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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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 06-01-2019 , and ending 05-31-2020

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

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

Doing business as
ASHP FOUNDATION

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

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

D Employer identification number
23-7033369

E Telephone number
(301) 664-8612

G Gross receipts $ 2,943,234

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.ASHPFOUNDATION.ORG

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

L Year of formation: 1968

M State of legal domicile: MD

Part I Summary

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	9
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,768,602	928,082
	9	Program service revenue (Part VIII, line 2g)	512,137	1,118,585
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	483,729	325,684
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,764,468	2,372,351
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	476,870	432,880
	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)	1,411,898	1,503,470
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶747,211		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	704,553	649,631
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,593,321	2,585,981
	19	Revenue less expenses. Subtract line 18 from line 12	171,147	-213,630
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	10,276,086	9,865,167
	21	Total liabilities (Part X, line 26)	854,211	864,752
	22	Net assets or fund balances. Subtract line 21 from line 20	9,421,875	9,000,415

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

****** 2021-03-19
Signature of officer Date

STEVEN RUBLOFF SECRETARY AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00397829
Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325	
Firm's address ▶ 2021 L STREET NW SUITE 400 WASHINGTON, DC 20036			Phone no. (202) 293-2200	

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

OUR MISSION: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 $ 920,408 including grants of $ 194,985) (Revenue $ 610,795)

See Additional Data

4b (Code:) (Expenses $ 666,743 including grants of $ 237,895) (Revenue $)

See Additional Data

4c (Code:) (Expenses $ including grants of $) (Revenue $ 476,790)

See Additional Data

4d Other program services (Describe in Schedule O.)

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

4e **Total program service expenses ▶** 1,587,151

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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		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	

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,*Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

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

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	61			
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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	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 — **1a** 12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent — **1b** 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders? . . .	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body? . . .	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body? . . .	**8b**		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . .	**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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 SUITE 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.

See instructions for the order in which to list the persons above.

☐ 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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(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	3.00 37.50	X		X				0	917,893	54,033
(4) CHRISTENE JOLOWSKY TREASURER	1.00 4.00	X		X				0	0	0
(5) THOMAS J JOHNSON TREASURER (THRU 8/19); ASHP PRESIDENT-ELECT	1.00 5.00	X		X				0	0	0
(6) STEVEN A RUBLOFF SECY/ASHP REF CEO	40.00 0.00	X		X				337,637	0	45,552
(7) ROGER W ANDERSON DIRECTOR AT LARGE	1.00 0.00	X						0	0	0
(8) MINNIE BAYLOR-HENRY DIRECTOR AT LARGE	1.00 0.00	X						0	0	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) THOMAS J RICE DIRECTOR AT LARGE	1.00 0.00	X						0	0	0
(12) SCOTT M SAMSON DIRECTOR AT LARGE	1.00 0.00	X						0	0	0
(13) KELLY M SMITH DIRECTOR AT LARGE	1.00 5.00	X						0	10,150	0
(14) KATHLEEN S PAWLICKI ASHP PRESIDENT	1.00 5.00	X						0	10,150	0
(15) BARBARA NUSSBAUM VP FOR RESEARCH AND EDUCATION	40.00 0.00					X		180,091	0	52,876
(16) STEPHANIE BROWN DIRECTOR, FOUNDATION OPERATIONS	40.00 0.00					X		117,258	0	22,610

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

	(D)	(E)	(F)
1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	634,986	938,193	175,071

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 ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 . . . . ☐

Contributions, Gifts, Grants and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns . .	1a					
b Membership dues . .	1b					
c Fundraising events . .	1c					
d Related organizations	1d	357,100				
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	570,982				
g Noncash contributions included in lines 1a - 1f:$	1g					
h **Total.** Add lines 1a-1f . . . . ▶			928,082			

Program Service Revenue

	Business Code	(A)	(B)	(C)	(D)
2a PHARMACY LEADERSHIP AC	611430	605,295	605,295		
b CORPORATE PARTNER PROG	611430	476,790	476,790		
c SPONSORSHIPS	900099	31,000			31,000
d PAIN & PALLIATIVE TRAI	611430	5,500	5,500		
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. . . . . ▶		1,118,585			

Other Revenue

		(i)	(ii)	(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) . . . . . . ▶				303,024			303,024
4 Income from investment of tax-exempt bond proceeds ▶							
5 Royalties . . . . ▶							
		(i) Real	(ii) Personal				
6a Gross rents	6a						
b Less: rental expenses	6b						
c Rental income or (loss)	6c						
d Net rental income or (loss) . . . . ▶							
		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	593,543					
b Less: cost or other basis and sales expenses	7b	570,883					
c Gain or (loss)	7c	22,660					
d Net gain or (loss) . . . . ▶				22,660			22,660
8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses . . .	8b						
c Net income or (loss) from fundraising events . . ▶							
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a						
b Less: direct expenses . . .	9b						
c Net income or (loss) from gaming activities . . ▶							
10a Gross sales of inventory, less returns and allowances . .	10a						
b Less: cost of goods sold . .	10b						
c Net income or (loss) from sales of inventory . . ▶							

Miscellaneous Revenue	Business Code	(A)	(B)	(C)	(D)
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . ▶					
12 **Total revenue.** See instructions . . . . . ▶		2,372,351	1,087,585	0	356,684

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	397,535	397,535		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	35,345	35,345		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	388,499	187,039	28,901	172,559
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	850,258	409,803	61,581	378,874
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	105,393	56,955	9,166	39,272
9 Other employee benefits	86,780	39,939	7,600	39,241
10 Payroll taxes	72,540	36,524	4,456	31,560
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)	420,434	314,350	75,953	30,131
12 Advertising and promotion				
13 Office expenses	52,764	45,299	6,859	606
14 Information technology	1,100		1,100	
15 Royalties				
16 Occupancy				
17 Travel	126,878	58,202	17,113	51,563
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	24,496		24,496	
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	11,459	6,160	1,894	3,405
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	2,585,981	1,587,151	251,619	747,211
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash-non-interest-bearing		81,749	1	160,544
	2	Savings and temporary cash investments		189,363	2	21,418
	3	Pledges and grants receivable, net		602,196	3	401,165
	4	Accounts receivable, net			4	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		242,712	9	40,644
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 283,347			
	b	Less: accumulated depreciation	10b 97,081	11,398	10c	186,266
	11	Investments—publicly traded securities		8,971,882	11	8,914,470
	12	Investments—other securities. See Part IV, line 11		161,768	12	125,642
	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)		10,276,086	16	9,865,167
Liabilities	17	Accounts payable and accrued expenses		277,949	17	307,673
	18	Grants payable			18	
	19	Deferred revenue		576,262	19	557,079
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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		854,211	26	864,752
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,471,468	27	1,506,384
	28	Net assets with donor restrictions		7,950,407	28	7,494,031
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		9,421,875	32	9,000,415
	33	Total liabilities and net assets/fund balances		10,276,086	33	9,865,167

Part XI **Reconcilliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,372,351
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,585,981
3	Revenue less expenses. Subtract line 2 from line 1	3	-213,630
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,421,875
5	Net unrealized gains (losses) on investments	5	-207,830
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	9,000,415

Part XII **Financial Statements and Reporting**

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

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

Additional Data

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

Form 990 (2019)

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 DAVID A. ZILZ FUND, IS ADMINISTERED BY THE ASHP PHARMACY STUDENT FORUM IN COLLABORATION WITH THE ASHP FOUNDATION. NINE STUDENTS WHO DEMONSTRATE HIGH ACADEMIC ACHIEVEMENT, EXCEPTIONAL INTEREST IN HEALTH-SYSTEM PHARMACY PRACTICE, AND OUTSTANDING LEADERSHIP SKILLS WERE RECOGNIZED. RECIPIENTS WERE: CLASS OF 2020 - LEAH SELZNICK, VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF PHARMACY, FALLS CHURCH, VA; JESSICA SHELLEY, OHIO NORTHERN UNIVERSITY RAABE COLLEGE OF PHARMACY, ADA, OHCLASS OF 2021 - UZO ABAJUE, TEXAS SOUTHERN UNIVERSITY COLLEGE OF PHARMACY AND HEALTH SCIENCES, HOUSTON, TX; ALFRED AWUAH, UNIVERSITY OF GEORGIA COLLEGE OF PHARMACY, AUGUSTA, GA; AMY GUISINGER, UNIVERSITY OF NORTH CAROLINA ESHELMAN SCHOOL OF PHARMACY-CHAPEL HILL, CHAPEL HILL, NC; MORGAN JONES, UNIVERSITY OF CINCINNATI JAMES L.WINKLE COLLEGE OF PHARMACY, CINCINNATI, OH; AMEE JOSHI, THE OHIO STATE UNIVERSITY COLLEGE OF PHARMACY, COLUMBUS, OH; KAVEH OLOUMI, MIDWESTERN UNIVERSITY COLLEGE OF PHARMACY-GLENDALE, GLENDALE, AZCLASS OF 2021 - ATHENA TRIGLIA,OHIO NORTHERN UNIVERSITY RAABE COLLEGE OF PHARMACY, ADA, OHTHE 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 ASHP PRACTICE ADVANCEMENT INITIATIVE. AWARDEES WILL BE SURVEYED TO COLLECT INFORMATION ON IMPLEMENTATION AND OUTCOMES OF THEIR PLAN.PHARMACY RESIDENCY EXCELLENCE AWARDS PROGRAMTHE 2019 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 2019 PROGRAM AND THE RECIPIENTS WERE:NEW PRECEPTOR: KATIE E. KORTE, PHARM.D., BCPS, BCCCP, TRUMAN MEDICAL CENTERS, KANSAS CITY, MOPRECEPTOR: JOEL C. MARRS, PHARM.D., BCPS, BCACP, BCCP, CLS, ASH-CHC, UNIVERSITY OF COLORADO SKAGGS SCHOOL OF PHARMACY, AURORA, COPROGRAM: UNIVERSITY OF COLORADO SKAGGS SCHOOL OF PHARMACY, PGY2, AMBULATORY CARE, AURORA, COLITERATURE 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 2019 RECIPIENTS WERE: SUSTAINED CONTRIBUTIONSVINCENT H. TAM, PHARM.D., FIDA, BCPS, UNIVERSITY OF HOUSTONPHARMACY PRACTICE RESEARCH "IMPACT OF A PHARMACIST-PHYSICIAN COLLABORATIVE CARE MODEL ON PATIENT OUTCOMES AND HEALTH SERVICES UTILIZATION"AM J HEALTH SYST PHARM. 2018 75GARY R. MATZKE, B.S.PHARM., PHARM.D., LETICIA R. MOCZYGEMBA, PHARM.D., KAREN J. WILLIAMS, PHARM.D., MICHAEL J. CZAR, B.S.PHARM., PH.D., WILLIAM T. LEE, B.S.PHARM., M.P.A.INNOVATION IN PHARMACY PRACTICE"IMPACT OF REQUIRING RE-AUTHORIZATION OF RESTRICTED ANTIBIOTICS ON DAY 3 OF THERAPY"J ANTIMICROB CHEMOTHER. 2018; 73:KHALID ELJAALY, SALWA ELARABI, SAMAH ALSHEHRI, AND DAVID E. NIX DRUG THERAPY RESEARCH "ASSOCIATION OF INHALED CORTICOSTEROIDS AND LONG-ACTING MUSCARINIC ANTAGONISTS WITH ASTHMA CONTROL IN PATIENTS WITH UNCONTROLLED, PERSISTENT ASTHMA A SYSTEMATIC REVIEW AND META-ANALYSIS"JAMA. 2018;319DIANA M. SOBIERAJ, PHARMD; WILLIAM L. BAKER, PHARMD; ELAINE NGUYEN, PHARMD, MPH; ERIN R. WEEDA, PHARMD; CRAIG I. COLEMAN, PHARMD; C. MICHAEL WHITE, PHARMD; STEPHEN C. LAZARUS, MD; KATHRYN V. BLAKE, PHARMD; JASON E. LANG, MD, MPH STUDENT RESEARCH AWARD"PHARMACOTHERAPY-INDUCED HEPATITIS B REACTIVATION AMONG PATIENTS WITH PRIOR FUNCTIONAL CURE: A SYSTEMATIC REVIEW"ANNALS OF PHARMACOTHERAPY. 2019; 53. 2018;7RHIANNON M. BATH, BRANDELYN E. DOERING, MICHAEL D. NAILOR, PHARMD,, KELLIE J. GOODLET, PHARMDEDUCATION PROGRAMSTRAINEESHIPSIN FY20, THE FOUNDATION ADMINISTERED ONE TRAINEESHIP. 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 FY20, 6 PHARMACISTS WERE ACCEPTED INTO THE TRAINEESHIP. DUE TO COVID19 RESTRICTIONS AND CONCERNS, THE DISTANCE EDUCATION WAS POSTPONED AND WILL BE SCHEDULED IN FY21. OTHER EDUCATIONAL PROGRAMSJOSEPH A. ODDIS 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 2019 COLLOQUIUM WAS OFFERED AS A LIVE EDUCATIONAL ACTIVITY PLANNED FOR THE 2019 ASHP SUMMER MEETINGS. PHARMACY RESIDENCY EXPANSION GRANTIN FY20, THE ASHP FOUNDATION, SUPPORTED BY EDUCATIONAL DONATIONS FROM ABBVIE AND MERCK, AWARDED $125,000 DOLLARS IN GRANTS TO PGY-1 AND PGY-2 PHARMACY RESIDENCY PROGRAMS TO INCREASE THE NUMBER OF AVAILABLE TRAINING POSITIONS. THERE WERE 5 GRANTS AWARDED. RECIPIENTS WERE: PARKVIEW HEALTH, BAPTIST HEALTH FLOYD, UNIVERSITY OF ILLINOIS AT CHICAGO COLLEGE OF PHARMACY AT ROCKFORD, GEISINGER MEDICAL CENTER, AND UNIVERSITY OF MARYLAND MEDICAL CENTER PHARMACY STUDENT CLINICAL SKILLS COMPETITIONMARY CASH AND SARA SCOTT, UNIVERSITY OF NORTH CAROLINA ESHELMAN SCHOOL OF PHARMACY COMPETED AGAINST OTHER TEAMS AT THE 2019 ASHP NATIONAL CLINICAL SKILLS COMPETITIONSM, HELD IN DECEMBER 2019, DURING THE ASHP MIDYEAR CLINICAL MEETING IN LAS VEGAS, NV. THE FOUNDATION HAS SPONSORED THE PHARMACY STUDENT CLINICAL SKILLS COMPETITION (CSC) AT THE ASHP MIDYEAR CLINICAL MEETING 14 YEARS. TEAMS WHO WON PRELIMINARY COMPETITIONS AT THEIR LOCAL PHARMACY SCHOOL PARTICIPATED IN THE COMPETITION. DURING THE CSC, STUDENTS DEMONSTRATE THEIR SKILLS BY ASSESSING PATIENT INFORMATION AND CURRENT THERAPY, IDENTIFYING AND PRIORITIZING DRUG THERAPY PROBLEMS, IDENTIFYING TREATMENT GOALS, AND RECOMMENDING A PHARMACIST CARE PLAN.

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:"CLINICAL AND ECONOMIC IMPACT OF INCORPORATING A PHARMACY TECHNICIAN INTO A MEDICATION MONITORING PROGRAM"HLEE LOR, PHARM.D KAISER PERMANENTE COLORADO, DENVER, CO "EVALUATION OF A PHARMACIST-LED OUTPATIENT ANTIBIOTIC STEWARDSHIP PROGRAM AND IMPLEMENTATION OF PRESCRIBING ORDER SETS" CURTIS BLOW, PHARM.D SUNY UPSTATE MEDICAL UNIVERSITY - UPSTATE HEALTH CARE CENTER, SYRACUSE, NY"ASSESSING THE IMPACT OF RURALBASED AMBULATORY PHARMACIST ON DIABETES CARE THROUGH PERCEPTIONS OF ADVANCED MONITORING TECHNOLOGIES" JEREMY SPARKS, PHARM.DUNIVERSITY OF FLORIDA, GAINESVILLE, FL"DEVELOPMENT AND VALIDATION OF A PHARMACIST TRANSITIONS OF CARE TOOL USING MACHINE LEARNING ALGORITHMS TO PREDICT REHOSPITALIZATION IN CHRONIC HEART FAILURE" MELISSA RIESTER, PHARM.D RHODE ISLAND HOSPITAL, PROVIDENCE, RI"DEVELOPMENT OF A NOVEL PHARMACIST-LED OPIOID DEPRESCRIBING PROTOCOL FOR OLDER ADULTS"ALISSA MARGRAF, PHARM.DRHODE ISLAND HOSPITAL/LIFESPAN PHARMACY, PROVIDENCE, RI"PHARMACIST-DRIVEN FLUID STEWARDSHIP IN THE NEUROINTENSIVE CARE"BROOKE BARLOW, PHARM.DUNIVERSITY OF KENTUCKY HEALTHCARE, LEXINGTON KY"EXPANDING SERVICES OF A PHARMACIST-LED RURAL MOBILE HEALTH CLINIC TO SCHOOL-AGED CHILDREN AND WORKING CLASS PARENTS" MEGAN STEPHAN, PHARM.DOHIO NORTHERN UNIVERSITY, ADA, OH"IMPLEMENTATION AND EVALUATION OF AN ABC INVENTORY MODEL IN A CANCER CENTER PHARMACY AT A LARGE ACADEMIC MEDICAL CENTER"ROBERT ROSE UNIVERSITY OF NORTH CAROLINA MEDICAL CENTER, CHAPEL HILL, NCPHARMACY PRACTICE ADVANCEMENT DEMONSTRATION GRANTTWELVE LETTER OF INTENT AND FULL APPLICATIONS WERE REVIEWED BY EXTERNAL REVIEW PANEL IN ORDER TO AWARD THE FY20 GRANTEES. THIS RESEARCH GRANT PROGRAM SUPPORTS DEMONSTRATION PROJECTS RELATED TO PRACTICE ADVANCEMENT, CONSISTENT WITH THE ASHP/ASHP FOUNDATION PRACTICE ADVANCEMENT INITIATIVE. GRANT FUNDS WERE PROVIDED BY THE BAXTER ENDOWMENT AND EACH GRANTEE WAS AWARDED UP TO $75,000. "IMPACT OF AN INTEGRATED PHARMACIST AND PRIMARY CARE COLLABORATIVE TRANSITIONS OF CARE PROGRAM ON CLINICAL AND ECONOMIC OUTCOMES AMONG HIGH RISK PATIENTS" INVESTIGATOR DAVID JACOBS, PHARM.D., PH.D.UNIVERSITY AT BUFFALO SCHOOL OF PHARMACY AND PHARMACEUTICAL SCIENCES, BUFFALO, NY"AN EVALUATION OF THE CLINICAL IMPACT OF PHARMACIST IMPLEMENTATION OF ANTIMICROBIAL STEWARDSHIP PROGRAM IN A PRIMARY CARE SETTING: A PILOT STUDY"INVESTIGATOR: ARINZE NKEMDIRIM OKERE, PHARM.D.FLORIDA A&M UNIVERSITY, TALLAHASSEE, FLNEW 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 DEVELOP 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 4 GRANTS UP TO $5,000 EACH FOR:"EVALUATING THE EFFECTS OF A MINDFULNESS MOBILE APPLICATION ON STUDENT PHARMACISTS' STRESS, MINDFULNESS AND BURNOUT."ANGELA CHU, PHARM.D, BCPS ROSEMAN UNIVERSITY OF HEALTH SCIENCES, HENDERSON, NV"EVALUATION OF BURNOUT AMONG PHARMACY RESIDENTS IN THE UNITED STATES."DEREK GYORI, PHARM. D., BCOP UNIVERSITY OF TOLEDO COLLEGE OF PHARMACY AND PHARMACEUTICAL SCIENCES,TOLEDO, OH"THE EFFECT OF SELF-LEADERSHIP ON BURNOUT AMONG PGY-1 PHARMACY PRACTICE RESIDENTS"CHIEMENA OHANELE, PHARM.D, RPH HOWARD UNIVERSITY COLLEGE OF PHARMACY, WASHINGTON, DC"THE EFFECT OF SELF-LEADERSHIP ON BURNOUT AMONG PGY-1 PHARMACY PRACTICE RESIDENTS"STACY PASCIOLLA, PHARM.D UNIVERSITY OF THE SCIENCES, PHILADELPHIA, PARESEARCH ADVISORY COUNCIL IN FY20, THE ASHP FOUNDATION ESTABLISHED A RESEARCH ADVISORY COUNCIL TO GUIDE THE FOCUS AND EXPANSION OF OUR RESEARCH PROGRAM. THE COUNCIL MET AT ASHP HEADQUARTERS IN JANUARY 2020 AND DEVELOPED A RESEARCH AGENDA FRAMEWORK OF CORE PRINCIPLES AND PRIORITY RESEARCH AREAS THAT ALIGN WITH THE FOUNDATION'S MISSION AND ASHP'S MAJOR PRIORITIES AND ARE AT THE FOREFRONT OF THE NATIONAL HEALTHCARE AGENDA. TOOLS AND RESOURCESHARVEY A. K. WHITNEY AWARD LECTURES ONLINE COLLECTION PROGRAMTHE 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 DISSEMINATION 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 COLLECTIVE PAST, A COMMENTARY ON THE PRESENT, AND AN OUTLINE OF THE CHALLENGES AND OPPORTUNITIES THAT LIE AHEAD. LEADERSHIP PROGRAMSPHARMACY FORECAST REPORT 2020THE 2020 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, 2020 ISSUE. THE DISTRIBUTION OF THE FORECAST REPORT IN AJHP ENSURED THAT IT WAS MADE AVAILABLE TO ALL 55,000 ASHP MEMBERS. IT WAS PUBLISHED ELECTRONICALLY IN DECEMBER 2019 AND PRESENTED AT AN EDUCATIONAL SESSION DURING THE 2019 ASHP MIDYEAR CLINICAL MEETING. THE REPORT GENERATED AUTHORITATIVE, ACTIONABLE STRATEGIC RECOMMENDATIONS TO ENHANCE THE EFFECTIVENESS OF LEADERS IN HOSPITAL AND HEALTH-SYSTEM PHARMACY. IT ALSO INCLUDED A CHAPTER ON "BLACK SWAN" EVENTS AND ITS IMPACT ON PHARMACY. VISITING LEADERS PROGRAM (VLP)THE VISITING LEADERS PROGRAM, WITH SUPPORT FROM THE DAVID A. ZILZ LEADERS FOR THE FUTURE FUND, HAD ANOTHER SUCCESSFUL YEAR. ELEVEN LEADERS WERE INVOLVED IN 14 RESIDENCY VISITS, REACHING MORE HUNDREDS OF RESIDENTS IN 14 STATES IN FY20. THE PROGRAM OFFERS AN HONORARIUM AND TRAVEL EXPENSE REIMBURSEMENT TO THE PHARMACIST LEADERS TO CONDUCT THE 2-DAY VISIT TO SELECTED RESIDENCY PROGRAMS. AN ADDITIONAL 7 VISITS WERE POSTPONED BECAUSE OF COVID19 AND WILL BE RESCHEDULED IN FY21.PHARMACY LEADERSHIP ACADEMY (PLA) THE PLA, SUPPORTED IN PART BY AN EDUCATIONAL GRANT FROM AMGEN, INC. AND APEXIS, IS AN ONLINE EDUCATION PROGRAM DESIGNED TO PROVIDE COMPREHENSIVE LEADERSHIP EDUCATION TO PHARMACISTS. THE PLA CLASS IN FY20 CONSISTED OF 100 PARTICIPANTS, WHO ALSO REMITTED TUITION AND WERE ENROLLED IN THE PROGRAM FROM JULY 2019 JUNE 2020. THE NUMBER OF GRADUATES IN BRINGS THE TOTAL NUMBER OF PLA GRADUATES TO 866 PHARMACISTS.STUDENT LEADERSHIP DEVELOPMENT WORKSHOP THE 3-HOUR LEADERSHIP DEVELOPMENT WORKSHOP FOR PHARMACY STUDENTS IS CONDUCTED ANNUALLY AT THE ASHP SUMMER MEETINGS. STATE AFFILIATES HAVE TAKEN ADVANTAGE OF THE PROGRAM TO ENGAGE STUDENTS AT THEIR ANNUAL MEETINGS. NO WORKSHOPS WERE SCHEDULED IN FY20 BECAUSE OF COVID19. LEADERSHIP SPEAKERS BUREAUA 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 SSHP'S HAVE THE OPPORTUNITY TO SUBMIT RECEIPTS FOR REIMBURSEMENT OF UP TO $200 TO HELP COVER EXPENSES DURING THE VISIT. NO SSHP SUBMITTED EXPENSES FOR REIMBURSEMENT IN FY20. THE WILLIAM A. ZELLMER LECTURE A DISTINGUISHED SPEAKER IS INVITED TO ADDRESS THE PRACTICE LEADERS OF ASHP DURING ASHP POLICY WEEK ON AN ANNUAL BASIS. THROUGH THE LECTURE FUND, HEALTH-SYSTEM PHARMACY LEADERS FROM AROUND THE COUNTRY WILL CONTINUE TO BE INSPIRED AND CONFRONTED BY LEADING THINKERS REGARDING CONCERNS FACING PHARMACY AND HEALTHCARE. ERIN R. FOX, SENIOR DIRECTOR OF DRUG INFORMATION AND SUPPORT SERVICES AT UNIVERSITY OF UTAH HEALTH, HAS ADVICE FOR PHARMACY COLLEAGUES ABOUT HOW TO SHAPE POLICY AND DRIVE NATIONAL CONVERSATIONS ON ISSUES THAT ARE IMPORTANT TO THE PROFESSION. "THINK BIG. YOU CAN MAKE A DIFFERENCE," SHE SAID SEPT. 10 WHILE PRESENTING THE 2019 WILLIAM A. ZELLMER LECTURE IN BETHESDA, MARYLAND.

