE ASSOCIATION'S OFFICERS (PRESIDENT, IMMEDIATE PAST PRESIDENT, PRESIDENT-ELECT, TREASURER, AND EXECUTIVE VICE PRESIDENT), AND ONE AT-LARGE TRUSTEE APPOINTED BY THE PRESIDENT AND APPROVED BY THE APHA BOARD. THE BTEXC IS CHARGED WITH CONDUCTING BUSINESS ON BEHALF OF THE APHA BOARD OF TRUSTEES IN ACCORDANCE WITH THE BOARD'S DELEGATION AND AUTHORITY. THE BTEXC DUTIES INCLUDE:</p> <p>A THE BTEXC IS AUTHORIZED TO ACT FOR THE APHA BOARD OF TRUSTEES DURING THE INTERIM BETWEEN MEETINGS OF THE BOARD AND MUST REPORT ALL ACTIONS TAKEN TO THE BOARD.</p> <p>B THE BTEXC MAKES RECOMMENDATIONS TO THE BOARD ON AWARD SELECTIONS AND APPOINTMENTS TO APHA SUBSIDIARY/AFFILIATED BOARDS (BPS, PAC, ACPE, USAN COUNCIL, PTCB, ETC.) AND MAKES APPOINTMENTS TO ALL APHA EDITORIAL ADVISORY BOARDS, APHA COMMITTEES, AND APHA BOARD COMMITTEES.</p> <p>C THE BTEXC WILL REVIEW THE EMERGENCY PLAN AND DISCUSS IT WITH THE FULL BOARD AT LEAST ONCE PER YEAR.</p> <p>D THE BTEXC IS RESPONSIBLE FOR NEGOTIATING THE CONTRACT OF THE EVP, FOR MAINTAINING COMPLIANCE WITH THE CONTRACT FOR THE ASSOCIATION, AND FOR ANNUALLY REVIEWING THE JOB SPECIFICATIONS DOCUMENT WITH THE FULL BOARD FOR THE PURPOSE OF UPDATING IT.</p> <p>E THE BTEXC IS ALSO RESPONSIBLE FOR DEVELOPING THE PROCESS AND COORDINATING THE SELECTION OF THE APHA TREASURER DURING THE YEAR WHEN THE CURRENT TREASURER'S TERM IS COMPLETED PER THE PROCESS OUTLINED IN THE APHA BOARD OF TRUSTEES POLICIES AND PROCEDURES MANUAL.</p> <p>F THE BTEXC IS RESPONSIBLE FOR EVP SUCCESSION PLANNING.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>CLASSES OF MEMBERSHIP ARE MEMBER - ANY PHARMACIST WHO IS LICENSED IN THE US OR A GRADUATE OF AN ACCREDITATION COUNCIL FOR PHARMACY EDUCATION (ACPE) ACCREDITED SCHOOL/COLLEGE OF PHARMACY, ANY MEMBER OF A PHARMACY FACULTY, OR ANY OTHER INDIVIDUAL WHO SHARES THE ASSOCIATION'S MISSION AND VISION MEMBERS HAVE FULL VOTING RIGHTS STUDENT PHARMACIST MEMBER - ANY STUDENT ENROLLED IN A SCHOOL OR COLLEGE OF PHARMACY HOLDING MEMBERSHIP IN THE AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY OR ACCREDITED BY ACPE, OR A STUDENT ENROLLED IN A PRE-PHARMACY PROGRAM STUDENT MEMBERS HAVE FULL VOTING RIGHTS IN THE STUDENT PHARMACIST MEMBERSHIP ORGANIZATION GROUP, AND ALSO AS A MEMBER OF AN ASSOCIATION COMMITTEE OR AS AN ASSOCIATION HOUSE DELEGATE PHARMACY TECHNICIAN MEMBER - ANY INDIVIDUAL WHO IS A PHARMACY TECHNICIAN TECHNICIANS HAVE VOTING RIGHTS IN A SELECTED ASSOCIATION GROUP, BUT SHALL HAVE FULL VOTING RIGHTS AS A COMMITTEE MEMBER OR AS AN ASSOCIATION HOUSE DELEGATE HONORARY MEMBER - ANY INDIVIDUAL MAY BE GRANTED HONORARY MEMBERSHIP BY THE BOARD OF TRUSTEES AN HONORARY MEMBER SHALL HAVE NO VOTING RIGHTS AND MAY NOT HOLD OFFICE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	<p>CANDIDATES FOR ELECTION AS THE ASSOCIATION'S PRESIDENT-ELECT AND ELECTED TRUSTEES ARE CHOSEN FROM AMONG PHARMACISTS IN THE REGULAR MEMBER CATEGORY A SLATE OF TWO (2) CANDIDATES IS NOMINATED FOR EACH ELECTED TRUSTEE SLOT AND PRESIDENT-ELECT THE COMMITTEE ON NOMINATIONS NOMINATES ALL CANDIDATES FOR PRESIDENT-ELECT AND ELECTED TRUSTEES THE COMMITTEE ON NOMINATIONS CONSISTS OF THE MOST RECENT NONINCUMBENT FORMER PRESIDENT, THE IMMEDIATE FORMER SPEAKER OF THE HOUSE OF DELEGATES, AND THREE (3) OTHER MEMBERS APPOINTED BY THE PRESIDENT NO INDIVIDUAL MAY SERVE ON THE COMMITTEE ON NOMINATIONS IN MORE THAN THREE (3) CONSECUTIVE CALENDAR YEARS CANDIDATES FOR ELECTION ARE VOTED ON BY MAIL OR VIA THE INTERNET MEMBERS ARE GIVEN THE OPTION TO CHOOSE THE METHOD TO RECEIVE ELECTION MATERIAL AND