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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 06-01-2017 , and ending 05-31-2018

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

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

Doing business as
ASHP FOUNDATION

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4500 EAST-WEST HIGHWAY NO 900

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

D Employer identification number
23-7033369

E Telephone number
(301) 664-8612

G Gross receipts $ 4,250,076

F Name and address of principal officer
STEVEN RUBLOFF
4500 EAST-WEST HIGHWAY NO 900
BETHESDA, MD 20814

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW ASHPFOUNDATION ORG

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

L Year of formation 1968

M State of legal domicile MD

Part I Summary

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

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,799,986	2,088,349
9	Program service revenue (Part VIII, line 2g)	668,368	653,770
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	343,116	452,580
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,811,470	3,194,699

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	862,340	965,609
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,475,378	1,520,246
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶579,828		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	852,850	693,146
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,190,568	3,179,001
19	Revenue less expenses Subtract line 18 from line 12	-379,098	15,698

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,957,684	10,165,674
21	Total liabilities (Part X, line 26)	452,840	571,192
22	Net assets or fund balances Subtract line 21 from line 20	9,504,844	9,594,482

Part II Signature Block

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

Sign Here

****** 2019-03-18
Signature of officer Date

STEVEN RUBLOFF SECRETARY AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DEBORAH G KOSNETT	DEBORAH G KOSNETT	2019-03-18		P00290720

Firm's name ▶ TATE AND TRYON — Firm's EIN ▶ 52-1855942

Firm's address ▶ 2021 L STREET NW SUITE 400
WASHINGTON, DC 20036

Phone no (202) 293-2200

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,293,796 including grants of $ 758,609) (Revenue $)

See Additional Data

4b (Code) (Expenses $ 946,056 including grants of $ 207,000) (Revenue $ 653,770)

See Additional Data

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 2,239,852

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		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	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		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? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	76		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	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	1b	12		
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			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b			No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

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

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶TRACY YAKLYVICH 4500 EAST-WEST HIGHWAY NO 900 BETHESDA, MD 20814 (301) 664-8696

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN T TIGHE III CHAIR	1 00 0 00	X		X				0	0	0
(2) R EDWARD HOWELL VICE CHAIR	1 00 0 00	X		X				0	0	0
(3) PAUL W ABRAMOWITZ PRESIDENT/ASHP CEO	1 00 39 00	X		X				0	821,815	50,880
(4) THOMAS J JOHNSON TREASURER	1 00 0 00	X		X				0	0	0
(5) STEPHEN J ALLEN SECY/ASHP REF CEO (OUTGOING)	40 00 0 00	X		X				334,315	0	37,211
(6) STEVEN A RUBLOFF SECY/ASHP REF CEO (INCOMING)	40 00 0 00	X		X				0	0	0
(7) JOHN A ARMITSTEAD DIRECTOR AT LARGE	1 00 0 00	X						0	10,850	0
(8) MINNIE BAYLOR-HENRY DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(9) RENATO CATALDO THRU 1017 DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(10) LISA M GERSEMA DIRECTOR AT LARGE	1 00 0 00	X						0	10,150	0
(11) J KEITH HANCHEY DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(12) JANET L MIGHTY DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(13) WILLIAM P OWAD JR DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(14) KEN PEREZ DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(15) SCOTT M SAMSON DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(16) GORDON J VANSCOY DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(17) BRUCE C VLADECK DIRECTOR AT LARGE	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BARBARA NUSSBAUM	40 00					X		171,097	0	48,985
VICE PRESIDENT	0 00									
(19) BETHANY COULTER	40 00					X		139,167	0	21,125
DIRECTOR OF STRATEGIC COMMUNICATIONS AND DONOR REL	0 00									
(20) STEPHANIE BROWN	40 00					X		107,444	0	20,830
DIRECTOR OF PROGRAMS	0 00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								752,023	842,815	179,031

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 ▶ 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ENVISION CHANGE LLC 990 IVY FALLS DRIVE ATLANTA, GA 30328	CURRICULUM DEVELOPMENT SERVICES	130,502

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 ▶ 1

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	352,562		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,735,787		
	g Noncash contributions included in lines 1a-1f $ 102,720				
	h **Total.** Add lines 1a-1f . . . . . ▶		2,088,349		

Program Service Revenue	Business Code				
2a PHARMACY LEADERSHIP ACADEMY	611430	514,850	514,850		
b ~~CRITICAL CARE TRAINEESHIP~~	611430	76,875	76,875		
c ~~PAIN & PALLIATIVE TRAINEESHIP~~	611430	52,750	52,750		
d ~~MEDICAL HOME TRAINEESHIP~~	611430	9,250	9,250		
e ~~PUBLICATION REVENUE~~	511190	45	45		
f All other program service revenue					
g **Total.** Add lines 2a–2f . . . . ▶		653,770			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		315,175			315,175
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real	(ii) Personal			
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) . . . . . ▶					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	1,192,782				
b Less cost or other basis and sales expenses	1,055,377				
c Gain or (loss)	137,405				
d Net gain or (loss) . . . . . ▶			137,405		137,405
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					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶					
12 **Total revenue.** See Instructions . . . . . ▶		3,194,699	653,770	0	452,580

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	736,109	736,109		
2 Grants and other assistance to domestic individuals See Part IV, line 22	229,500	229,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	375,605	218,151	25,874	131,580
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	865,954	499,618	57,618	308,718
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	111,771	65,394	10,802	35,575
9 Other employee benefits	90,376	59,741	6,502	24,133
10 Payroll taxes	76,540	45,376	6,283	24,881
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	12,500		12,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	452,059	254,509	182,828	14,722
12 Advertising and promotion				
13 Office expenses	39,187	30,536	6,065	2,586
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	147,581	69,943	44,909	32,729
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,031		4,031	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a GENERAL EXPENSES	37,023	30,975	1,909	4,139
b STAFF DEVELOPMENT	765			765
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	3,179,001	2,239,852	359,321	579,828
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	49,685	1	127,598
	2	Savings and temporary cash investments	263,160	2	307,144
	3	Pledges and grants receivable, net	531,357	3	629,402
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	16,014	9	39,322
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 81,670			
	b	Less accumulated depreciation — 10b: 81,670	4,031	10c	0
	11	Investments—publicly traded securities	8,830,481	11	8,839,121
	12	Investments—other securities See Part IV, line 11	244,877	12	208,069
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	18,079	15	15,018
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	9,957,684	16	10,165,674
Liabilities	17	Accounts payable and accrued expenses	203,965	17	249,143
	18	Grants payable		18	
	19	Deferred revenue	248,875	19	322,049
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	452,840	26	571,192
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,087,728	27	1,098,658
	28	Temporarily restricted net assets	3,332,945	28	3,405,634
	29	Permanently restricted net assets	5,084,171	29	5,090,190
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	9,504,844	33	9,594,482
	34	Total liabilities and net assets/fund balances	9,957,684	34	10,165,674

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,194,699
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,179,001
3	Revenue less expenses Subtract line 2 from line 1	3	15,698
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,504,844
5	Net unrealized gains (losses) on investments	5	73,940
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,594,482

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 23-7033369

Name: AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

Form 990 (2017)

Form 990, Part III, Line 4a:

