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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

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

Doing business as

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

4500 EAST-WEST HIGHWAY

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

BETHESDA, MD 20814

F Name and address of principal officer:  
PAUL W ABRAMOWITZ  
4500 EAST-WEST HIGHWAY  
BETHESDA, MD 20814

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

H(b) Are all subordinates included?  
☐ Yes ☐ No

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

H(c) Group exemption number ▶

D Employer identification number

52-0807628

E Telephone number

(301) 657-3000

G Gross receipts \$ 73,776,575

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) ( 6 ) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ASHP.ORG

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

L Year of formation: 1984

M State of legal domicile: MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities:  
SEE SCHEDULE O

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)

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

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

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

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

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

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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.

\*\*\*\*\*

Signature of officer

PAUL W ABRAMOWITZ CEO

Type or print name and title

2020-04-15

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-04-07

Check ☐ if self-employed

PTIN P00290720

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

**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:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
ACCREDITATION SERVICES - ASHP ACCREDITS PROGRAMS FOR PHARMACY RESIDENCY AND PHARMACY TECHNICIAN. FURTHER, THIS SERVICE IS COMMITTED TO ASSISTING EXISTING RESIDENCIES REFINE THEIR PROGRAMS, HELPING PROSPECTIVE PROGRAMS WITH THE PROCESS OF SEEKING ACCREDITATION, AND ASSISTING PROSPECTIVE PHARMACY RESIDENTS TO GET THE INFORMATION NEEDED TO FIND THE BEST RESIDENCY PROGRAM FOR THEM. ACCREDITATION INVOLVES THE ACT OF GRANTING APPROVAL TO A POSTGRADUATE PHARMACY RESIDENCY PROGRAM AFTER THE PROGRAM HAS MET SET REQUIREMENTS AND HAS BEEN REVIEWED AND EVALUATED THROUGH A FORMAL PROCESS. POSTGRADUATE RESIDENCY PROGRAMS ARE CONSIDERED THE BEST SOURCE OF HIGHLY QUALIFIED PHARMACY MANPOWER.**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )**4e** Total program service expenses ▶

Part IV Checklist of Required Schedules		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b>	No
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b>	No
<b>3</b>	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 . . . . .	<b>3</b>	No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b>	
<b>5</b>	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 . . . . .	<b>5</b>	Yes
<b>6</b>	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 . . . . .	<b>6</b>	No
<b>7</b>	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 . . . . .	<b>7</b>	No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	No
<b>9</b>	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 . . . . .	<b>9</b>	No
<b>10</b>	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 . . . . .	<b>10</b>	No
<b>11</b>	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.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b>	Yes
<b>b</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 . . . . .	<b>11b</b>	No
<b>c</b>	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 . . . . .	<b>11c</b>	No
<b>d</b>	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 . . . . .	<b>11d</b>	No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b>	Yes
<b>f</b>	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 . . . . .	<b>11f</b>	No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	No
<b>b</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 . . . . .	<b>12b</b>	Yes
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</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 . . . . .	<b>14b</b>	Yes
<b>15</b>	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 . . . . .	<b>15</b>	No
<b>16</b>	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 . . . . .	<b>16</b>	No
<b>17</b>	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) . . . . .	<b>17</b>	No
<b>18</b>	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 . . . . .	<b>18</b>	No
<b>19</b>	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 . . . . .	<b>19</b>	No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b>	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 . . . . .	<b>21</b>	Yes
<b>22</b>	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 . . . . .	<b>22</b>	Yes

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

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b> Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b> 669	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	

Form **990** (2018)

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 9		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-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 BETHESDA, MD 20814 (301) 664-8696

## 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 ☐

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

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								5,035,201	0	623,720

**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 **▶ 108**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
PRESENTATION SERVICES AUDIO VISUAL 23918 NETWORK PLACE CHICAGO, IL 60673	EVENT SERVICES	784,423
THE SHERIDAN PRESS PO BOX 419813 BOSTON, MA 022419813	PRINTING & MAILING	516,231
J SPARGO & ASSOCIATES INC 11208 WAPLES MILL RD SUITE 112 FAIRFAX, VA 220306077	EXHIBIT AND SPONSORSHIP SALES	456,970
YORK GRAPHICS SERVICES CO 3650 WEST MARKET STREET YORK, PA 17404	PRINTING, DESIGN, MAILING	439,960
TRANSPORTATION MANAGEMENT SERVICES 17810 MEETING HOUSE ROAD SANDY SPRING, MO 20860	CONVENTION BUSING	370,008