TO ULTIMATELY CAST THEIR BALLOTS THE ELECTION BALLOT RECEIVED BY INDIVIDUALS IS CUSTOMIZED TO THEIR SPECIFIC MEMBERSHIP CLASSIFICATIONS ELECTION RESULTS ARE COMPILED BY AN INDEPENDENT THIRD PARTY ENTITY AND THE RESULTS ARE CERTIFIED BY A CANVASSING COMMITTEE OF 3 APHA MEMBERS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE COMMITTEE IS CHARGED BY THE BOARD OF TRUSTEES TO REVIEW AND APPROVE THE FORM 990 AND MAKE A FORMAL REPORT TO THE BOARD REGARDING ITS REVIEW PROCESS AND FINDINGS. THE BOARD IS PROVIDED WITH A COMPLETE COPY OF THE FORM 990 PRIOR TO THE FINANCE COMMITTEE'S REPORT SO THAT IT HAS AN OPPORTUNITY TO ADDRESS THE FINANCE COMMITTEE'S QUESTIONS OR CONCERNS. THE FORM 990 IS SUBMITTED TO THE IRS AFTER THE BOARD HAS RECEIVED THE REPORT FROM THE FINANCE COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED BY ALL THE BOARD OF TRUSTEES ANNUALLY EACH BOARD MEMBER COMPLETES AND SIGNS A CONFLICT OF INTEREST STATEMENT ANNUALLY AND IS ASKED TO UPDATE HIS OR HER FORM PRIOR TO EACH BOARD MEETING THIS INFORMATION IS PROVIDED TO AND REVIEWED BY OUR LEGAL COUNSEL APHA SENIOR STAFF ALSO REVIEW ANY BUSINESS TRANSACTIONS WITH BOARD MEMBERS (COMPENSATION/SERVICES RENDERED) AND DISCLOSE SUCH INFORMATION TO OUR LEGAL COUNSEL THESE BUSINESS RELATIONS AND CONFLICT OF INTEREST UPDATES ARE DISCLOSED BY LEGAL COUNSEL TO THE WHOLE BOARD OF TRUSTEES DURING ITS EXECUTIVE SESSION AT EACH BOARD MEETING FOR CONSIDERATION AND APPROPRIATE ACTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	TOP MANAGEMENT OFFICIAL THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES SERVES AS THE COMPENSATION COMMITTEE AND APPROVED THE CEO'S EMPLOYMENT CONTRACT IN 2013 THE COMPENSATION IN THE EMPLOYMENT CONTRACT WAS DETERMINED THROUGH COMPARABILITY ANALYSIS CONDUCTED BY AN INDEPENDENT CONTRACTOR THE EMPLOYMENT CONTRACT OUTLINES THE COMPENSATION PARAMETERS THROUGH 2020 OTHER OFFICERS AND KEY EMPLOYEES COMPENSATION IS DETERMINED THROUGH A YEARLY COMPARABILITY ANALYSIS CONDUCTED BY AN INDEPENDENT CONSULTANT (OR IN THOSE INSTANCES WHEN VACANCIES OCCUR) COMPENSATION INCREASES ARE APPROVED BY THE CEO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	ADVERTISING COMMISSIONS 22,821 HONORARIA 548,182 HOSTING FEES 392,018 LICENSE FEES 535,512 OTHER OUTSIDE SERVICES 448,088 OTHER PROFESSIONAL SERVICES + MISC -504,130 OUTSOURCED SERVICES 1,487,660 PROFESSIONAL FEES 1,899,202 WRITERS & EDITORS 577,077

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BOOK TO TAX DIFFERENCE - SEC 481(A) ADJUSTMENT -1,058,892 BOOK TO TAX DIFFERENCE - LOSS ON DISPOSAL 233,736

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NO CHANGE IN OVERSIGHT PROCESS FROM PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AMERICAN PHARMACISTS ASSOCIATION

Employer identification number
53-0026265

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) 2200 C STREET LLC 2200 C STREET WASHINGTON, DC 20037 51-0596889	REAL ESTATE	DE	9,236,879	94,382,917	AMERICAN PHARMACISTS ASSOCIATION
(2) 2200 C STREET MANAGING LLC 2200 C STREET WASHINGTON, DC 20037 06-1810556	REAL ESTATE	DE	0	0	AMERICAN PHARMACISTS ASSOCIATION

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) APHA POLITICAL ACTION COMMITTEE 2215 CONSTITUTION AVENUE WASHINGTON, DC 20037 52-2114318	POLITICAL ACTION COMMITTEE	DC	527		AMERICAN PHARMACISTS ASSOCIATION	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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) APHA PAC-DONATIONS SENT TO PACFECA RULES	R	33,299	ACTUAL CASH

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)