ADVANCING PATIENT CARE THROUGH PRACTICE TRANSFORMATION AWARDS PROGRAMSAWARD FOR EXCELLENCE IN MEDICATION SAFETYRECOGNITION PROGRAM FOR PHARMACIST-LED TEAM THAT DEMONSTRATES LEADERSHIP & OUTCOMES IN MED SAFETY INITIATIVE 2017 AWARDEE ($50,000)WINNING INSTITUTION UNC MEDICAL CENTER CITY/STATE CHAPEL HILL, NCTITLE OF INITIATIVE "IMPROVING THE SAFETY AND MANAGEMENT OF PATIENTS WITH SUSPECTED OR CONFIRMED HEPARIN-INDUCED THROMBOCYTOPENIA"2017 FINALIST ($10,000)FINALIST INSTITUTION AURORA HEALTH CARECITY/STATE MILWAUKEE, WITITLE OF INITIATIVE "METRIC IS OUR NEW 'WEIGH' PATIENT SAFETY INITIATIVE"2017 FINALIST ($10,000)FINALIST INSTITUTION VA ANN ARBOR HEALTHCARE SYSTEMCITY/STATE ANN ARBOR, MITITLE OF INITIATIVE "CODE CART TRAY REDESIGN PROJECT"LITERATURE AWARDS PROGRAMSUPPORT, ENCOURAGE AND RECOGNIZE PHARMACIST CONTRIBUTIONS TO THE PROFESSIONAL LITERATURE SUSTAINED CONTRIBUTIONSBRIAN L ERSTAD, PHARM DPROFESSOR AND HEADUNIVERSITY OF ARIZONA COLLEGE OF PHARMACYDRUG THERAPY RESEARCH DIMA QATO, PHARM D , M P H, PH D "CHANGES IN PRESCRIPTION AND OVER-THE-COUNTER MEDICATION AND DIETARY SUPPLEMENT USE AMONG OLDER ADULTS IN THE UNITED STATES, 2005 VS 2011"CITATION QATO DM, WILDER J, SCHUMM LP, GILLET V, ALEXANDER GC CHANGES IN PRESCRIPTIONA ND OVER-THE-COUNTER MEDICATION AND DIETARY SUPPLEMENT USE AMONG OLDER ADULTS IN THE UNITED STATES, 2005 VS 2011 JAMA INTERN MED 2016 APR,176(4) 473-82 DOI 10 1001/JAMAINTERNMED 2015 8581 CO-AUTHORS CALEB ALEXANDER M D , M S , PHIL SCHUMM, M S , JOCELYN WILDER M P H , VICTORIA GILLET, B S INNOVATION IN PHARMACY PRACTICE MELANIE ENGELS, B A , PHARM D , M B A TITLE STANDARDIZATION OF COMPOUNDED ORAL LIQUIDS FOR PEDIATRIC PATIENTS IN MICHIGANCITATION ENGELS MJ, CIARKOWSKI SL, ROOD J, WANG B, WAGENKNECHT LD, DICKINSON CJ, STEVENSON JG STANDARDIZATION OF COMPOUNDED ORAL LIQUIDS FOR PEDIATRIC PATIENTS IN MICHIGAN AM J HEALTH SYST PHARM 2016 JUL 1,73(13) 981-90 CO-AUTHORS SCOTT L CIARKOWSKI , PHARM D , M B A , JAMES G STEVENSON, PHARM D , FASHP, JANIS ROOD, PHARM D , BCACP, BRYAN WANG, PHARM D , LARRY D WAGENKNECHT, B S PHARM , CHRIS J DICKINSON, M D PHARMACY PRACTICE RESEARCH GARY COCHRAN, PHARM D , SMTITLE COMPARISON OF MEDICATION SAFETY SYSTEMS IN CRITICAL ACCESS HOSPITALS COMBINED ANALYSIS OF TWO STUDIESCITATION AM J HEALTH-SYST PHARM 2016, 73 1167-73 CO-AUTHORS SUSAN D HORN, PH D , RYAN S BARRETT, M S STUDENT RESEARCH AWARDGARRETT K BERGER, BSTITLE BRENTUXIMAB VEDOTIN FOR TREATMENT OF NON-HODGKIN LYMPHOMAS A SYSTEMATIC REVIEW CITATION BERGER GK, MCBRIDE A PHARMD, LAWSON S, ROYBALL K, YUN S MD, GEE K, BIN RIAZ I MD, SALEH AA MD, PUVVADA S MD, ANWER F MD BRENTUXIMAB VEDOTIN FOR TREATMENT OF NON-HODGKIN LYMPHOMAS A SYSTEMATIC REVIEW CRIT REV ONCOL HEMATOL 2017,109 42-50 CO-AUTHORS STEPHANIE LAWSON, B S , KELSEY ROYBALL, B S , KEVIN GEE, B S , SEONGSEOK YUN, M D , IRBAZ BIN RIAZ, M D , AHLAM A SALEH, M D , SOHAM PUVVADA, M D , FAIZ ANWER M D , ALI MCBRIDE, M D PHARMACY RESIDENCY EXCELLENCE AWARDSRECOGNIZE OUTSTANDING PRECEPTORS AND DIRECTORS IN TRAINING FUTURE LEADERS 17 APPLICATIONS RECEIVED 2018 PROGRAM AWARDMETHODIST UNIVERSITY HOSPITAL METHODIST UNIVERSITY HOSPITAL PGY1 PHARMACY RESIDENCYMEMPHIS, TN2018 PRECEPTOR AWARDLISA HALL ZIMMERMAN, B S , PHARM D , BCPS, BCNSP, BCCCP, FCCMNEW HANOVER REGIONAL MEDICAL CENTERWILMINGTON, NC 2018 NEW PRECEPTOR AWARDEMILY KOSIROG, PHARM D UNIVERSITY OF COLORADO SKAGGS SCHOOL OF PHARMACYAURORA, COSTUDENT LEADERSHIP AWARDSTHIS PROGRAM, FUNDED THROUGH THE WALTER JONES MEMORIAL PHARMACY STUDENT FUND, IS ADMINISTERED BY THE ASHP PHARMACY STUDENT FORUM IN COLLABORATION WITH THE ASHP FOUNDATION TWELVE STUDENTS WHO DEMONSTRATE HIGH ACADEMIC ACHIEVEMENT, EXCEPTIONAL INTEREST IN HEALTH-SYSTEM PHARMACY PRACTICE, AND OUTSTANDING LEADERSHIP SKILLS ARE RECOGNIZED EACH AWARDEE RECEIVES A $2,000 MONETARY AWARD FROM THE FOUNDATION CLASS OF 2018 ALLYSSA R WEBB, UNIVERSITY OF FLORIDA SCHOOL OF PHARMACY, ST PETERSBURG, FL, ASHLEY M LORENZ, UNIVERSITY OF IOWA COLLEGE OF PHARMACY, IOWA CITY, IA, ELIZABETH KRAMER, OHIO NORTHERN UNIVERSITY RAABE COLLEGE OF PHARMACY, ADA, OH, HAYLEY S BRAZEALE, TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER SCHOOL OF PHARMACY, ABILENE, TX, KAITLYN E KOWALSKI MEDICAL UNIVERSITY OF SOUTH CAROLINA COLLEGE OF PHARMACY, CHARLESTON, SC, WILLIAM J MOORE, UNIVERSITY OF GEORGIA COLLEGE OF PHARMACY, ATHENS, GACLASS OF 2019 ANDREW J WEBB, UNIVERSITY OF RHODE ISLAND COLLEGE OF PHARMACY, KINGSTON, RI, AUSTIN L GREEN, UNIVERSITY OF TEXAS AT AUSTIN COLLEGE OF PHARMACY, AUSTIN, TX, LAURA ROCCOGRANDI, UNIVERSITY OF TEXAS AT AUSTIN COLLEGE OF PHARMACY, AUSTIN, TXCLASS OF 2020 JENNA E SUMMERLIN, UNION UNIVERSITY COLLEGE OF PHARMACY, JACKSON, TN, JENNIFER S PHILLIPON, THE OHIO STATE UNIVERSITY COLLEGE OF PHARMACY, COLUMBUS, OHCLINICAL SKILLS COMPETITIONTHE FOUNDATION SPONSORS THE PHARMACY STUDENT CLINICAL SKILLS COMPETITION (CSC) AT THE ASHP MIDYEAR CLINICAL MEETING TEAMS WHO WON PRELIMINARY COMPETITIONS AT THEIR LOCAL PHARMACY SCHOOL PARTICIPATED IN THE COMPETITION DURING THE CSC, STUDENTS DEMONSTRATE THEIR SKILLS BY ASSESSING PATIENT INFORMATION AND CURRENT THERAPY, IDENTIFYING AND PRIORITIZING DRUG THERAPY PROBLEMS, IDENTIFYING TREATMENT GOALS, AND RECOMMENDING A PHARMACIST CARE PLAN AWARDEES LINDSAY JABLONSKI AND MARY GRACE FITZMAURICE, UNIVERSITY OF PITTSBURGH SCHOOL OF PHARMACY COMPETED AGAINST APPROX 130 TEAMS TO WIN THE 20TH ANNUAL ASHP NATIONAL CLINICAL SKILLS COMPETITION, HELD DECEMBER 3, 2017, DURING THE ASHP MIDYEAR CLINICAL MEETING IN ORLANDO, FL AFPE FELLOWSHIPTHE ASHP FOUNDATION PROVIDED ANNUAL FUNDING OF $7,500 FOR THE AFPE PRE-DOCTORAL FELLOWSHIP PROGRAM GRANTSPAI TOOLIN SEPTEMBER 2016, CEDARS SINAI WAS AWARDED A GRANT TO CREATE A BEST PRACTICE TOOLKIT FOR IMPLEMENTING PERI- AND POST-DISCHARGE PHARMACIST-DIRECTED INTERVENTIONS AIMED AT IMPROVING MEDICATION SAFETY DURING CARE TRANSITIONS, ON THE BASIS OF A LITERATURE REVIEW AND TECHNICAL EXPERT PANEL THE PROJECT CONCLUDED IN FY18 NEW INVEST GRANT PROGRAM $20,000 IN GRANTS - PROVIDE A RESEARCH GRANT PROGRAM FOR NEW INVESTIGATORS TO CONDUCT PRACTICE-BASED RESEARCH AND DEVELOP MENTORING RELATIONSHIPS WITH SENIOR INVESTIGATORS HTTP //WWW ASHPFOUNDATION ORG/MAINMENUCATEGORIES/RESEARCHRESOURCECENTER/FUNDINGOPPORTUNITIES/JUNIORINVESTIGATORRESEARCHGRANT ASPX14 LETTERS OF INTENT AND 6 FULL APPLICATIONS WERE RECEIVED- "IMPACT OF A PHARMACIST-DRIVEN COLLABORATIVE INITIATIVE FOR STAPHYLOCOCCUS AUREUS BACTEREMIA MANAGEMENT" - WESLEY KUFEL, PHARM D , BCPS, AAHIVP, BINGHAMTON UNIVERSITY SCHOOL OF PHARMACY AND PHARMACEUTICAL SCIENCES, BINGHAMTON, NY- "EFFECTIVENESS OF PHARMACIST-DRIVEN DIURESIS IN THE INTENSIVE CARE UNIT" - BRITTANY BISSELL, PHARM D , UNIVERSITY OF KENTUCKY MEDICAL CENTER, LEXINGTON, KYMASTER'S RESIDENT GRANT $5000 IN GRANTS TO SUPPORT RESEARCH DONE BY RESIDENTS IN ACCREDITED PROGRAMS THAT COMBINE A MASTER'S DEGREE, DEVELOP SKILLS, AND MENTORING RELATIONSHIPSHTTP //WWW ASHPFOUNDATION ORG/MASTERSRESIDENCYGRANT5 APPLICATIONS WERE RECEIVED, 2 WERE AWARDED GRANT FUNDING - JOELLE FARANO, PHARM D , UNIVERSITY OF CHICAGO MEDICINE - "DRUG SHORTAGE MANAGEMENT TOOLKIT FOR PHARMACISTS" - STEPHANIE JEAN, PHARM D , UNIVERSITY OF NORTH CAROLINA MEDICAL CENTER - "EVALUATION OF TELEPHARMACY AND THE USE OF GRAVIMETRIC TECHNOLOGY-ASSISTED WORKFLOW SOFTWARE FOR REMOTE STERILE PRODUCT PHARMACIST VERIFICATION"

Form 990, Part III, Line 4b:

ADVANCING PATIENT CARE THROUGH PHARMACIST LEADERSHIPLEADERSHIP PROGRAMSPHARMACY LEADERSHIP ACADEMYPROVIDE DISTANCE-LEARNING OFFERINGS DESIGNED TO ENHANCE THE LEADERSHIP SKILLS OF NEW AND ASPIRING PHARMACY LEADERS AND OFFER ACCESS TO ACADEMIC GRADUATE PROGRAMS THE 2017-2018 CLASS ENROLLED 91 PHARMACISTS THE NUMBER OF GRADUATES IN BRINGS THE NUMBER OF PLA PARTICIPANTS UP TO 695 PHARMACISTS IN JUNE 2018 PHARMACY LEADERSHIP INSTITUTE (PLI)OFFER LEADERSHIP CURRICULUM FOR SENIOR PHARMACY EXECUTIVES IN AN ACADEMIC EXEC LEADERSHIP SETTING THE PLI, SPONSORED BY BAXTER AND CONDUCTED BY BOSTON UNIVERSITY QUESTROM SCHOOL OF BUSINESS IN COOPERATION WITH THE ASHP FOUNDATION'S CENTER FOR HEALTH-SYSTEM PHARMACY LEADERSHIP, IS A ONE-WEEK EXECUTIVE LEVEL LEADERSHIP PROGRAM SPECIFICALLY DESIGNED FOR HEALTH-SYSTEM PHARMACISTS WHO PRACTICE IN ACUTE AND AMBULATORY SETTINGS THE 2017 CLASS ENROLLED 40 PHARMACISTS TO COMPLETE THE PROGRAM IN JULY 2017, BRINGING THE TOTAL NUMBER OF GRADUATES TO 487 FORECAST PROJECT"PHARMACY FORECAST 2018" WILL ASSIST PHARMACY LEADERS IN MAKING STRATEGIC DECISIONS RELATED TO PRACTICE ADVANCEMENT THE 2018 PHARMACY FORECAST REPORT WAS SUPPORTED BY A GRANT FROM OMNICELL, INC , TO THE ASHP FOUNDATION'S DAVID A ZILZ LEADERS FOR THE FUTURE FUND AND WAS PUBLISHED IN AJHP IN THE JANUARY 15, 2018 ISSUE THE DISTRIBUTION OF THE FORECAST REPORT IN AJHP ENSURED THAT IT WAS MADE AVAILABLE TO ALL 43,000 ASHP MEMBERS IT WAS PUBLISHED ELECTRONICALLY IN DECEMBER AND PRESENTED AT TWO EDUCATIONAL SESSIONS DURING THE 2017 ASHP MIDYEAR CLINICAL MEETING, WITH AN ESTIMATED ATTENDANCE OF 800 PHARMACISTS AT BOTH SESSIONS THE REPORT GENERATED AUTHORITATIVE, ACTIONABLE STRATEGIC RECOMMENDATIONS TO ENHANCE THE EFFECTIVENESS OF LEADERS IN HOSPITAL AND HEALTH-SYSTEM PHARMACY VISITING LEADERS PROGRAMA PROGRAM DESIGNED FOR SELECTED PROMINENT AND VISIONARY HS PHARMACY LEADERS TO PROVIDE A TWODAY PROGRAM FOR PHARMACY RESIDENTS' ONSITE AT RESIDENCY TRAINING LOCATIONS THE VISITING LEADERS PROGRAM, WITH SUPPORT FROM THE DAVID A ZILZ LEADERS FOR THE FUTURE FUND, HAD ANOTHER SUCCESSFUL YEAR THIRTEEN LEADERS WERE INVOLVED IN 23 RESIDENCY VISITS, REACHING MORE THAN 650+ RESIDENTS, IN 18 STATES IN FY18 LEADERSEDGE WEBINAR SERIESWEBINARS FOCUSED ON TIMELY LEADERSHIP ISSUES THIS PROGRAM WAS DISCONTINUED IN FY18 JOSEPH A ODDIS ETHICS COLLOQUIUMTO ASSIST PHARMACISTS IN CONFRONTING ETHICAL CHALLENGES RELATED TO PRACTICE AND PATIENT CARE THE 2017 COLLOQUIUM WAS OFFERED AS A LIVE EDUCATIONAL ACTIVITY PLANNED FOR THE 2017 ASHP SUMMER MEETINGS ONE HUNDRED FORTY FIVE (145) PARTICIPANTS REPRESENTING BOTH PHARMACISTS AND PHARMACY TECHNICIANS ENGAGED IN THE INTERACTIVE SESSION HARVEY A K WHITNEY LECTURECOLLECTIONEXPOSE PHARMACY RESIDENTS TO THE PROFESSION'S LEADERS AND TO DEVELOP THEIR PROFESSIONAL VISION THE HARVEY A K WHITNEY AWARD IS THE MOST PRESTIGIOUS AWARD IN HEALTH-SYSTEM PHARMACY THE WEBSITE PROVIDES ACCESS TO MORE THAN 60 LECTURES THAT CAN BE BROWSED BY TITLE, AUTHOR, PUBLICATION DATE OR KEYWORD EACH LECTURE HAS A DEDICATED WEB PAGE CONTAINING THE RECIPIENT'S BIOGRAPHY, PHOTOGRAPH, AND A PDF VERSION OF THE LECTURE MORE THAN 6,200 VISITS WERE MADE TO THE WEBSITE TO VIEW THE COLLECTION DURING THIS FISCAL YEAR STUDENT LEADERSHIP DEVELOPMENT WORKSHOP 3-HOUR LEADERSHIP DEVELOPMENT WORKSHOP FOR PHARMACY STUDENTS STATE AFFILIATES HAVE TAKEN ADVANTAGE OF THE PROGRAM TO ENGAGE STUDENTS AT THEIR ANNUAL MEETINGS ONE (1) WORKSHOP WAS CONDUCTED IN FY18 LEADERSHIP SPEAKERS BUREAULEADERSHIP SPEAKERS BUREAU IS COLLABORATION WITH THE ASHP STUDENT FORUM AND IS DESIGNED TO OFFER SSHPS THE OPPORTUNITY TO HOST A PHARMACY LEADER TO ENGAGE STUDENTS ON THE TOPIC OF LEADERSHIP AS A PROFESSIONAL OBLIGATION TEN (10) PHARMACY LEADERS SPOKE TO PHARMACY STUDENT SOCIETY FOR HEALTH-SYSTEM PHARMACY (SSHP) CHAPTERS AT THEIR CAMPUS IN FY18

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
23-7033369

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	2,336,842	2,104,181	2,055,036	1,799,986	2,088,349	10,384,394
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,336,842	2,104,181	2,055,036	1,799,986	2,088,349	10,384,394
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,001,004
6 **Public support.** Subtract line 5 from line 4						5,383,390

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	2,336,842	2,104,181	2,055,036	1,799,986	2,088,349	10,384,394
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	248,335	331,180	294,198	270,016	315,175	1,458,904
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						11,843,298

12 Gross receipts from related activities, etc (see instructions) **12** 3,107,601

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	**14**	45 460 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	**15**	45 340 %

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 23-7033369

Name: AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

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

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
23-7033369

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	6,732,965	6,264,149	6,403,208	6,418,767	6,319,749
b Contributions	6,019	291,302	1,700	2,340	2,290
c Net investment earnings, gains, and losses	423,554	654,392	-65,917	312,633	610,172
d Grants or scholarships					
e Other expenditures for facilities and programs	323,717	476,878	74,842	330,532	513,444
f Administrative expenses					
g End of year balance	6,838,821	6,732,965	6,264,149	6,403,208	6,418,767

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

- a Board designated or quasi-endowment ▶ 7 310 %
- b Permanent endowment ▶ 74 440 %
- c Temporarily restricted endowment ▶ 18 250 %

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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				
b Buildings				
c Leasehold improvements				
d Equipment		81,670	81,670	0
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				0

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	3,528,742
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	73,940		
b	Donated services and use of facilities	2b	260,103		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	334,043
3	Subtract line **2e** from line **1**			3	3,194,699
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	3,194,699

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	3,439,104
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	260,103		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	260,103
3	Subtract line **2e** from line **1**			3	3,179,001
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	3,179,001

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: 23-7033369

Name: AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FDTN

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE FOUNDATION'S ENDOWMENT PRIMARILY CONSISTS OF CONTRIBUTIONS TO THE JOSEPH A ODDIS ENDOWMENT CAMPAIGN, THE PURPOSE OF WHICH IS TO RAISE FUNDS FOR PROGRAMS THAT IMPROVE PHARMACY PRACTICE AND THE SAFE AND EFFECTIVE USE OF MEDICATIONS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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*.**

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
23-7033369

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" 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 . . . . . ▶ 30

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

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCE 261 MOUNTAIN VIEW DRIVE COLCHESTER, VT 20850	14-1423161	501(C)3	25,500				PRACTICE MODEL GRANT
AMERICAN FOUNDATION FOR PHARMACEUTICAL EDUCATION ONE CHURCH STREET ROCKVILLE, MD 20850	53-0214882	501(C)3	7,500				2017 SPONSORSHIP

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
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISITS 4500 EAST-WEST HIGHWAY BETHESDA, MD 20814	52-0807628	501(C)6	34,415				CLINICAL SKILLS COMPETITION
AURORA HEALTH CARE INC PO BOX 341880 MILWAUKEE, WI 532341880	39-1442285	501(C)3	10,000				MEDICATION SAFETY AWARD

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
BETH ISRAEL DEACONESS MEDICAL CENTER INC 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501(C)3	25,000				RESIDENCY EXPANSION GRANT
CAROLINAS HEALTHCARE FOUNDATION INC PO BOX 32861 CHARLOTTE, NC 282322861	56-6060481	501(C)3	6,797				NEW INVESTIGATOR RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BOULEVARD LOS ANGELES, CA 90048	95-1644600	501(C)3	25,000				PAI TOOL GRANT
DENT NEUROSCIENCES RESEARCH CENTER INC 3980 SHERIDA DRIVE SUITE 500 AMHERST, NY 14226	16-1583617	501(C)3	46,764				PAI TOOL GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE 2265 KRAFT DRIVE BLACKSBURG, VA 24060	54-2052107	501(C)3	13,200				NEW INVESTIGATOR RESEARCH GRANT
ENVISION CHANGE LLC 990 IVY FALLS DRIVE ATLANTA, GA 30328	30-0134279	FOR-PROFIT	18,500				PHARMACY LEADERSHIP ACADEMY

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
FORT HEALTHCARE INC 611 SHERMAN AVENUE E FORT ATKINSON, WI 53538	39-0286215	501(C)3	25,000				RESIDENCY EXPANSION GRANT
GOOD SAMARITAN FOUNDATION PO BOX 4484 PORTLAND, OR 972084484	23-7017276	501(C)3	25,000				RESIDENCY EXPANSION GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
JACKSON HOSPITAL AND CLINIC INC 1725 PINE STREET MONTGOMERY, AL 36106	63-6001820	501(C)3	25,000				RESIDENCY EXPANSION GRANT
JOHNS HOPKINS HOSPITAL 1800 ORLEANS STREET BALTIMORE, MD 21287	52-0591656	501(C)3	15,000				PAIN & PALLIATIVE CARE TRAINEESHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
MAYO CLINIC ROCHESTER 200 FIRST STREET SW ROCHESTER, MN 55905	41-0944601	501(C)3	30,000				CLINICAL CARE TRAINEESHIP
NORTH KANSAS CITY HOSPITAL 2800 CLAY EDWARDS DRIVE NORTH KANSAS CITY, MO 64116	44-6005747	501(C)3	25,000				RESIDENCY EXPANSION GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PALMETTO HEALTH 5 MEDICAL PARK DRIVE COLUMBIA, SC 29203	58-2296052	501(C)3	25,000				RESIDENCY EXPANSION GRANT
SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE CAMPUS BOX 2000 EDWARDSVILLE, IL 62026	37-0986220	501(C)3	7,500				PAIN & PALLIATIVE CARE TRAINEESHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
SSM HEALTH CARE ST LOUIS 12303 DE PAUL DRIVE BRIDGETON, MO 63044	43-1343281	501(C)3	25,000				RESIDENCY EXPANSION GRANT
THE RESEARCH FOUNDATION FOR SUNY 35 STATE STREET ALBANY, NY 122072826	14-1368361	501(C)3	6,600				NEW INVESTIGATOR RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
UC HEALTH LLC 3200 BURNET AVENUE CINCINNATI, OH 45229	27-3850988	501(C)3	10,000				CRITICAL CARE TRAINEESHIP
UNIVERSITY OF TEXAS AT EL PASO 500 W UNIVERSITY AVENUE EL PASO, TX 79968	74-6000813	501(C)3	25,000				RESIDENCY EXPANSION GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF ARIZONA FOUNDATION 111 N CHERRY AVENUE TUCSON, AZ 857210109	86-6050388	501(C)3	10,000				CRITICAL CARE TRAINEESHIP
UNVIERSITY OF IOWA HOSPITALS & CLINICS 200 HAWKINS DRIVE IOWA CITY, IA 522421009	42-6004813	STATE AGENCY	10,000				PAIN & PALLIATIVE CARE TRAINEESHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MARYLAND BALTIMORE FOUNDAITON INC 20 N PINE STREET BALTIMORE, MD 21201	31-1678679	501(C)3	7,500				PAIN & PALLIATIVE CARE TRAINEESHIP
UNIVERSITY OF NORTH CAROLINA HOSPITALS AT CHAPEL HILL 211 FRIDAY CENTER DRIVE CHAPEL HILL, NC 27517	56-1118388	STATE AGENCY	50,000				MEDICATION SAFETY AWARD

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
UNIVERSITY OF TENNESSEE 201 ANDY HOLD TOWER KNOXVILLE, TN 379960100	62-6001636	STATE AGENCY	24,750				PAI TOOL GRANT
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER 1515 HOLCOMBE BOULEVARD HOUSTON, TX 770307009	74-6001118	STATE AGENCY	30,454				PAI TOOL GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF THE SCIENCES OF PHILADELPHIA 600 S 43RD STREET PHILADELPHIA, PA 191044495	74-6000813	501(C)3	25,000				RESIDENCY EXPANSION GRANT
UNIVERSITY OF TOLEDO 2801 WEST BRANCROFT STREET TOLEDO, OH 43606	34-6401483	501(C)3	13,200				NEW INVESTIGATOR RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
VALORE HEALTHCARE CONSULTING LLC 20421 VIA GUADALOPE YORBA LINDA, CA 92887	81-1626251	FOR-PROFIT	7,500				PHARMACY LEADERSHIP ACADEMY
VETERANS EDUCATION AND RESEARCH ASSOCIATION OF MICHIGAN 2215 FULLER ROAD ANN ARBOR, MI 48105	38-3060217	501(C)3	10,000				MEDICATION SAFETY AWARD

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
WENTWORTH-DOUGLASS HOSPITAL 789 CENTRAL AVENUE DOVER, NH 03820	02-0260334	501(C)3	25,000				RESIDENCY EXPANSION GRANT

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
LITERATURE AWARD	6	14,500			
CRITICAL CARE TRAINEESHIP CURRICULUM	5	2,500			
PHARMACY LEADERSHIP ACADEMY	24	182,500			
STATE AFFILIATE WORKSHOPS	1	2,000			
MEDICAL HOME TRAINEESHIP CURRICULUM	5	2,000			

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
STUDENT LEADERSHIP AWARDS	12	24,000			
ENVIRONMENTAL FORECAST	1	500			
PAIN AND PALLIATIVE CARE CURRICULUM	3	1,500			

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Schedule J (Form 990)

Compensation Information

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*.**

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
23-7033369

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	If "Yes," on line 6a or 6b, describe in Part III			
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**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" 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 PAUL W ABRAMOWITZ PRESIDENT/ASHP CEO	(i)	0	0	0	0	0	0	0
	(ii)	691,963	103,500	26,352	26,700	28,820	877,335	0
2 STEPHEN J ALLEN SECY/ASHP REF CEO (OUTGOING)	(i)	318,151	12,600	3,564	26,700	14,590	375,605	0
	(ii)	0	0	0	0	0	0	0
3 BARBARA NUSSBAUM VICE PRESIDENT	(i)	162,450	7,801	846	17,440	36,885	225,422	0
	(ii)	0	0	0	0	0	0	0
4 BETHANY COULTER DIRECTOR OF STRATEGIC COMMUNICATIONS	(i)	132,629	5,929	609	13,147	10,871	163,185	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	THE RELATED ENTITY ASHP PROVIDED FIRST-CLASS OR CHARTER TRAVEL AND TRAVEL FOR COMPANIONS TO PAUL ABRAMOWITZ
PART I, LINE 6	PAUL ABRAMOWITZ, PRESIDENT/ASHP CEO, AND STEPHEN ALLEN, SECRETARY/ASHP REF CEO, RECEIVE A BONUS BASED ON THE ACHIEVEMENT OF SPECIFIC FINANCIAL OUTCOMES FOR THEIR RESPECTIVE ORGANIZATIONS
PART I, LINE 7	ALL ASHP-REF EMPLOYEES ARE ELIGIBLE FOR AN ANNUAL PERFORMANCE INCENTIVE PROGRAM IN ACCORDANCE WITH POLICY, AT THE DISCRETION OF THE BOARD OF DIRECTORS, BASED ON MUTUALLY AGREED UPON PREDETERMINED OBJECTIVES

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
23-7033369

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	1	102,720	CASH SALES VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS CONTRIBUTED AND NOT NECESSARILY THE TOTAL NUMBER OF ITEMS CONTRIBUTED

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
23-7033369

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	RESIDENT RESEARCH GRANT $5000 IN GRANTS TO SUPPORT RESEARCH DONE BY RESIDENTS IN ACCREDITE D PROGRAMS, DEVELOP SKILLS, AND MENTORING RELATIONSHIPS HTTP //WWW ASHPFOUNDATION ORG/MAIN MENUCATEGORIES/RESEARCHRESOURCECENTER/ FUNDINGOPPORTUNITIES/PHARMACYRESIDENTPRACTICEBASEDR ESEARCHGRANT ASPX 33 APPLICATIONS WERE RECEIVED, 6 WERE AWARDED GRANT FUNDING - PRINCIPAL INVESTIGATOR VICTORIA HETHERINGTON, PHARM D , SENIOR INVESTIGATOR PAUL BOOKSTAVER, PHAR M D - IMPACT OF A COMPREHENSIVE STEWARDSHIP TRANSITIONS OF CARE INITIATIVE ON CLOSTRIDIUM DIFFICILE INFECTION MANAGEMENT AND CARE, PALMETTO HEALTH RICHLAND, COLUMBIA, SC - PRINCIP AL INVESTIGATOR SONJA CLAUSEN, PHARM D , SENIOR INVESTIGATOR AMANDA WOLOSZYN, PHARM D - IMPLEMENTATION OF A PHARMACY-DRIVEN TRANSITIONS OF CARE SERVICE PROVIDING MEDICATION REVI EW, RECOMMENDATIONS, AND EDUCATION AFTER HOSPITAL DISCHARGE PRIOR TO PRIMARY CARE PROVIDER APPOINTMENT, BOZEMAN HEALTH DEACONESS HOSPITAL, BOZEMAN, MT - PRINCIPAL INVESTIGATOR JAM IE COOK, PHARM D , SENIOR INVESTIGATOR EVAN SISSION, PHARMD, MSHA, BCACP, CDE - IMPLEMENT ATION OF A PHARMACIST-DRIVEN CONTINUOUS GLUCOSE MONITORING PROGRAM FOR ADVANCED DIABETES M ANAGEMENT IN PATIENTS WITH TYPE 2 DIABETES, VIRGINIA COMMONWEALTH UNIVERSITY, RICHMOND, VA - PRINCIPAL INVESTIGATOR MONICA BIANCHINI, PHARM D , SENIOR INVESTIGATOR SUSAN DAVIS, P HARM D - CRITICAL CARE PHARMACY COLLABORATIVE PRACTICE TO OPTIMIZE MANAGEMENT OF SEVERE C OMMUNITY ONSET PNEUMONIA, HENRY FORD HOSPITAL, DETROIT, MI - PRINCIPAL INVESTIGATOR LORED ANA BERESCU, PHARM D , SENIOR INVESTIGATOR SUZANNE NESBIT, PHARM D , BCPS, CPE, FCCP - DE VELOPING AN OPIOID STEWARDSHIP CLINICAL DASHBOARD FOR ADULT AND PEDIATRIC INPATIENT USE AT A HEALTH SYSTEM, THE JOHNS HOPKINS HOSPITAL, BALTIMORE, MD - PRINCIPAL INVESTIGATOR LAUR EN FAY, PHARM D , SENIOR INVESTIGATOR ROBERT DEYOUNG, PHARM D , BCPS - THE URGENT NEED FO R URGENT CARE ANTIMICROBIAL STEWARDSHIP EVALUATING PRESCRIBING APPROPRIATENESS AND PATIEN T OUTCOMES ASSOCIATED WITH A PHARMACIST-LED CULTURE FOLLOW-UP PROGRAM, MERCY HEALTH SAINT MARY'S, GRAND RAPIDS, MI PRACTICE ADVANCEMENT DEMONSTRATION GRANTS $75,000 IN GRANTS TO SU PPORT RESEARCH TO ADVANCE PHARMACY PRACTICE THAT DEMONSTRATE OUTCOMES HTTP //WWW ASHPFOUN DATION ORG/MAINMENUCATEGORIES/RESEARCHRESOURCECENTER/ FUNDINGOPPORTUNITIES/PPMI-DEMONSTRAT ION-GRANTS ASPX 20 LETTERS OF INTENT AND 9 FULL APPLICATIONS RECEIVED - EVALUATION OF A PH ARMACIST-DIRECTED PERSONALIZED CANCER MEDICINE CLINICAL SERVICE AND DEVELOPMENT OF TOOLS A LONG WITH BEST PRACTICES TO SUPPORT PHARMACIST ADOPTION - INVESTIGATOR J KEVIN HICKS, PH ARM D , PH D , H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE, TAMPA, FL - IMPLEMENTING A PHARMACIST-MANAGED PERSONALIZED MEDICINE DOSING PROTOCOL FOR BETA-LACTAM ANTIBIOTICS IN CRITICALLY ILL PATIENTS A PROSPECTIVE OBSERVATIONAL, SEQUENTIAL PERIOD, PILOT STUDY - IN VESTIGATOR MELISSA L THOMPSON-BASTIN, PHARM D , B S , BCPS, UNIVERSITY OF KENTUCKY, LEXI NGTON, KY PHARMACY RESIDENCY E

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	XPANSION GRANT PROGRAM PROVIDE STIPENDS TO TRAIN ADDITIONAL RESIDENTS HTTP //WWW ASHPFOUN DATION ORG/NEWPRACTITIONERGRANT PROGRAM ON HOLD FOR 2018 MATCH (NO GRANTS GIVEN OUT) PAI S TATE AFFILIATE WORKSHOPS TO HELP ASHP STATE AFFILIATES LEAD STATEWIDE PAI INITIATIVES HTT P //WWW ASHPFOUNDATION ORG/MAINMENUCATEGORIES/RESEARCHRESOURCECENTER/ STATEAFFILIATETOOLKI T THE FOUNDATION SPONSORED 2 STATE AFFILIATE WORKSHOPS IN THE FOLLOWING STATES GEORGIA, F LORIDA RESEARCH RESOURCES OFFERS A SET OF TOOLS TO NEW AND THOSE WHO ARE NEW TO RESEARCH HTTP //WWW ASHPFOUNDATION ORG/MAINMENUCATEGORIES/RESEARCHRESOURCECENTER/ RESEARCHRESOURCES ASPX TRAINEESHIPS CRITICAL CARE TRAINEESHIP OPTIMIZE PATIENTS' MEDICATION OUTCOMES AND IM PLEMENT SERVICES IN THE CRITICAL CARE SETTING HTTP //WWW ASHPFOUNDATION ORG/MAINMENUCATEG ORIES/TRAINEESHIPS/CRITICALCA RETRAINEESHIP 10 TRAINEES COMPLETED THE DISTANCE EDUCATION C OMPONENT FROM DECEMBER 2016 THROUGH MARCH 2017 AND PARTICIPATED IN EXPERIENTIAL TRAINING I N THE SPRING OF 2017 TRAINING SITES FOR THIS PROGRAM INCLUDE CLEVELAND CLINIC, UNIVERSIT Y OF ARIZONA MEDICAL CENTER, MAYO CLINIC HOSPITAL ROCHESTER, TEXAS TECH UNIVERSITY, UNIVER SITY OF CINCINNATI HEALTH UNIVERSITY HOSPITAL, UNIVERSITY OF PITTSBURGH MEDICAL CENTER, AN D UNIVERSITY OF TENNESSEE CLEVELAND CLINIC CLEVELAND, OH FACULTY SETH BAUER, PHARM D NA DIA ISMAIL, M S , BPS KING FHAD UNIVERSITY HOSPITAL AL-KHOBAR, SAUDI ARABIA AI-LING POH, P HARM D PARKWAY HOSPITALS TELOK KURAU, SINGAPORE MAYO CLINIC HOSPITAL-ROCHESTER ROCHESTER, MN FACULTY DR KIRSTIN KOODA, PHARM D , BCPS GINA PATEL, PHARM D INOVA ALEXANDRIA HOSPI TAL ALEXANDRIA, VA UC HEALTH-UNIVERSITY HOSPITAL CINCINNATI, OH FACULTY ERIC MUELLER, PHA RM D CHRISTINA LEE, PHARM D CHILDREN'S NATIONAL HEALTH SYSTEM WASHINGTON, DC SOONALI MAN IAR, PHARM D NEWARK BETH ISRAEL MEDICAL CENTER NEWARK, NJ MICHAEL MCQUADE, PHARM D CHI H EALTH- ST ELIZABETH LINCOLN, NE THE UNIVERSITY OF ARIZONA MEDICAL CENTER TUCSON, AZ FACULT Y BRIAN KOPP, PHARM D AMANDA HARDEN, PHARM D HUTCHINSON REGIONAL MEDICAL CENTER HUTCHIN SON, KS JASMINE REBER, PHARM D , M P H KAISER PERMANENTE REDWOOD CITY, CA UNIVERSITY OF P ITTSBURGH MEDICAL CENTER PITTSBURGH, PA FACULTY NEAL J BENEDICT, PHARM D JAIME SMITH, P HARM D SARATOGA HOSPITAL SARATOGA SPRINGS, NY UNIVERSITY OF TENNESSEE COLLEGE OF PHARMACY MEMPHIS, TN FACULTY G CHRISTOPHER WOOD, PHARM D PETER ZERVOPOULOS, PHARM D , BCCCP, BC PS, BCNSP CLEVELAND CLINIC CLEVELAND, OH MEDICAL HOME TRAINEESHIP TRAIN PHARMACISTS TO OPT IMIZE MEDICATION OUTCOMES IN A MEDICAL HOME PRACTICE SETTING 3 TRAINEES COMPLETED THE DIS TANCE EDUCATION COMPONENT FROM DECEMBER 2017 THROUGH MARCH 2018 AND PARTICIPATED IN EXPERI ENTIAL TRAINING IN THE SPRING OF 2018 TRAINING SITES FOR THIS PROGRAM INCLUDE SUMMA HEAL TH SYSTEM, MOUNTAIN AREA HEALTH EDUCATION CENTER, AND FAIRVIEW PHARMACY SERVICES PARTICIP ANTS GRZEGORZ RDZAK, PHARM D , BCPS YALE NEW HAVEN HOSPITAL NEW HAVEN, CT PRECEPTOR SUMM A HEALTH SYSTEM MICHELLE CUDNI

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	K MONIKA LACH, PHARM D THE UNIVERSITY OF CHICAGO MEDICINE CHICAGO, IL PRECEPTOR MOUNTAIN AREA HEALTH EDUCATION CENTER WILLIAM HITCH ERICA DOBSON, PHARM D , BCPS AQ-ID, AAHIVP ACCO UNTABLE HEALTH PARTNERS ROCHESTER, NY PRECEPTOR FAIRVIEW PHARMACY SERVICES AMANDA BRUMMEL PAIN AND PALLIATIVE CARE TRAINEESHIP TRAIN PHARMACISTS TO OPTIMIZE MED OUTCOMES FOR PATI ENTS WITH PAIN AND PALLIATIVE CARE NEEDS HTTP //WWW ASHPFOUNDATION ORG/MAINMENUCATEGORIES /TRAINEESHIPS/PAINMGMTTR AINEESHIP 16 PHARMACISTS WERE ACCEPTED INTO THE ADVANCED TOPICS P ORTION OF THE TRAINEESHIP EXPERIENTIAL TRAINING OCCURRED IN APRIL AND MAY 2017 AT JOHN HO PKINS HOSPITAL, THE UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY, UNIVERSITY OF IOWA HOSPITAL S AND CLINICS AND SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE SCHOOL OF PHARMACY THE JOHNS HOPKINS HOSPITAL BALTIMORE, MD FACULTY SUZANNE AMATO NESBIT, PHARM D , BCPS, CPE AZITA AL IPOUR, PHARM D , BCPP, BCGP MARSHALL B KETCHUM COLLEGE OF PHARMACY FULLERTON, CA ELIZABET H AWUDI HENRY, PHARM D , BCPS, BCACP, BCCCP CORPUS CHRISTI MEDICAL CENTER CORPUS CHRISTI, TX SATORU ITO, PHARM D UNIVERSITY OF CHICAGO MEDICINE CHICAGO, IL PAIGE MALLORY, PHARM D , R PH , CACP EMERSON HOSPITAL BOSTON, MA SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE EDWARD SVILLE, IL FACULTY CHRIS HERNDON, PHARM D , FASHP ELIZABETH NICHOLS, B A , PHARM D UNITY POINT - ALLEN HOSPITAL WATERLOO, IA JESSICA RUSNAK, PHARM D RIVERVIEW MEDICAL CENTER ROCK HILL, SC SARAH YOST, PHARM D , BCPS INTERMOUNTAIN PARK CITY SPINE AND PAIN CLINIC PARK CI TY, UT UNIVERSITY OF IOWA COLLEGE OF PHARMACY IOWA CITY, IA FACULTY JAMES B RAY, PHARM D , CPE MICHELLE AKCAR, PHARM D ST MARY'S MEDICAL CENTER GRAND JUNCTION, CO LAURA VOLLMER, PHARM D , BCPS SPECTRUM HEALTH-SYSTEM GRAND RAPIDS, MI UNIVERSITY OF IOWA HOSPITAL IOWA C ITY, IA FACULTY LEE KRAL, PHARM D , BCPS, CPE JODY BAREFOOT, PHARM D ALAMANCE REGIONAL M EDICAL CENTER BURLINGTON, NC RITA GAYED, PHARM D , BCCCP GRADY HEALTH SYSTEM ATLANTA, GA N ADEJE MILLS, PHARM D MIAMI VA MEDICAL CENTER MIAMI, FL JORDAN WULZ, PHARM D , MPH CONCORD IA UNIVERSITY WISCONSIN MEQUON, WI UNIVERSITY OF MARYLAND BALTIMORE, MD FACULTY MARY LYNN MCPHERSON, PHARM D , BCPS, CPE VY OLSON, PHARM D VIBRA SPECIALTY HOSPITAL OF PORTLAND PO RTLAND, OR MEGAN STOLLER, PHARM D , BCPS MEMORIAL MEDICAL CENTER SPRINGFIELD, IL CRYSTAL W RIGHT, PHARM D , BCPS, BCACP KAISER PERMANENTE GEORGIA ATLANTA, GA ANTITHROMBOTIC ASSESSME NT TOOL CREATE AND MAINTAIN A TOOL FOR HEALTH SYSTEMS TO ASSESS PREPAREDNESS TO CARE FOR P ATIENTS WHO REQUIRE ANTITHROMBOTIC THERAPY HTTP //WWW ANTITHROMBOTICASSESSMENT ORG/ APPRO XIMATELY 344 VISITS WERE MADE TO THE SITE IN FY 18

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	BARCODE TOOL KIT PROVIDE TOOLS/RESOURCES TO SUPPORT THE INTEGRATION OF BARCODE USAGE IN THE MEDICATION-USE PROCESS HTTP //WWW ASHPFOUNDATION ORG/MAINMENUCATEGORIES/ADVANCINGPRACTICE/BARCO DE-MEDICATION-ADMINISTRATION-TOOLKIT NOT IN FY18 BUDGET, BUT THERE WERE APPROX 550 VISITS TO THE WEBSITE IN FY18 STERILE PRODUCTS OUTSOURCING TOOL OFFER A WEB-BASED TOOL TO BE USED BY PRACTITIONERS TO EVALUATE PROPOSALS DURING THE SELECTION OF AN EXTERNAL ORGANIZATION THAT WOULD PROVIDE PARENTERAL PRODUCT PREPARATION SERVICES HTTP //WWW ASHPFOUNDATION ORG/MAINMENUCATEGORIES/ADVANCINGPRACTICE/STERI LEPRODUCTSTOOL NOT IN FY18 BUDGET (NO DATA)

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT A "CEO EVALUATION SUBCOMMITTEE" IS APPOINTED BY THE BOARD AND MEETS SEVERAL TIMES ON AN ANNUAL BASIS THIS SUBCOMMITTEE IS RESPONSIBLE FOR EVALUATING CEO PERFORMANCE ANNUALLY AND NEGOTIATING A CONTRACT THAT CUSTOMARILY SPANS A 3-YEAR PERIOD THE TREASURER CHAIRS THE SUBCOMMITTEE DURING THE CONTRACT RENEGOTIATION YEAR AND THE BOARD CHAIR LEADS THE SUBCOMMITTEE DURING NON-CONTRACT YEAR ANNUAL REVIEWS ALL SUBCOMMITTEE ACTIONS ARE REVIEWED BY THE FULL BOARD PRIOR TO TAKING ANY ACTIONS ONE FULL YEAR PRIOR TO THE COMPLETION OF A CONTRACT CYCLE, THE SUBCOMMITTEE MAKES A REFLECTIVE REVIEW OF PERFORMANCE DURING THE CONTRACT PERIOD ADDITIONALLY, A CEO SELF-ASSESSMENT IS COMPLETED AND REVIEWED BY THE SUBCOMMITTEE THE REFLECTIVE PERFORMANCE REVIEW AND SELF-ASSESSMENT IS CONSIDERED BY THE BOARD AND A DECISION IS MADE AS TO WHETHER THE BOARD DESIRES TO RENEGOTIATE A NEW CONTRACT WITH THE EXISTING CEO OR SEEK A REPLACEMENT IF A REPLACEMENT IS DESIRED, THEN A SEARCH COMMITTEE IS APPOINTED IF CONTRACT RENEGOTIATION WITH THE CURRENT CEO IS DESIRED, THE CEO EVALUATION COMMITTEE LEADS CONTRACT RENEGOTIATIONS UNDER THE LEADERSHIP OF THE TREASURER A CONTRACT FOR THE BOARD'S CONSIDERATION IS ESTABLISHED IN WRITING WITH ALL PROVISIONS OUTLINED, INCLUDING COMPENSATION AND BENEFITS TO DETERMINE PROPOSED COMPENSATION THE SUBCOMMITTEE REVIEWS 1) NATIONAL SURVEY DATA FOR THE CEO POSITION, 2) THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVE (ASAE) COMPENSATION DATA FOR EXECUTIVES IS REVIEWED FOCUSING ON SIMILAR/COMPETITIVE HEALTHCARE ORGANIZATIONS IN THE MID-ATLANTIC REGION, AND 3) GUIDESTAR'S DATABASE IS REFERENCED TO IDENTIFY CEO COMPENSATION IN COMPETITIVE ORGANIZATION'S 990 FILINGS ULTIMATELY, A NEW CONTRACT IS PRESENTED TO THE BOARD FOR APPROVAL THAT OUTLINES COMPENSATION AND PERFORMANCE EXPECTATIONS IN NON-CONTRACT RENEWAL YEARS, THE SUBCOMMITTEE COMPLETES A DRAFT ANNUAL PERFORMANCE REVIEW FOR THE BOARD'S CONSIDERATION PRIOR TO CONDUCTING THE ANNUAL PERFORMANCE REVIEW ALONG WITH A SET OF CEO PERFORMANCE OBJECTIVES FOR THE UPCOMING YEAR AND A CEO SELF-ASSESSMENT SUMMARY IN ALL CASES CEO PERFORMANCE IS MEASURED AGAINST BOARD-APPROVED ANNUAL PERFORMANCE OBJECTIVES OTHER OFFICERS OR KEY EMPLOYEES THE CEO DETERMINES COMPENSATION FOR KEY EMPLOYEES RELYING HEAVILY UPON THE GUIDANCE OF THE HUMAN RESOURCES DEPARTMENT OF ASHP ASAE SURVEY DATA IS REVIEWED WHEN COMPARABLE POSITIONS EXIST FOR THE KEY EMPLOYEE POSITION (E G DIRECTOR OF COMMUNICATIONS) THE HUMAN RESOURCES DEPARTMENT UTILIZES ADDITIONAL SALARY SURVEY DATABASES TO COMPARE SALARIES FOR POSITIONS WHERE A PHARMACIST IS A JOB REQUIREMENT, PHARMACIST POSITIONS IN HOSPITALS AND HEALTH-SYSTEMS THAT WOULD BE LIKELY CANDIDATE POOLS ARE QUERIED IN THE SALARY SURVEY DATABASES ADDITIONALLY, THE HR DEPARTMENT CAN PROVIDE COMPARATIVE DATA FOR PHARMACIST POSITIONS AT ASHP

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACT SERVICES PROGRAM SERVICE EXPENSES 254,509 MANAGEMENT AND GENERAL EXPENSES 182,828 FUNDRAISING EXPENSES 14,722 TOTAL EXPENSES 452,059

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
23-7033369

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS (ASHP) 4500 EAST-WEST HIGHWAY SUITE 900 BETHESDA, MD 20814 52-0807628	TO ADVANCE PUBLIC HEALTH BY SUPPORTING THE PHARMACY PROFESSION	MD	501(C)(6)		N/A		No
(2)7272 WISCONSIN BUILDING CORPORATION 4500 EAST-WEST HIGHWAY SUITE 900 BETHESDA, MD 20814 52-1760057	TITLE HOLDING COMPANY	MD	501(C)(2)		ASHP		No

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

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

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	(i) 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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	C	352,562	CASH
(2)AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	N	592,179	RECORDED EXPENSES
(3)AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	O	244,603	FAIR VALUE
(4)AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	P	1,728,573	RECORDED EXPENSES
(5)AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	S	1,136,393	CASH

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

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

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

Part VII **Supplemental Information**

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