**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 **▶ 35**



Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII						
		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f:\$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2a CONTINUING EDUCATION & MEETINGS		Business Code			
			900099	36,284,800	36,284,800	
	b PUBLICATIONS		541800	8,584,900	7,022,413	1,562,487
	c MEMBERSHIP DUES		900099	6,771,527	6,771,527	
	d SPONSORSHIPS		900099	896,216		896,216
	e OTHER PROGRAMS		900099	616,106	616,106	
	f All other program service revenue.					
	9 Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties			270,442		270,442
	6a Gross rents		(i) Real	(ii) Personal		
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
			19,684,410			
	b Less: cost or other basis and sales expenses		17,188,772	7,480		
	c Gain or (loss)		2,495,638	-7,480		
	d Net gain or (loss)			2,488,158		2,488,158
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a			
	b Less: direct expenses		b			
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19		a			
	b Less: direct expenses		b			
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a OTHER INVESTMENT INCOME		900099	657,400	657,400		
b MISCELLANEOUS		900099	10,774		10,774	
c						
d All other revenue						
e Total. Add lines 11a-11d			668,174			
12 Total revenue. See Instructions.			56,580,323	51,352,246	1,562,487	
					3,665,590	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	449,231			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	8,998			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	4,523,248			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	22,954,151			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	2,824,815			
<b>9</b> Other employee benefits . . . . .	2,108,472			
<b>10</b> Payroll taxes . . . . .	1,764,644			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	205,148			
<b>c</b> Accounting . . . . .	63,675			
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	861,926			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	240,109			
<b>12</b> Advertising and promotion . . . . .	682,891			
<b>13</b> Office expenses . . . . .	1,327,859			
<b>14</b> Information technology . . . . .	1,277,289			
<b>15</b> Royalties . . . . .	143,687			
<b>16</b> Occupancy . . . . .	3,191,085			
<b>17</b> Travel . . . . .	2,142,108			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	7,372,569			
<b>20</b> Interest . . . . .	12,610			
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,973,192			
<b>23</b> Insurance . . . . .	256,489			
<b>24</b> 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.)				
<b>a</b> UBI	102,917			
<b>b</b> CONTRACT SERVICES	3,406,535			
<b>c</b> PUBLICATIONS & PRODUCTI	1,188,630			
<b>d</b> STAFF TRAINING, DEVELOP	351,510			
<b>e</b> All other expenses	510,132			
<b>25</b> Total functional expenses. Add lines 1 through 24e	59,943,920			
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance 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	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		60,106	<b>1</b>	5,179,778	
	<b>2</b>	Savings and temporary cash investments . . . . .			<b>2</b>		
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		3,226,640	<b>4</b>	4,204,661	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .		78,327	<b>8</b>	57,198	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		2,938,747	<b>9</b>	2,131,405	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	13,653,217			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	5,563,637	9,606,035	<b>10c</b>	8,089,580
	<b>11</b>	Investments—publicly traded securities . . . . .		145,625,380	<b>11</b>	141,305,114	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		266,838	<b>12</b>	0	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .			<b>15</b>		
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		161,802,073	<b>16</b>	160,967,736		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		14,416,719	<b>17</b>	12,754,586	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		16,655,276	<b>19</b>	19,249,308	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	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		204,351	<b>25</b>	223,699	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		31,276,346	<b>26</b>	32,227,593	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets		130,525,727	<b>27</b>	128,740,143	
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>		
	<b>29</b>	Permanently restricted net assets			<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		130,525,727	<b>33</b>	128,740,143		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		161,802,073	<b>34</b>	160,967,736		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	56,580,323
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	59,943,920
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-3,363,597
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	130,525,727
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	754,457
<b>6</b>	Donated services and use of facilities	<b>6</b>	-238,693
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,062,249
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	128,740,143

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

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

# Additional Data

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

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

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

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**Form 990, Part III, Line 4b:**

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

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**Form 990, Part III, Line 4c:**

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

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KELLY M SMITH ..... PRESIDENT	5.00 ..... 1.00	X		X				10,150	0	0
KATHLEEN S PAWLICKI ..... PRESIDENT-ELECT	5.00 ..... 1.00	X		X				0	0	0
THOMAS J JOHNSON ..... TREASURER	4.00 ..... 1.00	X		X				0	0	0
PAUL W ABRAMOWITZ ..... SECRETARY & CEO	37.50 ..... 9.00	X		X				869,957	0	53,974
PAUL W BUSH ..... IMMEDIATE PAST PRESIDENT	5.00 ..... 1.00	X		X				10,650	0	0
STEPHEN F ECKEL ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
JULIE A GROPPi ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
TODD A KARPINSKI ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
JENNIFER M SCHULTZ ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
LINDA S TYLER ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL C WALKER ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
CASEY H WHITE ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
TIMOTHY R BROWN ..... BOARD MEMBER (TIL 8/18)	1.00 ..... 0.00	X						0	0	0
LEA S EILAND ..... BOARD MEMBER (TIL 8/18)	1.00 ..... 0.00	X						0	0	0
AMBER J LUCAS ..... BOARD MEMBER (TIL 8/18)	1.00 ..... 0.00	X						0	0	0
LISA M GERSEMA ..... IMMED. PAST PRESIDENT (TIL 8/18)	5.00 ..... 1.00	X		X				10,150	0	0
KASEY THOMPSON ..... CHIEF OPERATING OFFICER AND SENIOR VICE PRESIDENT	37.50 ..... 9.00			X				361,054	0	27,200
JOHN HEBERLEIN ..... CHIEF FINANCIAL OFFICER AND SENIOR VICE PRESIDENT,	37.50 ..... 9.00			X				319,972	0	45,928
PAULA TIEDEMANN ..... GENERAL COUNSEL, SENIOR VICE PRESIDENT AND CHIEF C	37.50 ..... 9.00				X			335,121	0	53,974
JULIE WEBB ..... SENIOR VICE PRESIDENT, OFFICE OF PROFESSIONAL DEVE	37.50 ..... 0.00				X			332,452	0	53,974

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS SCHECKELHOFF	37.50									
SENIOR VICE PRESIDENT, OFFICE OF PRACTICE ADVANCEMENT	0.00				X			313,354	0	62,128
JANET SILVESTER	37.50									
VICE PRESIDENT, OFFICE OF ACCREDITATION SERVICES	0.00				X			311,227	0	53,974
DANIEL COBAUGH	37.50									
VICE PRESIDENT, ASHP PUBLISHING OFFICE	0.00				X			285,993	0	25,605
ROBERT ROSECRANS	37.50									
CHIEF INFORMATION OFFICER AND VICE PRESIDENT, OFFI	0.00				X			281,732	0	31,998
LOIS WITKOP	37.50									
CHIEF MARKETING OFFICER AND VICE PRESIDNET, OFFICE	0.00				X			279,422	0	6,521
HANNAH VANDERPOOL	37.50									
VICE PRESIDENT, OFFICE OF MEMBER RELATIONS	0.00				X			264,571	0	58,828
GERALD MCEVOY	37.50					X		243,572	0	33,787
ASSISTANT VICE PRESIDENT AND EDITOR IN CHIEF, AHFS	0.00					X				
ELIZABETH HARTNETT	37.50					X		225,156	0	47,461
DIRECTOR, STRATEGIC FINANCIAL PROJECTS	0.00					X				
TIFFANY FORTE	37.50					X		197,013	0	18,882
ASSISTANT GENERAL COUNSEL	0.00					X				
LYNNAE MAHANEY	37.50					X		192,315	0	7,777
DIRECTOR, PHARMACY ACCREDITATION	0.00					X				

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TRACY YAKLYVICH ..... CONTROLLER/DIRECTOR, OFFICE OF FINANCE	37.50 ..... 0.00					X		191,340	0	41,709

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....

**b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....

**c** Total lobbying expenditures (add lines 1a and 1b) .....

**d** Other exempt purpose expenditures .....

**e** Total exempt purpose expenditures (add lines 1c and 1d) .....

**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

**g** Grassroots nontaxable amount (enter 25% of line 1f) .....

**h** Subtract line 1g from line 1a. If zero or less, enter -0- .....

**i** Subtract line 1f from line 1c. If zero or less, enter -0- .....

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	No
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	No
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	Yes

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

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	6,771,527
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	1,041,884
<b>b</b> Carryover from last year .....	<b>2b</b>	2,920
<b>c</b> Total .....	<b>2c</b>	1,044,804
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	1,151,160
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	-106,356
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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

Employer identification number  
52-0807628

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ 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 . . . . . ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2018

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
1c	
1d	
1e	
1f	

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

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

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ .....

c

Temporarily restricted endowment ▶ .....

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

b

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	7,489,698	1,668,080	5,821,618
d	Equipment . . . . .	3,306,698	1,749,861	1,556,837
e	Other . . . . .	2,856,821	2,145,696	711,125
Total.	Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			8,089,580



Part VII

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

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

Part VIII

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

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

Part IX

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

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

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION	223,699
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	223,699

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	57,541,960
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	754,457
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	1,062,249
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,816,706
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	55,725,254
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	861,926
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-6,857
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	855,069
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	56,580,323

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	59,327,544
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	238,693
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	238,693
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	59,088,851
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	861,926
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-6,857
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	855,069
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	59,943,920

**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:** 52-0807628  
**Name:** AMERICAN SOCIETY OF HEALTH-SYSTEM  
PHARMACISTS INC

**Supplemental Information**

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	NON-OPERATING PENSION ADJUSTMENT - EFFECT OF FASB 158 1,093,952. EARNINGS IN SUBSIDIARY -31,703.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	NON OPERATING EXPENSE RECOVERY NETTED AGAINST OTHER INCOME FOR BOOK 623. LOSS ON DISPOSAL OF FIXED ASSET -7,480.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	NON OPERATING EXPENSE RECOVERY NETTED AGAINST OTHER INCOME FOR BOOK 623. LOSS ON DISPOSAL OF FIXED ASSET -7,480.

<b>SCHEDULE F</b> <b>(Form 990)</b>  Department of the Treasury Internal Revenue Service	<b>Statement of Activities Outside the United States</b>  ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.  ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.		OMB No. 1545-0047  <div>2018</div> <div>Open to Public Inspection</div>
	Name of the organization AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS INC		<b>Employer identification number</b>  52-0807628
	<b>Part I General Information on Activities Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.		

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total . . . . .	0	11			39,603
<b>b</b> Total from continuation sheets to Part I . . . . .					0
<b>c Totals</b> (add lines 3a and 3b)	0	11			39,603

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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



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

[illegible]

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . ☒ Yes ☐ No

**Part V** **Supplemental Information**

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

ReturnReference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 52-0807628

**Name:** AMERICAN SOCIETY OF HEALTH-SYSTEM  
PHARMACISTS INC

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	3	PROGRAM SERVICES	77TH FIP WORLD CONGRESS	19,515
MIDDLE EAST AND NORTH AFRICA	0	2	PROGRAM SERVICES	11TH MEDICATION SAFETY CONFERENCE	3,388

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	IPPR SURVEY OBSERVATION CAIRO, EGYPT	2,759
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	DUTCH HOSPITAL PHARMACY MEETING	1,534

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2	PROGRAM SERVICES	EAHP CONGRESS	7,357
MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	KING KHALID KING SAUD ACCREDITATION	4,882

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	DUPHAT MEETING	168

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

Schedule I  
(Form 990)

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

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

Employer identification number  
52-0807628

Part I 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 . . . . . 5

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



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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DISTINGUISHED STUDENT AWARD	6	1,608			
(2) CSC AWARDS	2	1,000			
(3) WHITNEY AWARD	1	5,000			
(4) FRANCKE AWARD	1	1,182			
(5) MCM AWARD	1	208			
(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:	IN NOVEMBER 2000 THE BOARD OF DIRECTORS AND COMMITTEE ON FINANCE AND AUDIT APPROVED THE DOCUMENT "THE OFFICERS AND DIRECTORS OF ASHP - SCOPE OF COMMITMENT" DATED NOVEMBER 11, 2000. WITHIN THIS DOCUMENT ARE GUIDELINES THAT ARE MEANT TO FACILITATE QUALIFIED CANDIDATES RUNNING FOR ELECTIVE OFFICE ON THE ASHP BOARD OF DIRECTORS. IN GENERAL, THE INSTITUTION EMPLOYING THE ELECTED OFFICER OF ASHP MAY SUBMIT A REQUEST FOR FUNDING (\$15,000 MAX/YEAR) WITH JUSTIFICATION TO HELP OFFSET THE USE OF INSTITUTIONAL RESOURCES (E.G., SUPPORT STAFF, OFFICE SUPPLIES, ETC) WHILE THE INDIVIDUAL IS AN OFFICER OF ASHP.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHP RESEARCH & EDUCATION FOUNDATION 4500 EAST-WEST HIGHWAY BETHESDA, MD 20814	23-7033369	501(C)(3)	365,757				THE GRANT IS PROVIDED TO HELP FUND GENERAL OPERATING AND PROGRAM EXPENSES
DUKE UNIVERSITY HEALTH SYSTEM INC 40 DUKE MEDICAL CIRCLE DURHAM, NC 27710	56-2070036	501(C)(3)	15,000				THE GRANT IS PROVIDED TO THE EMPLOYERS OF THE ASHP PRESIDENTIAL OFFICERS, IF REQUESTED, TO OFFSET SUPPORT COSTS THAT THE INSTITUTION MAY INCUR DURING THEIR ELECTION TERM.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVERA MCKENNAN 1325 S CLIFF AVE SIOUX FALLS, SD 57105	46-0224743	501(C)(3)	15,000				THE GRANT IS PROVIDED TO THE EMPLOYERS OF THE ASHP PRESIDENTIAL OFFICERS, IF REQUESTED, TO OFFSET SUPPORT COSTS THAT THE INSTITUTION MAY INCUR DURING THEIR ELECTION TERM.
BEAUMONT HEALTH 26901 BEAUMONT BLVD SOUTHFIELD, MI 48033	46-5718220	501(C)(3)	15,000				THE GRANT IS PROVIDED TO THE EMPLOYERS OF THE ASHP PRESIDENTIAL OFFICERS, IF REQUESTED, TO OFFSET SUPPORT COSTS THAT THE INSTITUTION MAY INCUR DURING THEIR ELECTION TERM.

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF GEORGIA COLLEGE OF PHARMACY 250 WEST GREEN STREET ATHENS, GA 30602	58-6001998	501(C)(3)	15,000				THE GRANT IS PROVIDED TO THE EMPLOYERS OF THE ASHP PRESIDENTIAL OFFICERS, IF REQUESTED, TO OFFSET SUPPORT COSTS THAT THE INSTITUTION MAY INCUR DURING THEIR ELECTION TERM.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS INC		Employer identification number 52-0807628

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	<div><input type="checkbox"/> First-class or charter travel</div> <div><input checked="" type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	<div><input checked="" type="checkbox"/> Compensation committee</div> <div><input type="checkbox"/> Independent compensation consultant</div> <div><input checked="" type="checkbox"/> Form 990 of other organizations</div> <div><input checked="" type="checkbox"/> Written employment contract</div> <div><input checked="" type="checkbox"/> Compensation survey or study</div> <div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div>			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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.

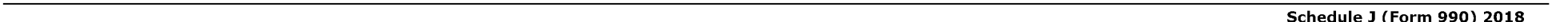
**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	ASHP'S CEO RECEIVED TAXABLE COMPENSATION FOR SPOUSAL TRAVEL.





Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PAUL W ABRAMOWITZ SECRETARY & CEO	(i)	731,713	109,500	28,744	27,200	31,544	928,701	0
	(ii)	0	0	0	0	0	0	0
KASEY THOMPSON CHIEF OPERATING OFFICER AND SENIOR V	(i)	335,244	25,000	810	27,200	11,039	399,293	0
	(ii)	0	0	0	0	0	0	0
JOHN HEBERLEIN CHIEF FINANCIAL OFFICER AND SENIOR V	(i)	293,730	25,000	1,242	11,000	42,337	373,309	0
	(ii)	0	0	0	0	0	0	0
PAULA TIEDEMANN GENERAL COUNSEL, SENIOR VICE PRESIDE	(i)	306,557	25,000	3,564	27,200	32,814	395,135	0
	(ii)	0	0	0	0	0	0	0
JULIE WEBB SENIOR VICE PRESIDENT, OFFICE OF PRO	(i)	303,888	25,000	3,564	27,200	30,824	390,476	0
	(ii)	0	0	0	0	0	0	0
DOUGLAS SCHECKELHOFF SENIOR VICE PRESIDENT, OFFICE OF PRA	(i)	286,032	25,000	2,322	27,200	40,967	381,521	0
	(ii)	0	0	0	0	0	0	0
JANET SILVESTER VICE PRESIDENT, OFFICE OF ACCREDITAT	(i)	282,663	25,000	3,564	27,200	28,424	366,851	0
	(ii)	0	0	0	0	0	0	0
DANIEL COBAUGH VICE PRESIDENT, ASHP PUBLISHING OFFI	(i)	258,675	25,000	2,318	25,176	6,527	317,696	0
	(ii)	0	0	0	0	0	0	0
ROBERT ROSECRANS CHIEF INFORMATION OFFICER AND VICE P	(i)	258,493	19,675	3,564	5,224	28,569	315,525	0
	(ii)	0	0	0	0	0	0	0
LOIS WITKOP CHIEF MARKETING OFFICER AND VICE PRE	(i)	258,805	19,375	1,242	5,224	4,741	289,387	0
	(ii)	0	0	0	0	0	0	0
HANNAH VANDERPOOL VICE PRESIDENT, OFFICE OF MEMBER REL	(i)	238,781	25,000	790	23,900	45,935	334,406	0
	(ii)	0	0	0	0	0	0	0
GERALD MCEVOY ASSISTANT VICE PRESIDENT AND EDITOR	(i)	222,405	15,000	6,167	22,149	15,812	281,533	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH HARTNETT DIRECTOR, STRATEGIC FINANCIAL PROJEC	(i)	200,217	18,500	6,439	20,687	31,139	276,982	0
	(ii)	0	0	0	0	0	0	0
TIFFANY FORTE ASSISTANT GENERAL COUNSEL	(i)	188,934	7,480	599	18,453	4,944	220,410	0
	(ii)	0	0	0	0	0	0	0
LYNNAE MAHANEY DIRECTOR, PHARMACY ACCREDITATION	(i)	183,708	6,969	1,638	7,348	1,666	201,329	0
	(ii)	0	0	0	0	0	0	0
TRACY YAKLYVICH CONTROLLER/DIRECTOR, OFFICE OF FINAN	(i)	173,461	15,104	2,775	16,562	28,850	236,752	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493106015600
<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.		OMB No. 1545-0047
			<b>2018</b> <b>Open to Public Inspection</b>
Department of the Treasury Name of the organization AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS INC	Employer identification number  52-0807628		

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1:	THE MISSION OF PHARMACISTS IS TO HELP PEOPLE ACHIEVE OPTIMAL HEALTH OUTCOMES. ASHP HELPS ITS MEMBERS ACHIEVE THIS MISSION BY ADVOCATING AND SUPPORTING THE PROFESSIONAL PRACTICE OF PHARMACISTS IN HOSPITALS, HEALTH SYSTEMS, AMBULATORY CARE CLINICS, AND OTHER SETTINGS SPANNING THE FULL SPECTRUM OF MEDICATION USE. ASHP SERVES ITS MEMBERS AS THEIR COLLECTIVE VOICE ON ISSUES RELATED TO MEDICATION USE AND PUBLIC HEALTH. ASHP'S VISION IS THAT MEDICATION USE WILL BE OPTIMAL, SAFE, AND EFFECTIVE FOR ALL PEOPLE ALL OF THE TIME. THAT VISION IS SUPPORTED BY: ADVOCACY - ASHP ADVOCATES TO HELP OPEN NEW DOORS FOR PHARMACISTS TO USE THEIR EXTENSIVE CLINICAL KNOWLEDGE TO CARE FOR THEIR PATIENTS. WE REGULARLY REACH OUT TO THE JOINT COMMISSION AND OTHER QUALITY ORGANIZATIONS, CONGRESS, FEDERAL REGULATORS, STATE GOVERNMENT, AND OTHER HEALTHCARE ORGANIZATIONS. CAREER SERVICES - ASHP'S CAREERPHARM.COM PROVIDES PHARMACY JOB SEEKERS AND EMPLOYERS A PLACE TO CONNECT ONLINE WITH QUALITY JOB POSTINGS AND CAREER ADVICE. CAREERPHARM IS ALSO THE ONLY PHARMACY JOB SITE THAT GIVES YOU ACCESS TO THE INDUSTRY'S LARGEST RECRUITING EVENT PPS AT THE ASHP MIDYEAR. CONTINUING EDUCATION - ASHP IS ONE OF THE LARGEST ACCREDITED PROVIDERS OF CONTINUING EDUCATION FOR PHARMACISTS. WE ALSO PROVIDE CONTINUING EDUCATION ON MEDICATION THERAPY AND MEDICATION SAFETY FOR PHYSICIANS AND OTHER HEALTH-CARE PROFESSIONALS. DRUG INFORMATION - FOR 50 YEARS, ASHP HAS PROVIDED AN EVIDENCE-BASED FOUNDATION FOR SAFE AND EFFECTIVE DRUG THERAPY THROUGH ITS AHFS SUITE OF DRUG INFORMATION PRODUCTS (AHFS DI, AHFS ESSENTIALS, AND AHFS MEDMASTER CONSUMER MEDICATION INFORMATION). MEETINGS AND CONFERENCES - ASHP HOSTS A NUMBER OF MEETINGS, CONFERENCES, AND SPECIALTY COURSES EACH YEAR TO PROVIDE HEALTH-SYSTEM PHARMACY PRACTITIONERS WITH VENUES FOR UPDATING THEIR KNOWLEDGE, NETWORKING WITH COLLEAGUES, ENHANCING THEIR SKILLS, AND LEARNING ABOUT THE LATEST PRODUCTS AND TECHNOLOGIES. PROFESSIONAL POLICIES AND PRACTICE STANDARDS - ASHP DEVELOPS OFFICIAL PROFESSIONAL POLICIES, IN THE FORM OF POLICY POSITIONS AND GUIDANCE DOCUMENTS, IN ORDER TO ESTABLISH BEST PRACTICES AND PROVIDE GUIDANCE TO ASHP MEMBERS AND OTHER AUDIENCES IMPACTED BY HEALTH-SYSTEM PHARMACY PRACTICE. PUBLISHING - ASHP PUBLISHES THE WORLD'S PREMIER PHARMACY JOURNAL, AMERICAN JOURNAL OF HEALTH-SYSTEM PHARMACY, AS WELL AS A WIDE VARIETY OF CLINICAL AND MANAGEMENT REFERENCES, TEXTBOOKS, ONLINE PRODUCTS, AND VIDEO TRAINING PROGRAMS. RESIDENCY AND TECHNICIAN TRAINING ACCREDITATION - ASHP IS COMMITTED TO ASSISTING EXISTING RESIDENCIES REFINING THEIR PROGRAMS, HELPING PROSPECTIVE PROGRAMS WITH THE PROCESS OF SEEKING ACCREDITATION, AND MAKING IT AS EASY AS POSSIBLE FOR PROSPECTIVE RESIDENTS TO FIND THE BEST RESIDENCY PROGRAM FOR THEM.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 7B:	ASHP FILES A CONSOLIDATED FORM 990-T FOR UNRELATED BUSINESS INCOME WITH A RELATED ORGANIZATION, 7272 WISCONSIN BUILDING CORPORATION. 7272 HAS CEASED OPERATIONS AND WAS DISSOLVED AT THE END OF THE YEAR, AND SO NO UNRELATED BUSINESS INCOME IS REPORTED IN THE RETURN FOR THIS ENTITY. 7272 IS INCLUDED IN THE TAXPAYER'S CONSOLIDATED FORM 990-T IN ACCORDANCE WITH INTERNAL REVENUE REG. SECTION 1.1502-75(A)(2).

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>ASHP HAS THE FOLLOWING CLASSES OF MEMBERSHIP: ACTIVE MEMBERS: PHARMACISTS LICENSED BY ANY STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES WHO HAVE PAID DUES AS ESTABLISHED BY ASHP AND WHO SUPPORT THE PURPOSES OF ASHP AS STATED IN THE ARTICLE THIRD OF THE ASHP CHARTER. ASSOCIATE MEMBERS: PERSONS WHO HAVE PAID THE DUES AS ESTABLISHED BY ASHP AND WHO, BY VIRTUE OF VOCATION, TRAINING, EDUCATION, AND INTEREST, WISH TO FURTHER THE PURPOSES OF ASHP. ASSOCIATE MEMBERS FALL INTO THE FOLLOWING SUB-CLASSES: -- SUPPORTING: INDIVIDUALS, OTHER THAN THOSE WHO QUALIFY AS ACTIVE MEMBERS, WHO BY WORKING IN THE HEALTH SERVICES, TEACHING PROSPECTIVE PHARMACISTS, OR OTHERWISE CONTRIBUTING TO PHARMACY SERVICES PROVIDED IN ORGANIZED HEALTH CARE SYSTEMS, MAKE THEMSELVES ELIGIBLE FOR MEMBERSHIP. -- STUDENT: INDIVIDUALS ENROLLED FULL TIME IN A PHARMACY PRACTICE DEGREE PROGRAM (GRADUATE OR UNDERGRADUATE) IN AN ACCREDITED COLLEGE OF PHARMACY. -- INTERNATIONAL: PHARMACISTS WHO ARE ENGAGED IN PRACTICE OUTSIDE THE UNITED STATES OF AMERICA AND ITS POSSESSIONS AND WHO ARE NOT CITIZENS OF THE UNITED STATES; INDIVIDUALS, OTHER THAN PHARMACISTS, WHO ARE INTERESTED IN PHARMACY AS PRACTICED IN AN ORGANIZED HEALTH CARE SYSTEM, RESIDE OUTSIDE THE UNITED STATES AND ITS POSSESSIONS, AND ARE NOT CITIZENS OF THE UNITED STATES. -- PHARMACY SUPPORT PERSONNEL: TECHNICIANS AND OTHER INDIVIDUALS WHO ARE EMPLOYED AS SUPPORT PERSONNEL IN A HEALTH CARE SYSTEM. HONORARY MEMBERS: PERSONS WHO SHALL BE ELECTED FOR LIFE BY UNANIMOUS VOTE OF THE BOARD OF DIRECTORS FROM AMONG INDIVIDUALS WHO ARE OR HAVE BEEN ESPECIALLY INTERESTED IN, OR WHO HAVE MADE OUTSTANDING CONTRIBUTIONS TO, PHARMACY PRACTICE IN ORGANIZED HEALTH CARE SYSTEMS.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	EXCEPT FOR THE CEO OF THE ORGANIZATION WHO IS A MEMBER OF THE BOARD OF DIRECTORS BY VIRTUE OF HIS POSITION, THE OTHER 11 MEMBERS OF THE BOARD ARE ELECTED TO BE MEMBERS OF THE BOARD BY THE GENERAL MEMBERSHIP OR THE HOUSE OF DELEGATES. THE TREASURER (3 YEAR TERM) AND CHAIR OF THE HOUSE OF DELEGATES (1 YEAR TERM) ARE ELECTED BY WRITTEN BALLOT BY A MAJORITY VOTE OF THE DELEGATES PRESENT AND VOTING IN THE HOUSE OF DELEGATES AT THE SUMMER/ANNUAL MEETING. THE OTHER NINE MEMBERS OF THE BOARD ARE ELECTED BY THE ACTIVE MEMBERSHIP ON A STAGGERED BASIS FOR 3 YEAR TERMS.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	PURSUANT TO THE BYLAWS PROFESSIONAL PHARMACY POLICIES WHICH ARE APPROVED BY THE BOARD OF DIRECTORS ARE THEN SENT TO THE HOUSE OF DELEGATES (HOD) AT THE ASHP SUMMER MEETINGS FOR RATIFICATION BY THAT BODY OF MEMBERS. ANY POLICIES NOT APPROVED BY HOD ARE THEN RETURNED TO THE BOARD FOR FURTHER REVIEW AND ACTION.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	COPIES OF THE FORM 990 AND REQUIRED SCHEDULES ARE REVIEWED BY THE BOARD OF DIRECTORS AT THEIR SPRING MEETING BEFORE THEY ARE FILED.

**990 Schedule O, Supplemental Information**

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



**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	NON-OPERATING PENSION ADJUSTMENT - EFFECT OF FASB 158 1,093,952. UNDISTRIBUTED EQUITY EARNINGS IN SUBSIDIARY -31,703.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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

Employer identification number  
52-0807628

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)ASHP RESEARCH AND EDUCATION FDTN 4500 EAST-WEST HIGHWAY  BETHESDA, MD 208144862 23-7033369	SEE DESCRIPTION IN PART VII	MD	501(C)(3)	LINE 7	ASHP	Yes	
(2)7272 WISCONSIN BUILDING CORP C/O 4500 EAST-WEST HIGHWAY  BETHESDA, MD 208144862 52-1760057	TITLE HOLDING COMPANY	MD	501(C)(2)		ASHP	Yes	

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ASHP RESEARCH AND EDUCATION FDTN	B	365,757	CASH
(2) ASHP RESEARCH AND EDUCATION FDTN	N	875,309	RECORDED EXPENSES
(3) ASHP RESEARCH AND EDUCATION FDTN	O	238,693	FAIR VALUE
(4) ASHP RESEARCH AND EDUCATION FDTN	Q	1,561,393	RECORDED EXPENSES
(5) ASHP RESEARCH AND EDUCATION FDTN	R	686,084	CASH

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

[illegible]



**Part VII**      **Supplemental Information**

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

Return Reference	Explanation
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:	ASHP RESEARCH AND EDUCATION FDTN, PRIMARY ACTIVITY: AS THE PHILANTHROPIC ARM OF ASHP, OUR VISION IS THAT: PATIENT OUTCOMES IMPROVE BECAUSE OF THE LEADERSHIP AND CLINICAL SKILLS OF PHARMACISTS, AS VITAL MEMBERS OF THE HEALTHCARE TEAM, ACCOUNTABLE FOR SAFE AND EFFECTIVE MEDICATION USE.