Form 990, Part III, Line 4c:

THE ASHP FOUNDATION CORPORATE PARTNERS PROGRAM IS A STRATEGIC PARTNERSHIP BETWEEN THE ASHP FOUNDATION, ASHP, AND CORPORATIONS WHICH PROMOTES MEDICATION SAFETY AND IMPROVEMENTS IN PATIENT CARE. THE PROGRAM OFFERS A ROBUST MENU OF SPONSORSHIP LEVELS AND BENEFITS FOR COMPANIES, FOCUSED ON COLLABORATION, RECOGNITION, AND INFORMATIONAL OPPORTUNITIES. THERE ARE FOUR SPONSORSHIP LEVELS AND A-LA-CARTE OPPORTUNITIES TO BETTER MEET BUSINESS OBJECTIVES. CORPORATE PARTNERS PROGRAM SPONSORSHIP IS ON AN ANNUAL BASIS. WITH THE GENEROUS SUPPORT OF CORPORATE PARTNERS, THE ASHP FOUNDATION INVESTS IN RESEARCH, AWARDS, EDUCATION, AND LEADERSHIP DEVELOPMENT THAT ADVANCES THE PHARMACY PROFESSION AND ENSURES THE SAFE, EFFECTIVE, AND OPTIMAL USE OF MEDICATIONS.

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
23-7033369

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . .

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

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

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	2,055,036	1,799,986	2,088,349	1,768,602	928,082	8,640,055
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	2,055,036	1,799,986	2,088,349	1,768,602	928,082	8,640,055
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) . .						3,945,100
6	**Public support.** Subtract line 5 from line 4.						4,694,955

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. .	2,055,036	1,799,986	2,088,349	1,768,602	928,082	8,640,055
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	294,198	270,016	315,175	406,338	303,024	1,588,751
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						10,228,806

12 Gross receipts from related activities, etc. (see instructions) **12** 3,442,131

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 2019 (line 6, column (f) divided by line 11, column (f)) . . . . **14** 45.900 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . **15** 47.510 %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

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

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

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

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

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

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 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-2019**	**(iii)** **Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 instructions and the latest information.

OMB No. 1545-0047

2019

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:

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

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

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

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

	(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a Beginning of year balance	6,808,429	6,838,821	6,732,965	6,264,149	6,403,208
b Contributions	1,300	1,480	6,019	291,302	1,700
c Net investment earnings, gains, and losses	106,680	93,478	423,554	654,392	-65,917
d Grants or scholarships					
e Other expenditures for facilities and programs	185,232	125,350	323,717	476,878	74,842
f Administrative expenses					
g End of year balance	6,731,177	6,808,429	6,838,821	6,732,965	6,264,149

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

a Board designated or quasi-endowment ▶ 7.430 %

b Permanent endowment ▶ 75.660 %

c Temporarily restricted endowment ▶ 16.910 %

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

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

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

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

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

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		83,984	77,145	6,839
e Other		199,363	19,936	179,427
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				186,266

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)	
(10)	
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	2,411,124
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-207,830		
b	Donated services and use of facilities	2b	246,603		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	38,773
3	Subtract line **2e** from line **1**			3	2,372,351
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	2,372,351

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	2,832,584
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	246,603		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	246,603
3	Subtract line **2e** from line **1**			3	2,585,981
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	2,585,981

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 ENDO WMENT CAMPAIGN, THE PURPOSE OF WHICH IS TO RAISE FUNDS FOR PROGRAMS THAT IMPROVE PHARMACY PRACTICE AND THE SAFE AND EFFECTIVE USE OF MEDICATIONS.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
23-7033369

Part I General Information on Grants and Assistance

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 13

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	8	17,345			
(2) STUDENT LEADERSHIP AWARDS	9	18,000			
(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				2019 SPONSORSHIP
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISITS 4500 EAST-WEST HIGHWAY BETHESDA, MD 20814	52-0807628	501(C)6	34,640				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
EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE 2265 KRAFT DRIVE BLACKSBURG, VA 24060	54-2052107	501(C)3	6,800				NEW INVESTIGATOR RESEARCH GRANT
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON, KY 40506	61-6033693	501(C)3	6,611				NEW INVESTIGATOR RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PURDUE UNIVERSITY 1281 WIN HENTSCHEL BLVD WEST LAFAYETTE, IN 47906	35-6002041	501(C)3	25,388				2016 PHARMACY PRACTICE MODEL GRANT
DENT NEUROSCIENCES RESEARCH CENTER INC 3980 SHERIDAN DRIVE SUITE 500 AMHERST, NY 14226	16-1583617	501(C)3	23,382				2019 PRACTICE ADVANCEMENT DEMO GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TENNESSEE 201 ANDY HOLT TOWER KNOXVILLE, TN 37996	62-6001636	501(C)3	24,750				2019 PRACTICE ADVANCEMENT DEMO GRANT
RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)3	24,750				2019 PRACTICE ADVANCEMENT DEMO GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FLORIDA A&M UNIVERSITY 1700 LEE HALL DRIVE TALLAHASSEE, FL 32307	59-0977035	STATE AGENCY	24,750				2019 PRACTICE ADVANCEMENT DEMO GRANT
GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	24-0795959	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
BOARD OF TRUSTEES OF THE UNIV OF ILLINOIS 506 S WRIGHT STREET URBANA, IL 61801	37-6000511	STATE AGENCY	25,000				RESIDENCY EXPANSION GRANT
PARKVIEW HOSPITAL INC 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845	35-0868085	501(C)3	25,000				RESIDENCY EXPANSION GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION 22 SOUTH GREENE STREET BALTIMORE, MD 21201	52-1362793	501(C)3	25,000				RESIDENCY EXPANSION GRANT
BAPTIST HEALTHCARE SYSTEM INC 2701 EASTPOINT PARKWAY LOUISVILLE, KY 40223	61-0444707	501(C)3	25,000				RESIDENCY EXPANSION GRANT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
23-7033369

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on 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 on Line 1a? . .	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? . . . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization? . . . . If "Yes," on line 5a or 5b, describe in Part III.	**5b**		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?	**6a**	Yes	
b	Any related organization? . . . . If "Yes," on line 6a or 6b, describe in Part III.	**6b**	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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PAUL W ABRAMOWITZ PRESIDENT/ASHP CEO	(i)	0	0	0	0	0	0	0
	(ii)	771,153	115,500	31,240	27,700	31,162	976,755	0
2 STEVEN A RUBLOFF SECY/ASHP REF CEO	(i)	311,395	25,000	1,242	11,200	39,662	388,499	0
	(ii)	0	0	0	0	0	0	0
3 BARBARA NUSSBAUM VP FOR RESEARCH AND EDUCATION	(i)	171,234	7,875	982	18,524	40,181	238,796	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	THE AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS, A RELATED ORGANIZATION, USES THE FOLLOWING TO ESTABLISH COMPENSATION OF ITS CEO: COMPENSATION COMMITTEE, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY, FORM 990 OF OTHER ORGANIZATIONS, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
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 AND NON-FINANCIAL OUTCOMES FOR THEIR RESPECTIVE ORGANIZATIONS.
PART I, LINE 7	ALL ASHP-REF EMPLOYEES ARE ELIGIBLE FOR AN ANNUAL PERFORMANCE INCENTIVE PROGRAM IN ACCORDANCE WITH POLICY, AT THE DISCRETION OF THE BOARD OF DIRECTORS, BASED ON MUTUALLY AGREED UPON PREDETERMINED OBJECTIVES.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

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 VI, SECTION A, LINE 7A	THREE MANDATORY MEMBERS OF THE FOUNDATION'S BOARD OF DIRECTORS ARE: THE IMMEDIATE PAST PRE SIDENT, CEO, AND TREASURER OF THE AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS, A RELATED 501(C)(6) MEMBERSHIP ORGANIZATION. THE AFOREMENTIONED TREASURER AND CEO SHALL SERVE, RESP ECTIVELY, AS THE TREASURER AND PRESIDENT OF THE FOUNDATION, AND THE IMMEDIATE PAST PRESIDE NT SHALL SERVE AS A DIRECTOR OF THE FOUNDATION. THE BOARD OF DIRECTORS OF THE AMERICAN SOC IETY OF HEALTH-SYSTEM PHARMACISTS MAY ALSO APPOINT ONE OR MORE MEMBERS OF THE PUBLIC TO SE RVE 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 B EFORE IT IS FILED. EACH MEMBER HAS THE OPPORTUNITY TO REVIEW THE FORM 990.

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 FO R EVALUATING CEO PERFORMANCE ANNUALLY AND NEGOTIATING A CONTRACT THAT CUSTOMARILY SPANS A 3-YEAR PERIOD. THE TREASURER CHAIRS THE SUBCOMMITTEE DURING THE CONTRACT RENEGOTIATION YEA R AND THE BOARD CHAIR LEADS THE SUBCOMMITTEE DURING NON-CONTRACT YEAR ANNUAL REVIEWS. ALL SUBCOMMITTEE ACTIONS ARE REVIEWED BY THE FULL BOARD PRIOR TO TAKING ANY ACTIONS. ONE FULL YEAR PRIOR TO THE COMPLETION OF A CONTRACT CYCLE, THE SUBCOMMITTEE MAKES A REFLECTIVE REVI EW OF PERFORMANCE DURING THE CONTRACT PERIOD. ADDITIONALLY, A CEO SELF-ASSESSMENT IS COMPL ETED AND REVIEWED BY THE SUBCOMMITTEE. THE REFLECTIVE PERFORMANCE REVIEW AND SELF-ASSESSME NT IS CONSIDERED BY THE BOARD AND A DECISION IS MADE AS TO WHETHER THE BOARD DESIRES TO RE NEGOTIATE A NEW CONTRACT WITH THE EXISTING CEO OR SEEK A REPLACEMENT. IF A REPLACEMENT IS DESIRED, THEN A SEARCH COMMITTEE IS APPOINTED. IF CONTRACT RENEGOTIATION WITH THE CURRENT CEO IS DESIRED, THE CEO EVALUATION COMMITTEE LEADS CONTRACT RENEGOTIATIONS UNDER THE LEADE RSHIP OF THE TREASURER. A CONTRACT FOR THE BOARD'S CONSIDERATION IS ESTABLISHED IN WRITING WITH ALL PROVISIONS OUTLINED, INCLUDING COMPENSATION AND BENEFITS. TO DETERMINE PROPOSED COMPENSATION THE SUBCOMMITTEE REVIEWS 1) NATIONAL SURVEY DATA FOR THE CEO POSITION; 2) THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVE (ASAE) COMPENSATION DATA FOR EXECUTIVES IS REVI EWED FOCUSING ON SIMILAR/COMPETITIVE HEALTHCARE ORGANIZATIONS IN THE MID-ATLANTIC REGION; AND 3) GUIDESTAR'S DATABASE IS REFERENCED TO IDENTIFY CEO COMPENSATION IN COMPETITIVE ORGA NIZATION'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, TH E SUBCOMMITTEE COMPLETES A DRAFT ANNUAL PERFORMANCE REVIEW FOR THE BOARD'S CONSIDERATION P RIOR TO CONDUCTING THE ANNUAL PERFORMANCE REVIEW ALONG WITH A SET OF CEO PERFORMANCE OBJEC TIVES FOR THE UPCOMING YEAR AND A CEO SELF-ASSESSMENT SUMMARY. IN ALL CASES CEO PERFORMANC E IS MEASURED AGAINST BOARD-APPROVED ANNUAL PERFORMANCE OBJECTIVES. OTHER OFFICERS OR KEY EMPLOYEES: THE CEO DETERMINES COMPENSATION FOR KEY EMPLOYEES RELYING HEAVILY UPON THE GUID ANCE OF THE HUMAN RESOURCES DEPARTMENT OF ASHP. ASAE SURVEY DATA IS REVIEWED WHEN COMPARAB LE POSITIONS EXIST FOR THE KEY EMPLOYEE POSITION (E.G. DIRECTOR OF COMMUNICATIONS). THE HU MAN RESOURCES DEPARTMENT UTILIZES ADDITIONAL SALARY SURVEY DATABASES TO COMPARE SALARIES. FOR POSITIONS WHERE A PHARMACIST IS A JOB REQUIREMENT, PHARMACIST POSITIONS IN HOSPITALS A ND HEALTH-SYSTEMS THAT WOULD BE LIKELY CANDIDATE POOLS ARE QUERIED IN THE SALARY SURVEY DA TABASES. ADDITIONALLY, THE HR DEPARTMENT CAN PROVIDE COMPARATIVE DATA FOR PHARMACIST POSIT IONS 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 314,350. MANAGEMENT AND GENERAL EXPENSES 75,953. FUNDRAISING EXPENSES 30,131. TOTAL EXPENSES 420,434.

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

2019

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	C	357,100	CASH
(2)AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	N	509,291	RECORDED EXPENSES
(3)AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	O	180,698	FAIR VALUE
(4)AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	P	1,704,011	RECORDED EXPENSES
(5)AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS	S	1,194,721	CASH

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation