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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
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 06-01-2018 , and ending 05-31-2019

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

D Employer identification number
23-7033369
E Telephone number
(301) 664-8612
G Gross receipts \$ 3,679,224

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

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE ASHP FOUNDATION IS TO SUPPORT ASHP BY ADVANCING THE PROFESSIONAL PRACTICE OF PHARMACISTS AND THE PHARMACY WORKFORCE BY FUNDING RESEARCH AND EDUCATION THAT IMPROVES HEALTH OUTCOMES THROUGH OPTIMAL, SAFE AND EFFECTIVE MEDICATION USE

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 12

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8

5 Total number of individuals employed in calendar year 2018 (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

7b Net unrelated business taxable income from Form 990-T, line 34 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 2,088,349 1,768,602

9 Program service revenue (Part VIII, line 2g) 653,770 512,137

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 452,580 483,729

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) 3,194,699 2,764,468

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 965,609 476,870

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) 1,520,246 1,411,898

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶696,470

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 693,146 704,553

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,179,001 2,593,321

19 Revenue less expenses Subtract line 18 from line 12 15,698 171,147

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 10,165,674 10,276,086

21 Total liabilities (Part X, line 26) 571,192 854,211

22 Net assets or fund balances Subtract line 21 from line 20 9,594,482 9,421,875

Part II Signature Block

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

Sign Here

Signature of officer
STEVEN RUBLOFF SECRETARY AND CEO
Type or print name and title

2020-03-24
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ RSM US LLP
Firm's address ▶ 2021 L STREET NW SUITE 400
WASHINGTON, DC 20036

Preparer's signature
Date 2020-03-23
Check ☐ if self-employed
PTIN P00290720
Firm's EIN ▶ 42-0714325
Phone no (202) 293-2200

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

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

OUR MISSION SUPPORT ASHP BY ADVANCING THE PROFESSIONAL PRACTICE OF PHARMACISTS AND THE PHARMACY WORKFORCE BY FUNDING RESEARCH AND EDUCATION THAT IMPROVES HEALTH OUTCOMES THROUGH OPTIMAL, SAFE AND EFFECTIVE MEDICATION USE OUR VISION AS THE PHILANTHROPIC ARM OF ASHP, THE FOUNDATION SHARES ASHP'S VISION THAT MEDICATION USE WILL BE OPTIMAL, SAFE, AND EFFECTIVE FOR ALL PEOPLE ALL OF THE TIME

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 \$ 1,054,485	including grants of \$ 253,528	) (Revenue \$)
See Additional Data				

4b	(Code)	(Expenses \$ 621,717	including grants of \$ 223,342	) (Revenue \$ 512,137)
See Additional Data				

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

4e	Total program service expenses ▶	1,676,202
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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
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36 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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 84	
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	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16	No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?	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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?		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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization		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?		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?		

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-A 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	869,957	53,974
(4) THOMAS J JOHNSON TREASURER	1 00 0 00	X		X				0	0	0
(5) STEVEN A RUBLOFF SECY/ASHP REF CEO	40 00 0 00	X		X				302,292	0	32,017
(6) KELLY M SMITH DIRECTOR AT LARGE	1 00 0 00	X						0	10,150	0
(7) MINNIE BAYLOR-HENRY DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(8) LISA M GERSEMA DIRECTOR AT LARGE	1 00 0 00	X						0	10,150	0
(9) JANET L MIGHTY DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(10) KEN PEREZ DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(11) SCOTT M SAMSON DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(12) ROGER W ANDERSON DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
(13) BARBARA NUSSBAUM VICE PRESIDENT	40 00 0 00					X		172,500	0	52,942
(14) BETHANY COULTER DIR OF STRATEGIC COMM (THRU 12/18)	40 00 0 00					X		133,774	0	24,584
(15) STEPHANIE BROWN DIRECTOR OF PROGRAMS	40 00 0 00					X		110,022	0	22,332
(16) STEPHEN J ALLEN FORMER SECY/ASHP REF CEO (THRU 2/18)	0 00 0 00						X	67,938	0	19,489

Part VII

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	786,526	890,257	205,338

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? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

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 ▶ 0

Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII ☐						
			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	365,756		
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,402,846		
	g	Noncash contributions included in lines 1a - 1f \$		100,700		
	h	Total. Add lines 1a-1f		1,768,602		
Program Service Revenue	2a	PHARMACY LEADERSHIP AC	Business Code			
	b	PAIN & PALLIATIVE TRAI	611430	439,700	439,700	
	c	CRITICAL CARE TRAINEES	611430	38,812	38,812	
	d		611430	33,625	33,625	
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		512,137		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		406,338	
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses	992,147			
c		Gain or (loss)	914,756			
d		Net gain or (loss)	77,391		77,391	77,391
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		2,764,468	512,137	0	483,729

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	438,370	438,370		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	38,500	38,500		
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.	426,657	208,255	30,465	187,937
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.	746,684	355,246	50,706	340,732
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	96,232	57,059	5,324	33,849
9 Other employee benefits.	75,512	42,161	8,453	24,898
10 Payroll taxes.	66,813	37,655	5,061	24,097
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).	491,079	378,992	71,884	40,203
12 Advertising and promotion.				
13 Office expenses.	48,592	40,008	6,723	1,861
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.	123,964	64,456	25,827	33,681
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.	2,280		2,280	
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	26,138	15,500	1,426	9,212
b				
c				
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	2,593,321	1,676,202	220,649	696,470
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		127,598	1	81,749
	2	Savings and temporary cash investments		307,144	2	189,363
	3	Pledges and grants receivable, net		629,402	3	602,196
	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		39,322	9	242,712
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	83,984		
	b	Less: accumulated depreciation	10b	72,586	10c	11,398
	11	Investments—publicly traded securities		8,839,121	11	8,971,882
	12	Investments—other securities. See Part IV, line 11		208,069	12	161,768
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15,018	15	15,018
16	Total assets. Add lines 1 through 15 (must equal line 34)		10,165,674	16	10,276,086	
Liabilities	17	Accounts payable and accrued expenses		249,143	17	277,949
	18	Grants payable			18	
	19	Deferred revenue		322,049	19	576,262
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		571,192	26	854,211
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		1,098,658	27	1,471,468
	28	Temporarily restricted net assets		3,405,634	28	2,858,737
	29	Permanently restricted net assets		5,090,190	29	5,091,670
	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		9,594,482	33	9,421,875	
34	Total liabilities and net assets/fund balances		10,165,674	34	10,276,086	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,764,468
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,593,321
3	Revenue less expenses Subtract line 2 from line 1	3	171,147
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,594,482
5	Net unrealized gains (losses) on investments	5	-343,754
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	9,421,875

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Software ID:

Software Version:

EIN: 23-7033369

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

Form 990 (2018)

Form 990, Part III, Line 4a:

EXCELLENCE IN PHARMACY PRACTICE & LEADERSHIP DEVELOPMENT RECOGNIZE AND PROMOTE EFFORTS THAT FOSTER EXCELLENCE AND GROWTH OF HEALTH-SYSTEM PHARMACYASHP STUDENT LEADERSHIP AWARD THIS PROGRAM, FUNDED THROUGH THE WALTER JONES MEMORIAL PHARMACY STUDENT FUND, IS ADMINISTERED BY THE ASHP PHARMACY STUDENT FORUM IN COLLABORATION WITH THE ASHP FOUNDATION TWELVE STUDENTS WHO DEMONSTRATE HIGH ACADEMIC ACHIEVEMENT, EXCEPTIONAL INTEREST IN HEALTH-SYSTEM PHARMACY PRACTICE, AND OUTSTANDING LEADERSHIP SKILLS WERE RECOGNIZED RECIPIENTS WERE CLASS OF 2019 - EMILY BUATOIS, PURDUE UNIVERSITY COLLEGE OF PHARMACY, LAFAYETTE, IN, GEANNETTE GREEN, UNIVERSITY OF TEXAS AT AUSTIN SCHOOL OF PHARMACY, AUSTIN, TX, LAUREN HAMMOND, SAMFORD UNIVERSITY MCWHORTER SCHOOL OF PHARMACY, HOMEWOOD, AL, DANIEL PONS, UNIVERSITY OF KANSAS SCHOOL OF PHARMACY, LAWRENCE, KS, NICHOLAS PUGLIESE, UNIVERSITY OF CONNECTICUT SCHOOL OF PHARMACY, MANSFIELD, CTCLASS OF 2020 - JUSTIN CULSHAW, UNIVERSITY OF RHODE ISLAND COLLEGE OF PHARMACY, SOUTH KINGSTOWN, RI, DAVID GIANG, UNIVERSITY OF TEXAS AT AUSTIN COLLEGE OF PHARMACY, AUSTIN, TX, HANNAH HECHT, UNIVERSITY OF WISCONSIN - MADISON SCHOOL OF PHARMACY, MADISON, WI, JENNY QUYNH THO NGUYEN, MCPHS UNIVERSITY SCHOOL OF PHARMACY BOSTON, BOSTON, MA, CASSANDRA SCHMITT, VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF PHARMACY, RICHMOND, VATH E AWARDEES RECEIVED A PLAQUE, A \$2,000 AWARD AND AN ASHP DRUG INFORMATION LIBRARY EACH AWARDEE SUBMITTED A PLAN TO RAISE STUDENT AWARENESS OF THE PRACTICE ADVANCEMENT INITIATIVE AWARDEES WILL BE SURVEYED TO COLLECT INFORMATION ON IMPLEMENTATION AND OUTCOMES OF THEIR PLAN AWARD FOR EXCELLENCE IN MEDICATION SAFETYA COLLABORATION BETWEEN THE CARDINAL HEALTH FOUNDATION AND ASHP FOUNDATION, THIS PROGRAM IS DESIGNED TO RECOGNIZE PHARMACIST-LED INTER-PROFESSIONAL TEAMS THAT MAKE SIGNIFICANT INSTITUTION-WIDE SYSTEM IMPROVEMENTS RELATING TO SAFE MEDICATION USE THE 2018 RECIPIENT AND FINALIST ORGANIZATIONS WERE SELECTED USING A LETTER OF INTENT PROCESS UNDERTAKEN BY AN INDEPENDENT INTER-PROFESSIONAL PANEL OF EXPERTS IN THE FIELD OF MEDICATION SAFETY AND HEALTHCARE ADMINISTRATION BAPTIST MEMORIAL HOSPITAL IN MEMPHIS, TN RECEIVED A \$30,000 AWARD FOR ITS INITIATIVE OF TRANSITIONING TO AN OPIOID-LIGHT EMERGENCY DEPARTMENT THE TWO FINALISTS, STRAUB MEDICAL CENTER IN HONOLULU AND UNIVERSITY OF FLORIDA IN GAINESVILLE, EACH RECEIVED \$10,000 FOR THEIR RESPECTIVE PROGRAMS THE RECIPIENT AND FINALISTS WERE RECOGNIZED DURING THE 2018 ASHP MIDYEAR CLINICAL MEETING IN ANAHEIM, CA THE ASHP FOUNDATION, WITH SUPPORT FROM ASHP, SPONSORED A NATIONAL RADIO MEDIA TOUR AIMED AT EDUCATING CONSUMERS ABOUT THE VITAL ROLE OF HEALTH-SYSTEM PHARMACISTS THE RADIO MEDIA TOUR FOCUSED ON HOW TO MANAGE YOUR PAIN SAFELY AND SUCCESSFULLY CLINICAL PHARMACY MANAGER, DAWN WADDELL, PHARM D , BCPS WITH BAPTIST MEMORIAL HOSPITAL MEMPHIS, THE RECIPIENT OF THE 2018 AWARD FOR EXCELLENCE IN MEDICATION SAFETY, JOINED US AS OUR PHARMACY EXPERT FOR 18 INTERVIEWS THAT REACHED OVER 13 MILLION LISTENERS SHE ALSO RECORDED A PUBLIC SERVICE ANNOUNCEMENT EACH AWARDEE WILL ALSO PRESENT AN EDUCATIONAL WEBINAR ON A RESIDENT PROFESSIONAL DEVELOPMENT TOPIC THAT CONTINUING EDUCATION CREDITS THE WEBINARS WERE RECORDED AND MADE AVAILABLE FOR ON-DEMAND ACCESS THE WEBINARS ARE RECORDED AND MADE AVAILABLE FOR ON-DEMAND ACCESS PHARMACY RESIDENCY EXCELLENCE AWARDS PROGRAMTHE 2018 PHARMACY RESIDENCY EXCELLENCE AWARDS PROGRAM WAS SUPPORTED AGAIN BY AMGEN, INC THIS UNIQUE AWARD RECOGNIZES EXCELLENCE AND LEADERSHIP IN THE TRAINING AND MENTORING OF PHARMACY RESIDENTS THE PHARMACY RESIDENCY EXCELLENCE AWARDS PROGRAM RECOGNIZES A PRECEPTOR, NEW PRECEPTOR AND PROGRAM THE OBJECTIVES OF THIS PROGRAM ARE TO 1) RECOGNIZE THE ACHIEVEMENTS OF RESIDENCY PROGRAMS AND PHARMACISTS WHO HAVE DEMONSTRATED EXCELLENCE AND LEADERSHIP IN THE TRAINING OF PHARMACY RESIDENTS AND 2) WIDELY DISSEMINATE THE RESULTS OF THESE ACCOMPLISHMENTS TO FOSTER INNOVATIONS IN PHARMACY RESIDENT TRAINING EACH AWARDEE WILL ALSO PRESENT AN EDUCATIONAL WEBINAR ON A RESIDENT PROFESSIONAL DEVELOPMENT TOPIC THAT CONTINUING EDUCATION CREDITS THE WEBINARS ARE RECORDED AND MADE AVAILABLE FOR ON-DEMAND ACCESS THE 2018 PROGRAM AND THE RECIPIENTS WERE NEW PRECEPTOR EMILY KOSIROG, PHARM D , UNIVERSITY OF COLORADO SKAGGS SCHOOL OF PHARMACY, AURORA, COPRECEPTOR LISA HALL ZIMMERMAN, PHARM D , BCPS, BCNP, HANOVER REGIONAL MEDICAL CENTER, WILMINGTON, NCPROGRAM METHODIST UNIVERSITY HOSPITAL POSTGRADUATE YEAR ONE PHARMACY PRACTICE RESIDENCY, MEMPHIS, TNLITERATURE AWARDS PROGRAMTHE ASHP FOUNDATION LITERATURE AWARDS PROGRAM RECOGNIZES IMPORTANT CONTRIBUTIONS TO THE BIOMEDICAL LITERATURE BY PHARMACISTS THIS PROGRAM, ADMINISTERED BY THE ASHP FOUNDATION SINCE 1971, IS BASED ON THE CONCEPT THAT RECOGNITION THROUGH AWARDS STIMULATES RESEARCH AND INNOVATION AND FOSTERS IMPROVEMENT IN THE QUALITY OF THE EVIDENCE AWARDEES ARE RECOGNIZED AT THE ASHP MIDYEAR CLINICAL MEETING DURING THE SPOTLIGHT ON SCIENCE PLENARY SESSION THE 2018 RECIPIENTS WERE SUSTAINED CONTRIBUTIONSRHONDA M COOPER-DEHOFF, PHARM D , M S , ASSOCIATE PROFESSOR, UNIVERSITY OF FLORIDA, GAINESVILLE, FLPHARMACY PRACTICE RESEARCH "DEVELOPMENT AND VALIDATION OF A COMPLEXITY SCORE TO RANK HOSPITALIZED PATIENTS AT RISK FOR PREVENTABLE ADVERSE DRUG EVENTS"AM J HEALTH SYST PHARM 2017 DEC 1,74ALMUT WINTERSTEIN, PH D , BEN STALEY, PHARM D , CARL HENRIKSEN, M S , DANDAN XU, M S , PH D , GLORIA LIPORI, M B A , NAKYUNG JEON, B S PHARM , M P H , YOONYOUNG CHOI, B S PHARM , M S , YAN LI, B S PHARM , M S , JUAN HINCAPIE-CASTILLO, PHARM D , RENE SORIA-SAUCEDO, M D , M P H , PH D , BABETTE BRUMBACK,INNOVATION IN PHARMACY PRACTICE"MEDICATION THERAPY DISEASE MANAGEMENT GEISINGER'S APPROACH TO POPULATION HEALTH MANAGEMENT"AM J HEALTH-SYST PHARM 2017, 74LANEY JONES, PHARM D , MPH, GERARD GRESKOVIC, B S PHARM , DANTE M GRASSI, PHARM D , JOVE GRAHAM, PH D , HAIYAN SUN, M S , MICHAEL R GIONFRIDDO, PHARM D , PH D , MICHAEL F MURRAY, M D , KANDAMURUGU MANICKAM, M D , M P H , DOUGLAS C NATHANSON, M D , ERIC A WRIGHT, PHARM D , M P H , MICHAEL A EVANS, B S PHARM DRUG THERAPY RESEARCH CLINICAL ASSISTANT PROFESSOR, UNIVERSITY OF TEXAS AT AUSTIN, COLLEGE OF PHARMACY"PEGABALIN AND GABAPENTIN ABUSE A SYSTEMATIC REVIEW"DRUGS 2017, 77KIRK EVOY, PHARM D , MEGAN D MORRISON, PHARM D , STEPHEN R SAKLAD, PHARM D STUDENT RESEARCH AWARD"OUTCOMES OF PATIENTS WITH ATRIAL FIBRILLATION NEWLY RECOMMENDED FOR ORAL ANTICOAGULATION UNDER THE 2014 AMERICAN HEART ASSOCIATION/ AMERICAN COLLEGE OF CARDIOLOGY/HEART RHYTHM SOCIETY GUIDELINE"J AM HEART ASSOC 2018, 7MATTHEW P GRAY, PHARM D , PHD STUDENT, SAMIR SABA, M D , YUTING ZHANG, PH D , INMACULADA HERENANDEZ, PHARM D , PH D IN FY19, THE FOUNDATION ADMINISTERED TWO TRAINEESHIPS CRITICAL CARE TRAINEESHIP THE CRITICAL CARE TRAINEESHIP INCLUDED A DISTANCE EDUCATION COMPONENT BEGINNING DECEMBER 2018, AN EXPERIENTIAL TRAINING COMPONENT, AND A POST-TRAINEESHIP PROJECT COMPONENT, WHICH WAS SUPPORT THROUGH PARTICIPANT TUITION IN FY19, 5 PHARMACISTS WERE ACCEPTED INTO THE TRAINEESHIP, CONDUCTING THEIR DISTANCE EDUCATION BEGINNING DECEMBER 2018 AND GOING ONSITE FOR THEIR EXPERIENTIAL TRAINING SPRING OF 2019 AT UNIVERSITY OF TENNESSEE, CLEVELAND CLINIC, UC HEALTH UNIVERSITY OF CINCINNATI HOSPITAL, UNIVERSITY OF PITTSBURGH, AND BANNER HEALTH UNIVERSITY MEDICAL CENTER TWO OF THE PARTICIPANTS APPLIED FOR AND RECEIVED A PARTIAL SCHOLARSHIP, WHICH REDUCED THEIR TUITION BY \$1,000 PAIN AND PALLIATIVE CARE TRAINEESHIP THE PAIN AND PALLIATIVE CARE TRAINEESHIP INCLUDED ACCESS TO THE ASHP PAIN MANAGEMENT CERTIFICATE AND LIVE CASE-BASED WEBINARS, AN EXPERIENTIAL TRAINING COMPONENT, AND A POST-TRAINEESHIP PROJECT COMPONENT, WHICH WAS SUPPORTED THROUGH PARTICIPANT TUITION IN FY19, 15 PHARMACISTS WERE ACCEPTED INTO THE TRAINEESHIP, CONDUCTING THEIR DISTANCE EDUCATION BEGINNING DECEMBER 2018 AND GOING ONSITE FOR THEIR EXPERIENTIAL TRAINING IN SPRING OF 2019 AT JOHN HOPKINS HOSPITAL, THE UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY, UNIVERSITY OF IOWA HOSPITALS AND CLINICS AND SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE SCHOOL OF PHARMACY NINE OF THE PARTICIPANTS APPLIED FOR AND RECEIVED A PARTIAL SCHOLARSHIP, WHICH REDUCED THEIR TUITION AMOUNT BY \$1,000 JOE A ODDIS ETHICS COLLOQUIUMTHE COLLOQUIUM WAS ESTABLISHED TO PAY TRIBUTE TO ONE OF PHARMACY'S MOST DISTINGUISHED LEADERS AND ASSIST HEALTH-SYSTEM PHARMACISTS IN CONFRONTING ETHICAL CHALLENGES IN PHARMACY PRACTICE AND PATIENT CARE THE 2018 COLLOQUIUM WAS OFFERED AS A LIVE EDUCATIONAL ACTIVITY PLANNED FOR THE 2018 ASHP SUMMER MEETINGS

Form 990, Part III, Line 4b:

INNOVATIVE RESEARCH SUPPORT HEALTH SERVICES RESEARCH THAT FOSTER INNOVATION IN PHARMACY PRACTICE, WHICH PROMOTES THE OPTIMAL, SAFE AND EFFECTIVE USE OF MEDICATION AMERICAN FOUNDATION FOR PHARMACEUTICAL EDUCATION (AFPE) PRE-DOCTORAL FELLOWSHIP THE ASHP FOUNDATION PROVIDED ANNUAL FUNDING OF \$7,500 FOR THE AFPE PRE-DOCTORAL FELLOWSHIP PROGRAM PHARMACY RESIDENT PRACTICE-BASED RESEARCH GRANT PROGRAM THIS GRANT PROGRAM IS FUNDED THROUGH THE ASHP MEMBER DUES CONTRIBUTION TO THE FOUNDATION A SIX-MEMBER EXTERNAL PEER REVIEW PANEL RECOMMENDED AWARDING 8 GRANTS UP TO \$5,000 EACH FOR "MULTICENTERED RETROSPECTIVE REVIEW OF ANTIBIOTIC PRESCRIBING PATTERNS FOR TREATMENT OF URINARY TRACT INFECTIONS IN PRIMARY CARE SETTING" SARAH VISINTAINER NORTHEASTERN UNIVERSITY, BOSTON, MA "EFFECT OF A PHARMACIST-LED DIETARY SODIUM RESTRICTION EDUCATION INTERVENTION ON BLOOD PRESSURE, SODIUM KNOWLEDGE, AND SELF-EFFICACY IN PATIENTS WITH CHRONIC KIDNEY DISEASE AND HYPERTENSION" KATHERINE CHO MICHIGAN MEDICINE, ANN ARBOR, MI "ADVANCING THE PHARMACIST'S ROLE IN PREVENTING HEALTHCARE FACILITY-ONSET C DIFFICILE EXPANSION OF A RISK PREDICTION MODEL" CARRIE TILTON EMORY UNIVERSITY HOSPITAL, ATLANTA, GA "IMPLEMENTATION OF A PHARMACIST-DRIVEN KIDNEY ACTION PLAN TO DECREASE RISK OF CHRONIC KIDNEY DISEASE DEVELOPMENT OR PROGRESSION IN ACUTE KIDNEY INJURY SURVIVORS" DIANA SCHREIER MAYO CLINIC, ROCHESTER, MN JENNA FANCHER PROJECT PACT-STROKE PHARMACISTS ACT ON CARE TRANSITIONS-STROKE UPSTATE UNIVERSITY HOSPITAL & ST JOHN FISHER WEGMANS SCHOOL OF PHARMACY, SYRACUSE, NY ANNE WILLIAMS QUANTIFYING THE VALUE OF PHARMACISTS PROVIDING DIRECT PATIENT CARE WITHIN FAMILY MEDICINE PRACTICES UPMC ST MARGARET, PITTSBURGH, PA "UTILIZATION OF GAP ANALYSIS TO ASSESS CONTROLLED SUBSTANCE MANAGEMENT AT AN ACADEMIC MEDICAL CENTER" BAILEY EASON WAKE FOREST BAPTIST MEDICAL CENTER, WINSTON-SALEM, NC "IMPACT OF A COMMUNITY PHARMACY-BASED CDTM PROGRAM SUPPORTED BY A MEDICATION SYNCHRONIZATION PROGRAM" CAITLIN PRATHER AUBURN UNIVERSITY HARRISON SCHOOL OF PHARMACY, AUBURN, AL PHARMACY PRACTICE ADVANCEMENT DEMONSTRATION GRANT TWENTY LETTERS OF INTENT AND 9 FULL APPLICATIONS WERE REVIEWED BY EXTERNAL REVIEW PANEL IN ORDER TO AWARD THE FY19 GRANTEES THIS RESEARCH GRANT PROGRAM SUPPORTS DEMONSTRATION PROJECTS RELATED TO PRACTICE ADVANCEMENT, CONSISTENT WITH THE ASHP/ASHP FOUNDATION PRACTICE ADVANCEMENT INITIATIVE (PAI) AND AMBULATORY PAI GRANT FUNDS WERE PROVIDED BY THE HENRI R MANASSE LEGACY FUND AND EACH GRANTEE WAS AWARDED UP TO \$75,000 "EVALUATION OF A PHARMACIST-DIRECTED PERSONALIZED CANCER MEDICINE CLINICAL SERVICE AND DEVELOPMENT OF TOOLS ALONG WITH BEST PRACTICES TO SUPPORT PHARMACIST ADOPTION" INVESTIGATOR J KEVIN HICKS, PHARM 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" INVESTIGATOR MELISSA L THOMPSON-BASTIN, PHARM D, B S, BCPS UNIVERSITY OF KENTUCKY, LEXINGTON, KY NEW PRACTITIONER PHARMACIST LEADERSHIP DEVELOPMENT RESEARCH GRANT PROGRAM THIS NEW GRANT PROGRAM, FUNDED THROUGH THE MARIANNE F IVEY LEADERSHIP DEVELOPMENT FUND, AWARDS NEW PRACTITIONER PHARMACISTS TO SUPPORT DIVERSE PROJECTS RELATED TO LEADERSHIP DEVELOPMENT RESEARCH AREAS OF FOCUS INCLUDE, MODEL DEMONSTRATION PROJECTS, SYSTEMS CHANGE PROJECTS, SPECIAL STUDIES AND EVALUATIONS THAT ARE FOCUSED ON DEVELOPING LEADERSHIP COMPETENCIES A SIX-MEMBER EXTERNAL PEER REVIEW PANEL RECOMMENDED AWARDING 5 GRANTS UP TO \$5,000 EACH FOR "SYSTEMIZATION AND EVALUATION OF THE IMPACT OF A PHARMACY TECHNICIAN LADDER IN A MULTI-HOSPITAL SYSTEM" SUNNY BHAKTA HOUSTON METHODIST HOSPITAL, HOUSTON, TX "RESPONSE AMONG U S HOSPITAL PHARMACY DIRECTORS AND DEPARTMENTS" MATTHEW BILHIMER UNIVERSITY OF ROCHESTER MEDICAL CENTER, ROCHESTER, NY "CHARACTERIZING AND ADDRESSING BURNOUT AMONG FULL-TIME PHARMACISTS EMPLOYED WITHIN A MULTI-HOSPITAL HEALTH SYSTEM" TARA FELLER THE JOHNS HOPKINS HOSPITAL, BALTIMORE, MD "ASSESSMENT OF TURNOVER, RESILIENCE, AND WELL-BEING OF PHARMACY DEPARTMENT EMPLOYEES AT AN ACADEMIC MEDICAL CENTER" ELISSA KING UNIVERSITY OF NORTH CAROLINA HOSPITALS, CHAPEL HILL, NC "EVALUATING EMPATHY AND BURNOUT IN STUDENT PHARMACISTS" MEGAN EALEY AUBURN UNIVERSITY, AUBURN, AL NEW INVESTIGATOR RESEARCH GRANT FOURTEEN LETTERS OF INTENT AND 6 FULL APPLICATIONS WERE REVIEWED BY AN EXTERNAL PANEL IN ORDER TO AWARD THE FY19 GRANTEES GRANT FUNDS ARE PROVIDED BY THE ASHP FOUNDATION THROUGH THE ABBOTT ENDOWMENT AND EACH GRANTEE RECEIVED UP TO \$20,000 "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, KY RESEARCH ADVISORY PANEL THE RESEARCH ADVISORY PANEL (RAP) WAS PUT ON HOLD AS THE ASHP FOUNDATION BOARD ENGAGED IN STRATEGIC PLANNING DURING FY19 PHARMACY FORECAST REPORT 2019 THE 2019 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, 2019 ISSUE THE DISTRIBUTION OF THE FORECAST REPORT IN AJHP ENSURED THAT IT WAS MADE AVAILABLE TO ALL 50,000 ASHP MEMBERS IT WAS PUBLISHED ELECTRONICALLY IN DECEMBER 2018 AND PRESENTED AT AN EDUCATIONAL SESSION DURING THE 2018 ASHP MIDYEAR CLINICAL MEETING THE REPORT GENERATED AUTHORITATIVE, ACTIONABLE STRATEGIC RECOMMENDATIONS TO ENHANCE THE EFFECTIVENESS OF LEADERS IN HOSPITAL AND HEALTH-SYSTEM PHARMACY

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	2,104,181	2,055,036	1,799,986	2,088,349	1,768,602	9,816,154
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	2,104,181	2,055,036	1,799,986	2,088,349	1,768,602	9,816,154
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)						4,384,031
6	Public support. Subtract line 5 from line 4						5,432,123

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	2,104,181	2,055,036	1,799,986	2,088,349	1,768,602	9,816,154
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	331,180	294,198	270,016	315,175	406,338	1,616,907
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						11,433,061
12	Gross receipts from related activities, etc (see instructions)						12 2,949,734
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 2018 (line 6, column (f) divided by line 11, column (f))	14 47.510 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 45.460 %
16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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).		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 7/25/06, 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	6,838,821	6,732,965	6,264,149	6,403,208	6,418,767
b Contributions	1,480	6,019	291,302	1,700	2,340
c Net investment earnings, gains, and losses	93,478	423,554	654,392	-65,917	312,633
d Grants or scholarships					
e Other expenditures for facilities and programs	125,350	323,717	476,878	74,842	330,532
f Administrative expenses					
g End of year balance	6,808,429	6,838,821	6,732,965	6,264,149	6,403,208

2

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

a

Board designated or quasi-endowment

7 350 %

b

Permanent endowment

74 780 %

c

Temporarily restricted endowment

17 870 %

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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		83,984	72,586	11,398
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				11,398

Schedule D (Form 990) 2018

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	2,693,427
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-343,754
b	Donated services and use of facilities	2b	272,713
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-71,041
3	Subtract line 2e from line 1	3	2,764,468
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	2,764,468

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	2,866,034
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	272,713
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	272,713
3	Subtract line 2e from line 1	3	2,593,321
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	2,593,321

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

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

**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.**
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

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 **16**

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) LITERATURE AWARD	5	18,500			
(2) STUDENT LEADERSHIP AWARDS	10	20,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	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
AMERICAN FOUNDATION FOR PHARMACEUTICAL EDUCATION ONE CHURCH STREET ROCKVILLE, MD 20850	53-0214882	501(C)3	7,500				2018 SPONSORSHIP
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISITS 4500 EAST-WEST HIGHWAY BETHESDA, MD 20814	52-0807628	501(C)6	30,133				CLINICAL SKILLS COMPETITION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ASCENSION VIA CHRISTI HEALTH INC 8200 E THORN WICHITA, KS 67226	48-1172107	501(C)3	25,000				RESIDENCY EXPANSION GRANT
BAPTIST MEMORIAL HOSPITAL 350 N HUMPHREYS BLVD MEMPHIS, TN 38120	62-0123940	501(C)3	29,663				AWARD FOR EXCELLENCE

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
CHILDREN'S HOSPITAL COLORADO 13123 EAST 16TH AVENUE BOX 015 AURORA, CO 80045	84-0166760	501(C)3	25,000				RESIDENCY EXPANSION GRANT
H LEE MOFFITT CNCER CENTER AND RESEARCH INSTITUTE INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-2451713	501(C)3	49,436				PHARMACY PRACTICE 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
HARRIS COUNTRY HOSPITAL DISTRICT 2325 HOLLY HALL PO BOX 66769 HOUSTON, TX 77266	74-1536936	STATE AGENCY	25,000				RESIDENCY EXPANSION GRANT
MARY HITCHCOCK MEMORIAL HOSPITAL ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	02-0222140	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
NEBRASKA MEDICAL CENTER THE 987455 NEBRASKA MEDICAL CENTER OMAHA, NE 68198	91-1858433	501(C)3	25,000				RESIDENCY EXPANSION GRANT
STRAUB MEDICAL CENTER 888 SOUTH KING STREET HONOLULU, HI 96813	91-2151670	501(C)3	10,000				AWARD FOR EXCELLENCE

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
THE RESEARCH FOUNDATION FOR SUNY 35 STATE STREET ALBANY, NY 12207	14-1368361	501(C)3	13,200				NEW INVESTIGATOR RESEARCH GRANT
UNIVERSITY OF COLORADO DENVER 1800 GRANT STREET SUITE 600 DENVER, CO 80203	84-6000555	STATE AGENCY	25,497				PHARMACY PRATICE MODEL GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 FLORIDA FOUNDATION INC 1938 WEST UNIVERSITY AVE PO BOX 14425 GAINSVILLE, FL 32604	59-0974739	501(C)3	10,000				AWARD FOR EXCELLENCE
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON, KY 40506	61-6033693	501(C)3	62,336				NEW INVESTIGATOR GRANT, PHARMACY PRACTICE 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 NORTH CAROLINA AT CHAPEL HILL 103 SOUTH BUILDING CAMPUS BOX 9100 CHAPEL HILL, NC 27599	56-6001393	STATE AGENCY	10,000				NEW PRACTITIONER GRANT, RESIDENCY RESEARCH GRANT
UNIVERSITY OF TOLEDO 2801 WEST BRANCROFT STREET TOLEDO, OH 43606	34-6401483	STATE AGENCY	6,800				NEW INVESTIGATOR GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 UTAH 201 S PRESIDENTS CIRCLE ROOM 411 SALT LAKE CITY, UT 84112	87-6000525	501(C)3	6,800				NEW INVESTIGATOR GRANT

Schedule J (Form 990)	Compensation Information	OMB No 1545-0047
		2018
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 ☐ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a 4b 4c	No No No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5a 5b	No No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6a 6b	Yes Yes
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	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	

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.

[illegible]

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 6	PAUL ABRAMOWITZ, PRESIDENT/ASHP CEO, AND STEVEN RUBLOFF SECRETARY/ASHP REF CEO, RECEIVE A BONUS BASED ON THE ACHIEVEMENT OF SPECIFIC FINANCIAL OUTCOMES FOR THEIR RESPECTIVE ORGANIZATIONS

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



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.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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	100,700	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

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

Yes

No

31 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

Yes

No

32b 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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 2	THE ASHP FOUNDATION UPDATED THE STRATEGIC PRIORITIES TO BE 1 INNOVATIVE RESEARCH 2 EXCELLENCE IN PHARMACY PRACTICE & LEADERSHIP DEVELOPMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
PHARMACY RESIDENCY EXPANSION GRANT	IN FY19, THE ASHP FOUNDATION, SUPPORTED BY EDUCATIONAL DONATIONS FROM ABBVIE AND MERCK, AW ARDED \$125,000 DOLLARS IN GRANTS TO PGY-1 AND PGY-2 PHARMACY RESIDENCY PROGRAMS TO INCREAS E THE NUMBER OF AVAILABLE TRAINING POSITIONS. THERE WERE 5 GRANTS AWARDED RECIPIENTS WERE NEBRASKA MEDICAL CENTER, HARRIS HEALTH SYSTEM, CHILDREN'S HOSPITAL COLORADO, DARTMOUTH-H ITCHCOCK MEDICAL CENTER, AND ASCENSION PHARMACY STUDENT CLINICAL SKILLS COMPETITION ASHLE Y BARLOW AND BROOKE BARLOW, JEFFERSON COLLEGE OF PHARMACY COMPETED AGAINST OTHER TEAMS AT THE 2018 ASHP NATIONAL CLINICAL SKILLS COMPETITIONSM, HELD DECEMBER 2018, DURING THE ASHP MIDYEAR CLINICAL MEETING IN ANAHEIM, CA THE FOUNDATION HAS SPONSORED THE PHARMACY STUDENT CLINICAL SKILLS COMPETITION (CSC) AT THE ASHP MIDYEAR CLINICAL MEETING 13 YEARS TEAMS WH O WON PRELIMINARY COMPETITIONS AT THEIR LOCAL PHARMACY SCHOOL PARTICIPATED IN THE COMPETIT ION DURING THE CSC, STUDENTS DEMONSTRATE THEIR SKILLS BY ASSESSING PATIENT INFORMATION AN D CURRENT THERAPY, IDENTIFYING AND PRIORITIZING DRUG THERAPY PROBLEMS, IDENTIFYING TREATME NT GOALS, AND RECOMMENDING A PHARMACIST CARE PLAN PRACTICE ADVANCEMENT INITIATIVE STATE A FFILIATE WORKSHOPS THE FOUNDATION OFFERED GRANTS TO ASHP STATE AFFILIATES TO SUPPORT LEADE RSHIP WORKSHOPS THAT AIM TO ADVANCE PATIENT CARE AND PHARMACY PRACTICE THE ASHP FOUNDATIO N AND ASHP COORDINATED THE PROGRAM THAT PROVIDES AN HONORARIUM AND TRAVEL SUPPORT TO THE P HARMACIST EXPERTS WHO LEAD THE WORKSHOPS THE FOUNDATION ALSO PROVIDED A \$2,000 SEED GRANT TO 5 STATE AFFILIATES DURING FY19 HARVEY A K WHITNEY AWARD LECTURES ONLINE COLLECTION PROGRAM THE HARVEY A K WHITNEY AWARD IS THE MOST PRESTIGIOUS AWARD IN HEALTH-SYSTEM PHARMACY THE WHITNEY AWARD LECTURES ONLINE COLLECTION PROGRAM INCLUDES A WEBSITE FOR DISSEMINA TION OF WHITNEY LECTURES THE WEBSITE PROVIDES ACCESS TO MORE THAN 60 LECTURES THAT CAN BE BROWSED BY TITLE, AUTHOR, PUBLICATION DATE OR KEYWORD THESE LECTURES REPRESENT MORE THAN 50 YEARS OF EXCELLENCE IN PHARMACY PRACTICE, PROVIDING A UNIQUE GLIMPSE INTO OUR COLLECTI VE PAST, A COMMENTARY ON THE PRESENT, AND AN OUTLINE OF THE CHALLENGES AND OPPORTUNITIES T HAT LIE AHEAD OPTIMIZING ANTITHROMBOTIC MANAGEMENT AN ASSESSMENT TOOL FOR HOSPITALS AND HEALTH SYSTEMS OPTIMIZING ANTITHROMBOTIC MANAGEMENT AN ASSESSMENT TOOL FOR HOSPITALS AND HEALTH SYSTEMS IS A WEB-BASED ASSESSMENT TOOL THE PURPOSE OF THE TOOL IS TO ALLOW HEALTH CARE ORGANIZATIONS TO USE IT TO 1) ASSESS READINESS FOR ESTABLISHMENT OF NEW ANTITHROMBOT IC THERAPY PROGRAMS, 2) PLAN FOR OPTIMIZATION OF EXISTING ANTITHROMBOTIC THERAPY PROGRAMS, AND 3) EVALUATE THE OUTCOMES, INCLUDING OVERALL ECONOMIC OUTCOMES, OF THESE SERVICES THI S TOOL WAS FUNDED BY SANOFI AND WAS SUNSET MAY 2019 STERILE PRODUCTS OUTSOURCING TOOL THE TOOL HAS BEEN AVAILABLE ON THE FOUNDATION WEBSITE SINCE 2011 AND WAS LAST UPDATED IN 2015 MINOR MAINTENANCE WAS CONDUCTED UNTIL THE TOOL WAS SUNSET IN MAY 2019 THE INTENT OF THE TOOL WAS TO PROVIDE AN ASSESS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PHARMACY RESIDENCY EXPANSION GRANT	MENT FOR SURVEYING STERILE PRODUCTS OUTSOURCING VENDORS PHARMACY LEADERSHIP INSTITUTE (PLI) THE PHARMACY LEADERSHIP INSTITUTE IS AN EXECUTIVE-LEVEL LEADERSHIP PROGRAM THAT IS HELD AT BOSTON UNIVERSITY QUESTROM SCHOOL OF BUSINESS THE FY19 PROGRAM WAS SPONSORED BY FRESE NIUS KABI AND HELD IN BOSTON IN JULY 2019 WITH 39 PARTICIPANTS VISITING LEADERS PROGRAM (VLP) THE VISITING LEADERS PROGRAM, WITH SUPPORT FROM THE DAVID A ZILZ LEADERS FOR THE FUT URE FUND, HAD ANOTHER SUCCESSFUL YEAR ELEVEN LEADERS WERE INVOLVED IN 24 RESIDENCY VISITS , REACHING MORE THAN 650+ RESIDENTS, IN 19 STATES IN FY19 THE PROGRAM OFFERS AN HONORARIU M AND TRAVEL EXPENSE REIMBURSEMENT TO THE PHARMACIST LEADERS TO CONDUCT THE 2-DAY VISIT TO SELECTED RESIDENCY PROGRAMS PHARMACY LEADERSHIP ACADEMY (PLA) THE PLA, SUPPORTED IN PART BY AN EDUCATIONAL GRANT FROM AMGEN, INC AND APEXIS, IS AN ONLINE EDUCATION PROGRAM DESIG NED TO PROVIDE COMPREHENSIVE LEADERSHIP EDUCATION TO PHARMACISTS THE PLA CLASS IN FY19 CO NSISTED OF 74 PARTICIPANTS, WHO ALSO REMITTED TUITION AND WERE ENROLLED IN THE PROGRAM FRO M JULY 2018 JUNE 2019 THE NUMBER OF GRADUATES IN BRINGS THE TOTAL NUMBER OF PLA GRADUATES TO 765 PHARMACISTS STUDENT LEADERSHIP DEVELOPMENT WORKSHOP THE 3-HOUR LEADERSHIP DEVELOP MENT WORKSHOP FOR PHARMACY STUDENTS IS CONDUCTED ANNUALLY AT THE ASHP SUMMER MEETINGS STA TE AFFILIATES HAVE TAKEN ADVANTAGE OF THE PROGRAM TO ENGAGE STUDENTS AT THEIR ANNUAL MEETI NGS NO WORKSHOPS WERE SCHEDULED IN FY19 LEADERSHIP SPEAKERS BUREAU A PROGRAM DESIGNED TO HAVE PHARMACY LEADERS SPEND ONE DAY WITH STUDENTS IN A LOCAL SCHOOL OF PHARMACY'S STUDENT SOCIETY OF HEALTH-SYSTEM PHARMACISTS (SSHP) TO DISCUSS EMERGING LEADERSHIP TOPICS THE SS HP'S HAVE THE OPPORTUNITY TO SUBMIT RECEIPTS FOR REIMBURSEMENT OF UP TO \$200 TO HELP COVER EXPENSES DURING THE VISIT ONE SSHP SUBMITTED EXPENSES FOR REIMBURSEMENT IN FY19 WILLIAM A ZELLMER LEADERSHIP LECTURE WHERE PRACTICE MEETS POLICY THIS ANNUAL LUNCHEON-LECTURE E VENT, HOSTED BY ASHP IN PARTNERSHIP WITH THE ASHP FOUNDATION, IS DESIGNED TO HONOR THE DIS TINGUISHED 40-YEAR ASHP CAREER OF WILLIAM A ZELLMER AND IS SUPPORTED BY DONORS TO THE ASH P FOUNDATION'S WILLIAM ZELLMER FUND MICHAEL R COHEN, R PH , M S , SC D (HON), DPS (HON), FASHP, PRESENTED THE NINTH ANNUAL WILLIAM A ZELLMER LECTURE ON SEPTEMBER 25, 2018

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 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	THE CONFLICT OF INTEREST POLICY WILL BE REVIEWED ANNUALLY AT THE SPRING OR FALL 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, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACT SERVICES PROGRAM SERVICE EXPENSES 378,992 MANAGEMENT AND GENERAL EXPENSES 71,884 FUNDRAISING EXPENSES 40,203 TOTAL EXPENSES 491,079

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	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	365,757	CASH
(2) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	N	875,309	RECORDED EXPENSES
(3) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	O	238,693	FAIR VALUE
(4) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	P	1,561,393	RECORDED EXPENSES
(5) AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	S	686,084	CASH

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation