Every pharmacist has an important and essential voice.
Your voice guides patients to better health every day.
And our collective voice is being heard as we take on broad expansion of our role as accessible, caregiving, medication experts.

APhA works to ensure a strong future for the pharmacy profession. We encourage, empower, and help gain recognition for pharmacists. We promote pharmacists to Capitol Hill, with states, to consumer groups, and to the public.

Together, we can build a legacy that lasts. With you, we will provide patient care services, gain provider status, improve medication use, and promote a collaborative team-based approach to health care. Patients need access to your recognized and valued clinical services if we are to achieve full value of our nation’s spend in the health care system.

Our Vision:
Pharmacists are essential for optimizing medication use and improving patient health.

Our Mission:
The American Pharmacists Association empowers its members to improve medication use and advance patient care.
Our Legacy Continues with Fresh Voices in a New Era

Today’s pharmacists provide more value to patients—and to the health care system—than ever before. Over the past decade, the profession has grown in diversity, capacities, and responsibilities. Pharmacists have risen to meet challenges of providing pharmacy services by pursuing new skills and education, staying active in policy and health issues, and becoming caregivers in the truest sense. The members of the APhA Board of Trustees have committed themselves and significant resources to ensure patient access to pharmacists’ clinical services.

Pharmacists are now recognized as providers of immunizations and personalized medicine and have established practices in settings ranging from pediatric hospitals and community clinics to ambulatory care centers and nursing homes. We provide valuable compounding services that meet individual patient needs in unique ways. We touch patients’ lives in various health stages and are essential providers in today’s interdisciplinary team approach to quality health care.

Along with these advancements, pharmacy has encountered far-reaching changes in health care policy and escalating health care demands, thereby making APhA’s involvement—right now—critical. Concrete challenges face us every day across all pharmacy practices. A new patient care role means pharmacy must overcome consumer confusion, time constraints, cost prohibitions, and other limitations that can hinder fulfillment of our vision. So how can we ensure the profession is valued for providing the services vital to patient care?

APhA members know what good pharmacy practices are, and we want to scale up provision of those patient care services to improve outcomes and increase efficiencies. But we can’t reach our goals without first promoting a system that values pharmacists. APhA, in collaboration with other national pharmacy organizations, has undertaken a significant initiative to seek recognition and compensation for pharmacists’ clinical services. This effort will be our number one priority for the foreseeable future and will require pharmacist involvement across the spectrum of practice settings.

Collaborations have amplified our strength on all fronts, from caregiving and health information technology to standards and transitions of care. For example, we’ve continued an essential partnership with the American Society of Health-System Pharmacists for improving care transitions. When we speak with a collective voice, we help strengthen health care—and our profession—overall. Every pharmacist providing patient care services has the potential to play a vital role in the reforming health care system, and APhA is clearly and uniformly communicating this essential message both within and outside the profession.

APhA, in our role as cofounders with the National Association of Boards of Pharmacy of the Center for Pharmacy Practice Accreditation (CPPA), led the development of consensus-based standards for community pharmacy practice accreditation. Standards implementation by CPPA will begin in 2013. Adoption of these standards will help practices distinguish themselves based on their level and quality of patient services. APhA’s role is to ensure the standards advance patient care services and medication safety and are broadly recognized and valued by the public. In a reforming health care system, patient care services must be specific, predictable, and measurable. Without standards, we cannot achieve the broad acceptance of specific services payers are willing to cover.

We were a resource for state associations as they pursued state-based initiatives and advocacy, including expansion of collaborative drug therapy management. We also built relationships with managed care organizations to include pharmacists at various levels.

Finally, we worked to guide our new generation of pharmacists. With so many new practitioners graduating each year, we want to show them how much they offer—and give them the support to become effective leaders within practice and professional associations. We highly value the innovations and energy they bring to the profession. Our mentorship can help them discover and expand pharmacists’ modern roles.

As individual medication regimens and health care in general become increasingly complex, patients look to their pharmacists for guidance. Our primary goal is to gain recognition of the value you provide every day. But that recognition can only be achieved through consistent messaging and the provision of care that meets the patient’s and health care system’s needs. I invite you to work collaboratively with us in reaching our goal and building our legacy.

Sincerely,

Thomas E. Menighan, BSPharm, MBA, ScD (Hon), FAPhA
Executive Vice President and Chief Executive Officer
It’s a Smart Spend that Pays

People on all medications, particularly patients with complex medication regimens, benefit from pharmacists’ clinical services.

Published literature and practice-based experience have shown that when pharmacists get involved, overall health care costs go down while quality and patient safety improve.

Unfortunately, Medicare Part B does not recognize pharmacists as providers to receive payment.

To optimize our nation’s health care spending, Medicare must include pharmacists’ services that are provided in collaboration with physicians and other practitioners on the health care team.

Pharmacists need to be recognized in the non-physician provider aspects of Medicare Part B—it’s a smart spend that pays.

Government Affairs

Pharmacy and policy intersect for patient good. The quest for provider status is vigorously renewed!

In a year when health care legislation and issues claimed headlines, debate, and attention nationwide, APhA’s Government Affairs team—and our full membership—faced challenge and opportunity. When the U.S. Supreme Court upheld the 2010 Affordable Care Act (ACA), the stage was set for ongoing implementation of health care reform and the provisions important to pharmacists. APhA continues to advocate for patient access to pharmacists’ clinical services in Medicare, Medicaid, accountable care organizations (ACOs), and all other types of evolving integrated care delivery models.

APhA and our members succeeded in offering leadership, ideas, and support as we reignite efforts to gain provider status and payment for patient care services through Medicare and other payment models. APhA’s Board of Trustees has committed significant resources from reserves to support this effort and coordinate with our colleague pharmacy organizations. How pharmacists’ services will be valued is the conversation APhA began several years ago. This is our highest priority that will not be resolved overnight. We will work with pharmacy and other stakeholders as opportunities to advance this agenda evolve in the coming years.

The Association has worked to get our messages out and spur continued member involvement. We are tireless advocates for both pharmacists and improved patient outcomes—and we ensure our messages are front and center in Washington.
Putting Pharmacists at the Policy Table

In 2012, APhA directed numerous discussions, both within and outside the profession of pharmacy, focused on progress toward achievement of the Joint Commission of Pharmacy Practitioners (JCPP) 2015 Vision for Pharmacy Practice and recognition of pharmacists' value.

APhA led pharmacy discussions on potential revisions to the drug paradigm being considered by the Food and Drug Administration (FDA) to improve public health and patient access. FDA is considering allowing certain prescription medications to be available without a prescription through “conditions of safe use,” which could include an intervention with a pharmacist or use of innovative technology. APhA supports the concept, considers it as a great opportunity for pharmacists, and highlighted a variety of key focus areas to address as the concept evolves as part of FDA’s Nonprescription Safe Use Regulatory Expansion (NSURE) initiative. We continue to be engaged in discussions being coordinated by the Brookings Institution.

Since passage of the ACA, the Pharmacy Stakeholders group (a collaboration of 14 national pharmacy organizations and led by APhA) has focused on implementation of provisions related to medication use, transitions of care, integrated care models, essential health benefits, and improvements to Medicare Part D medication therapy management (MTM) programs. The group continues to serve as a valuable platform to share information and collaborate on health care reform and a variety of issues important to the profession.

APhA's Government Affairs staff also has been collaborating closely with the Center for Medicare and Medicaid Innovation (CMMI), which was formed through the ACA. APhA has been part the Medication Affinity Group formation, sharing best practices and models and promoting transitions of care resources.

In Congress, APhA helped recruit more than 60 cosponsors in the House and 17 cosponsors in the Senate from both political parties to support MTM legislation and other patient care opportunities for pharmacists. APhA also engaged in the FDA Safety and Innovation Act, which included reauthorization of the Prescription Drug User Fee Act (PDUFA). PDUFA addresses many aspects of drug development and importantly includes an agreement between FDA and manufacturers on improvements to risk evaluation and mitigation strategy (REMS) programs, which reflects several years of advocacy efforts by APhA.

APhA also served as a resource for the Senate Community Pharmacy Caucus’s inaugural briefing. The caucus, which is chaired by Senators Jon Tester (D-MT) and Jerry Moran (R-KS), seeks to educate senators and their staff on the important role pharmacists play in the health care system, especially in rural communities.

When pharmacy hits the news, APhA is poised to respond quickly with clear, credible information. On Capitol Hill and in the Obama Administration, APhA is seen as a source for reliable insight. When the tragedy of fungal meningitis cases associated with contaminated injectable products raised questions for many onlookers about compounding pharmacies, APhA was quick to provide education and facts on the importance of compounding for individual patient needs performed in various practice settings under established standards and regulations. APhA collaborated with stakeholders within pharmacy, medicine, and the government to address safety and clinical concerns. APhA will continue to act as a resource as the issue moves through the Congressional process. And when this year’s influenza season peaked, APhA worked with the Centers for Disease Control and Prevention to coordinate with pharmacies to ensure the public’s needs were met.

In the coming year, we must maintain our momentum and ensure the changes that come to our profession benefit APhA members and the patients and the public who need health care.
Strategic Planning for the Future

The chief purpose of APhA’s strategic plan is to support the transformation of the primary role of the pharmacist to be a patient-centered care provider aligned with the JCPP Future Vision for Pharmacy Practice. The Association’s mission-driven activities are evaluated against their contributions to achieving this transformation.

In January 2012, the APhA Board of Trustees established a task force to explore numerous strategies for achieving the recognition and provider status our members have told us they desire. Throughout the year, APhA held discussions with stakeholders within pharmacy, medicine, managed care, health systems, and government to determine the right placement of our resources to advance progress in this area. There is no single strategy that will achieve our desired outcome. Instead, we must undertake activities within Congress and regulatory agencies, in conjunction with the private sector, through the new delivery models such as ACOs and medical homes, and with state-based initiatives. APhA’s Board of Trustees has committed significant financial and human resources to make progress in these endeavors and has reached out to other pharmacy stakeholders to work together.
Responding to Public Health Concerns

In October, the compounding community addressed concerns regarding the safety of compounded medications after tainted steroid injections were distributed to thousands of pharmacies nationwide. APhA and the compounding community responded to inquiries from the media by developing copy points for our members and compiling a Just the Facts section on the Association’s website. The website provided authoritative information about the profession of compounding pharmacy and how it benefits public health.

Public Outreach

Promoting Pharmacists and Enhancing Public Health

Healthy heart management. Guidance in diabetes care. From education to prevention, pharmacists provide a range of wellness and clinical care services to help patients get the most from their medicines. Pharmacists are the medication experts, and American Pharmacists Month in October drove home that message with the “Know Your Pharmacist, Know Your Medicine” campaign.

This year, “Know Your Pharmacist” became the prominent part of our message. Through this campaign, APhA ensures pharmacists have the tools to engage with their patients and lets patients know that pharmacists are a valuable resource for managing their medications.

The month-long message was transformed into a full-year campaign that encouraged pharmacists to bring the wellness message directly to their patients. This campaign was just one of the ways APhA reached out to the public and urged everyone to get to know their pharmacist. From our partnership with the Million Hearts initiative to the health care advice that accompanies immunizations, APhA focused on pharmacists’ larger relationship with patients and their health and wellness.

In January, we urged Americans to clean out their medicine cabinets. Pharmacists’ recommendation for responsibly disposing of unused and expired medications annually makes it the perfect New Year’s tradition and a special time for pharmacists to connect with their patients.

APhA encouraged the public to visit pharmacists in February, American Heart Month, for screening and consultative services on health problems leading to heart disease. Heart-healthy services provided by pharmacists included blood pressure, cholesterol, and body mass index screenings; smoking cessation and healthy lifestyle counseling; and medication education. Pharmacists showed that they are essential participants in the management and prevention of cardiovascular disease.

As flu season approached, and reports of whooping cough and the flu made headlines, APhA encouraged families to follow good health practices—including open communication with their pharmacists and physicians. Pharmacists are often the most accessible provider of health care services and have the knowledge to help patients select the most appropriate over-the-counter medications. APhA also released tips, data, and resources to help the public protect themselves against colds, allergies, and other seasonal illnesses.

Supporting Our Nation’s Health Initiatives

APhA partnered with the Million Hearts campaign, which connects public and private health sectors in an effort to raise awareness about heart disease. Our role was to encourage members to get involved and to promote pharmacists’ contributions in overcoming this major public health challenge.
The APhA Academy of Pharmacy Practice and Management

APhA-APPM is dedicated to assisting members in enhancing the profession of pharmacy, improving medication use, and advancing patient care.

Professional Affairs

Innovative Change to Advance the Profession

Facing extraordinary changes in health care demands, APhA’s Professional Affairs division carefully analyzed the current environment and acted to support pharmacists in providing care. With patient-centered, interdisciplinary, team-based care and new health care delivery models as essential parts of the new health care landscape, APhA committed to responding to “disruptive innovation” in health care and worked to create space for productive change.

Collaboration with physician groups was critical for success in this new environment. Because relationships with physicians are essential in getting to the future of team-based approaches, APhA took proactive steps to interface and interact with physician groups including the American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, and American College of Physicians. Fostering these important relationships and identifying projects that advance physician-pharmacist team-based care will be the goal of our activities in the coming year.

For more than 25 years, APhA has had a lead role in developing postgraduate community pharmacy residency programs. This year continued the increasingly upward trend of new programs and uptake of accreditation through our partnership with the American Society of Health-System Pharmacists (ASHP). Our support, education, and promotion surrounding these programs have expanded proportionately. APhA is assisting greater numbers of community pharmacy residency sites in establishing their programs and putting innovative practice models into use.

APhA has continued work on implementation of MTM in practice and preparing pharmacists to provide these valuable services to their patients. In 2012, the Association worked with an expert panel to develop recommendations for integrating MTM consistently into curricula at schools and colleges of pharmacy, and we will publish this important information to facilitate uptake.

Initiating Standards for Community Pharmacy Practice Accreditation

The Center for Pharmacy Practice Accreditation (CPPA)—a partnership among APhA, ASHP, and the National Association of Boards of Pharmacy (NABP)—created consensus standards for community pharmacy practice accreditation that are set to fully roll out in 2013. Accreditation will give patients a way of identifying pharmacies that satisfy the CPPA criteria and focus on advancing patient care, medication safety, and quality practices.

During a multiyear process, expert committees with pharmacists from various pharmacy settings and patient care perspectives developed the CPPA draft standards; and, after a public comment period, the group evaluated the comments and made appropriate revisions. The standards were designed to advance pharmacy practice and public recognition of pharmacists and the services they provide. Pharmacy practices now have a mechanism to distinguish themselves in the marketplace for their commitment to quality patient care services and medication safety. Accreditation of pharmacies aligns with APhA’s strategic goals of empowering pharmacists and ensuring measurable, safe, and effective patient care.

A Room with a View for Women of Vision

In September 2012, the APhA Foundation dedicated the Women in Pharmacy Exhibit and Conference Room in the APhA headquarters building. This space recognizes the achievements of women in pharmacy practice and science, their value to patient care, and their leadership within the profession. With a magnificent view overlooking the Lincoln Memorial, this meeting place befittingly honors the outstanding contributions of women to pharmacy.
Science Is An Integral Part of the Profession of Pharmacy.
The APhA Academy of Pharmaceutical Research and Science (APhA-APRS) served as the primary scientific voice for the profession and worked to facilitate the translation of research into pharmacy practice.

Staying Ahead of New Practice and Management Opportunities
Providing quality pharmacy services requires a sustainable business model. To support the expansion of the MTM business model in pharmacy practice, Professional Affairs created the workbook How to Start an MTM Practice: A Guidebook for Pharmacists. This valuable resource, launched at APhA2012, provides practitioners with the first steps in building MTM services into their practice business model and preparing to write a business plan.

As services such as MTM, immunizations, and diabetes care evolve in pharmacy practice, APhA Academy of Pharmacy Practice and Management (APhA-APPM) Special Interest Groups provide members with networking opportunities to enhance their patient care practices. The APhA-APPM Workgroup on Medical Homes developed recommendations for pharmacists interested in participating in this new and innovative care delivery model that resulted in a paper published in the Journal of the American Pharmacists Association. In 2012, a number of demonstration projects were developed to identify strategies for implementation, replication, and expansion of innovative services in practice to improve patient care and outcomes while transforming the role of the pharmacist.

In maintaining a leadership role in MTM, APhA initiated work on our 2012 APhA Medication Therapy Management Digest, with the theme of pharmacists emerging as interprofessional health team members. The Medication Therapy Management Digest continues to provide valuable information for stakeholders on MTM trends and issues associated with MTM service delivery from the perspective of providers and payers.

Pharmacy e-HIT Collaborative
Path to Pharmacy Information Technology Success
As the implementation of health information technology (HIT) within the health care system rapidly advances, the use of electronic health records (EHRs) began to emerge in diverse pharmacy practices. In 2012, APhA provided leadership and significant involvement in the Pharmacy e-HIT Collaborative, which works to ensure that pharmacists’ provision of patient care is integrated into the national HIT interoperable framework. The coalition is leveling the playing field for pharmacists to have EHR functionality in their practices. Accessible EHR information is essential to optimize patient health. In addition to accessing EHRs in clinical practice, pharmacists also need information on national health care initiatives concerning EHRs. Once these initiatives establish standards, HIT can build functionality. By following The Roadmap for Pharmacy Health Information Technology Integration in U.S. Health Care, which the Pharmacy e-HIT Collaborative published in January 2012, we can travel the road to HIT success. Access and use of EHRs in practice will be key for pharmacists to document and exchange patient care information with other health care providers. The collaborative also established through its work groups a set of 300 “SNOMED” codes adopted by the National Library of Medicine as documentation tools for pharmacists to characterize their patient care services in EHRs.

Best Practices to Improve Care Transitions
Tackling a Critical Patient Care Issue
Coming home from the hospital or going from the hospital to a long-term care facility is a critical point in patient care: transitions are a time when patients are more susceptible to setbacks that lead to hospital readmissions. Reducing preventable readmissions is a major step toward achieving affordable care. Based on pharmacists’ extensive knowledge and skills to reduce medication-related problems and ability to contribute to improved care quality, APhA partnered with ASHP to identify solutions regarding transitions of care. Our organizations jointly released a white paper,

Improving Care Transitions: Optimizing Medication Reconciliation, in March. APhA and ASHP also issued a call for best transitions of care practices, which generated more than 80 submissions from health systems nationwide. Eight programs were chosen as best practice models and were presented at the ASHP Midyear Clinical Meeting, offering working examples for health care professionals to replicate. A white paper by APhA and ASHP describing the best practice models is slated for release in early 2013.
Lifelong Learning to Optimize Patient Care

What types of education and training will help pharmacists improve their everyday patient care? This overarching question guided APhA’s educational focus this year. One answer: bridging the gaps across pharmacy, medicine, and other fields that comprise the full health care team. In redesigning our continuing pharmacy education (CPE) strategy, APhA emphasized the team-based approach to health care. We also shifted our educational focus away from basic satisfaction of requirements and toward meaningful learning and positive outcomes.

The way pharmacists engage with our CPE programs changed for the better this summer with enhanced interaction through a new learning management system. Now positioned as “Your Home for Lifelong Learning,” APhA’s CPE site gives pharmacists the tools and reflective questions to connect with content and excel in the profession. The new learning management system encourages pharmacists to take CPE courses that matter to them—education that is most relevant to their daily practice—not just the courses that are required. Although not visible to front-end users, assessment questions are now linked to specific learning objectives, thereby allowing us to identify specific areas for improvements in learner knowledge or in our own curricula.

Keeping Training Content on Track

The start of the year brought with it updates to two certificate training programs: The Pharmacist and Patient-Centered Diabetes Care and Delivering Medication Therapy Management Services. We revised the content of these programs and developed an educational design more conducive to learning. Our largest certificate training program, Pharmacy-Based Immunization Delivery, stayed strong. As of the end of 2012, more than 200,000 pharmacists have been trained to administer immunizations since the inception of this certificate training program.

A new online system for certificate training programs allowed APhA to create an interactive structure with a pretest to assess baseline knowledge and reinforcement exercises after completing each module. The goal is to present the right questions to help pharmacists understand, learn, and ultimately incorporate vital information into their practice.

Connecting a Profession Nationwide

APhA was one of the first continuing education providers to embrace the new online system, CPE Monitor, a collaborative effort by the Accreditation Council for Pharmacy Education and NABP. This electronic system allows pharmacists to track completed CPE credits from accredited providers all in one place. Uniform from state to state, this single national transcript allows transparency to all who need access to the information.
**Board of Pharmacy Specialties**

Pharmacists Meeting the Demands of Specialized Medicine

One word has distinguished the Board of Pharmacy Specialties (BPS) in recent years: growth. The number of board certified pharmacists has doubled over the past 5 years, and BPS is continually working to add more specialties to meet increasing need.

In an era when service providers are held more accountable, board certification demonstrates an advanced level of knowledge and experience, which translates to accountability for health care organizations. Advanced credentials through BPS certification are qualifications that differentiate pharmacists in the competitive marketplace.

BPS, which operates as an autonomous division of APhA, recognizes advanced skills in patient care. The most recent specialty certification is in ambulatory care pharmacy practice; with nearly 700 pharmacists taking the exam in 2012, ambulatory care pharmacy stands to be the second largest among BPS specialties. Its growth is no surprise. With a focus on the longer-term relationships between patients and providers, ambulatory care requires skills in patient advocacy and practice management—and frequently puts pharmacists on the front lines.

Overall, BPS experienced 20 percent growth this year and currently the Board is in various stages of exploring five new pharmacy specialties: pediatrics, critical care, pain and palliative care, cardiology, and infectious diseases. The goal is to double the number of available specialties within 5 years. As the pharmacy profession evolves, BPS is the gold standard for recognizing advanced patient care services.

**Federal Contracts and Grants**

Turning Experience into Agency Support

Under new contract, the title of APhA’s Pharmacy Services Support Center transitioned to Federal Contracts and Grants in 2012. Still in an education, information, and analysis support role, APhA now assists the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs as a bridge to pharmacists, health care professionals, and other advocates affected by the 340B Drug Pricing Program. This transition is the next logical step for a department equipped with knowledge and experience from years of research and networking.

Among our activities, APhA advises HRSA through the Patient Safety and Clinical Pharmacy Services Collaborative (PSPC), which is made up of over 650 organizations with interdisciplinary health care teams. PSPC teams learn, implement, and refine best practices that have been found to significantly improve health outcomes and patient safety through the integration of clinical pharmacy services. These are true models of patient-centered care that we can use toward improving health outcomes. Working together serves to advance care and lower health costs.

As a resource for HRSA, APhA influences how pharmacy is affected by serving as a bridge between policy and practice. For instance, we are using our existing Peer-to-Peer Network of leading practice sites as models in an “all teach, all learn” approach to quality improvement. This experience guides us as we help HRSA form its program integrity initiatives, one of its biggest challenges with Congress to date.
Meetings and Membership

Active Today for a Strong Legacy Tomorrow

Throughout our 160 year history, APhA has thrived because of our members. Today, members’ voices actively shape the Association and advance our profession. The passion, expertise, and breadth of specialties within our membership combine to create a vital force in building and sustaining our legacy.

Membership in APhA helps each pharmacist do his or her job better. Our goal is to make membership experiences both positive and fruitful. In 2012, we eased the ways members interact with valuable resources and information. The Association’s resources, e-community networks, products, and services were upgraded to support the careers of seasoned pharmacists, new practitioners, and student pharmacists alike—creating a unique membership experience for each person. APhA members are in agreement about the value of membership. In a 2012 survey, 94 percent of members were highly satisfied with their membership in APhA.

APhA-APPM officially transitioned to a new structure with a new vision, dedicated to assisting members in enhancing the profession, improving medication use, and advancing patient care. Ongoing goals of APhA-APPM include advancing pharmacist-provided MTM services and developing materials on medical homes, ACOs, and other models. APhA-APPM also began a new, more personalized structure with online Special Interest Groups (SIGs). Created for members by members, the SIGs are closed e-communities led by volunteer coordinators. The SIGs provide an important forum for dedicated pharmacists to network and discuss emerging issues in the profession.

Understanding that our members lead busy lives, APhA began delivering information in a more accessible format. We streamlined Pharmacist.com to ease members’ visits to the website. We also redesigned the FocusXtra newsletter; the content is targeted to specific member interests and its look is more compatible with the updated website. And now, before Pharmacy Today reaches mailboxes, members receive an electronic table of contents by e-mail as a preview to the upcoming issue.

Finally, members now have the extra benefit of receiving both the Journal of the American Pharmacists Association and the Journal of Pharmaceutical Sciences in electronic format. In the past, members had to choose between the two journals.

New Practitioner Network Revitalizes and Reconnects

The mission of the APhA New Practitioner Network is to support the transition from student to pharmacist by helping new graduates discover opportunities in pharmacy, develop themselves and their professional network, and empower them with the knowledge and skills necessary to define the future of their profession.

The Mentor Program is a valuable benefit of membership recognized by both students and mentors. The number of APhA new practitioners participating in the Mentor Program has grown rapidly. New practitioners who have mentored in past years have returned to mentor again, and others who have heard about these advantageous relationships have volunteered for the first time.

The creation this year of the New Practitioner Network standing committees offers even more connection, with leadership and liaisons to subcommittees in communications and networking, education and professional development, membership and involvement, and awards. A new Facebook page and social marketing efforts give members additional ways to network, interact, and generate enthusiasm for new initiatives. And as the calendar turns to 2013, a thoughtfully planned webinar series will spark interest and engage dialogue among new practitioners interested in leadership development.
**Student Pharmacists Make Their Mark**

The APhA Academy of Student Pharmacists (APhA-ASP) has a chapter at every school and college of pharmacy across the country. This fall, five chapters were established at new schools, bringing the total to 128 APhA-ASP chapters.

“Make Your Mark” served as the APhA-ASP national presidential theme in 2012 and was a catalyst to help student pharmacists discover their passion, purpose, and values to improve the profession of pharmacy. Throughout the year, APhA's student pharmacist members participated in programming focused on entrepreneurship, volunteerism, community service, and leadership initiatives. At every event, students infused creativity, energy, and innovation into the member experience with music, viral videos, social media, pop culture, and novel active learning adventures. Student interest in the Make Your Mark theme advanced the Association’s virtual impact: the Facebook page tripled in views for students over the past year.

Excitement for meetings designed specifically for student pharmacists is growing fast as well. APhA-ASP experienced record attendance at the APhA Summer Leadership Institute and Midyear Regional Meetings. In addition to a fired-up multimedia show with hip-hop dancers, PharmFlix videos, and a motivational speaker on fighting drug abuse, student members at APhA2012 enjoyed 4 days of targeted programming to help advance their career plans.

Ensuring a new leadership line, APhA-ASP members showed increasing eagerness to serve, evidenced by the record number of national officer candidates, applications for appointed committees, and participation in patient care projects. Student members are recognizing that patient care programming and community outreach take effort but return immediate positive results. Chapters conducted more than 3,650 projects providing 3.9 million patients with health and wellness services, and their public relations initiatives educated more than 24.7 million people.

**Mixing It Up in the Media**

On October 17, student pharmacists participated in the “Make Your Mark in the Media Day” during American Pharmacists Month (APhM). Through this advocacy event, student pharmacists celebrated the profession in several innovative ways: many changed their online Facebook profile to the APhM logo, some retweeted pharmacy fun facts, and others contacted local media outlets to carry the profession’s messages to the public.

**APhA Events Connect Pharmacists**

APhA2012, the APhA Annual Meeting and Exposition in New Orleans, was the prime setting for revitalizing and empowering members. In March, pharmacists from across the profession and nation gathered to network with colleagues, build relationships, share knowledge, participate in educational courses, discover the newest products in the field, and set policy during the House of Delegates sessions. From workshops on how to start an MTM service to advanced study sessions on ambulatory care pharmacy, the topics explored and education gained have been incomparable. In October, the Joint Forces Pharmacy Seminar convened in San Diego and enabled pharmacy professionals in the federal sector to learn together and share best practices specific to the military forces.
Publications and Periodicals

A Legacy of Professionalism in the Literature

In a rapidly changing communications sphere, APhA Publications strategically shifted into the e-marketplace with content, quality, and accessibility continuing as top priorities.

As the country’s first professional society of pharmacists, APhA celebrated our 160 year anniversary. This milestone was commemorated in part by the publication of Heroes of Pharmacy: Professional Leadership in Times of Change, 2nd edition, recognizing major figures and events in American pharmacy.

The value of our legacy requires maintaining a strong presence moving forward. This year, APhA published eight additional books to help all members, including practicing pharmacists, pharmacy technicians, and student pharmacists.

Complementing our printed successes, APhA’s online Pharmacy Library expanded content and gained more subscribers. In only its second year, PharmacyLibrary has increased its content by more than 50 percent and strengthened its presence in schools and colleges of pharmacy across the country. New titles on topics such as motivational interviewing and pharmacy ethics are on the horizon. We also added 100 therapeutic case studies, contributed by the University of Iowa College of Pharmacy. With a PharmacyLibrary subscription, members can access valuable content from their laptops or e-readers. This year, we also released our first six e-books.

E-Books Published by APhA in 2012

Communication Skills for Pharmacists: Building Relationships, Improving Patient Care
Bruce A. Berger

Essential Spanish for Pharmacists
Glenn L. Kisch

Getting Started as a Pharmacy Manager
Lynette R. Bradley-Baker

Getting Started as a Pharmacy Preceptor
Randell E. Doty

The Pharmacy Professional’s Guide to Résumés, CVs, & Interviewing
Thomas P. Reinders

The Practitioner’s Quick Reference to Nonprescription Drugs
Cynthia Knapp Dlugosz
Refreshing Changes for Periodicals

Advancing our publications included moving the journals forward electronically. *Journal of Pharmaceutical Sciences* became available exclusively online. All APhA members benefit from access to more articles as well as greater facility to keep up with a rapidly changing field.

*Pharmacy Today* took on a fresh look in 2012. With accessible design and up-to-date content, the periodical continued the conversation on MTM and other practical issues facing pharmacists. Boosted by the redesign, the magazine achieved outstanding support from the advertising community.

Our century-old, peer-reviewed *Journal of the American Pharmacists Association* also moved to a new, state-of-the-art web platform—JAPhA.org. This esteemed journal, which has detailed the APhA House of Delegates proceedings from 1912 to today, continues to help translate scientific articles for a practice-based audience.
Building Pharmacy’s Legacy

APhA recognizes the commitment of the leaders who devoted their time and expertise to the Association in 2012.

APhA

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APhA-APPM

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Co-Coordinator: Michael J. Schuh, Jacksonville, FL

Preceptor SIG
Coordinator: Kristin W. Weitzel, Gainesville, FL
Co-Coordinator: Karen Whalen, Gainesville, FL

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Coordinator: Michael Mosley, New Port Richey, FL
Co-Coordinator: Fred Gattas, Lake St. Louis, MO

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Coordinator: Phyllis A. Grauer, Plain City, OH
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Donna Simpson, Seminole, FL
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Robin M. Zavod, Downers Grove, IL
(APhA-APRS)

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University
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University

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University of Saint Joseph
Region 2: Paula Lachowicz,
University of Maryland
Region 3: Ashley Waddell,
Samford University
Region 4: Maggie Kaminska,
University of Illinois at Chicago
Region 5: Breanna Sunderman,
University of Iowa
Region 6: Alex Foster,
Southwestern Oklahoma State University
Region 7: Michelle Hatchett,
Washington State University
Region 8: Urvishkumar Italia,
University of the Pacific

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Region 2: Kinbo Lee,
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Region 3: Loren Kirk,
East Tennessee State University
Region 4: Valerie Budinger,
Ohio State University
Region 5: Sara Farrell,
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Region 6: Kalyn Acker,
University of Texas at Austin
Region 7: Lindsey Hunt,
Idaho State University
Region 8: Samuel Bonilla,
Western University of Health Sciences

Regional Members-at-Large
Region 1: Lucianne West,
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Region 2: Ashley Krumenacker,
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Region 3: Amy Kiskaddon,
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Region 5: Sarah Derr,
University of Minnesota
Region 6: Amanda Zessin,
University of the Incarnate Word
Region 7: Kelsie Hanson,
University of Montana
Region 8: Chiney Nalls Ahaive,
University of the Pacific

At large members:
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Region 7:
Lindsey Hunt, Region 6: Idah State University
Kelsie Hanson, Region 5: University of Iowa
 Richard A. Hansen, Region 4: Ohio State University
 Mika Bhakta, Region 3: University of the Pacific
 Patricia Miller, Region 2: University of the Sciences in Philadelphia
 Emily Prohaska, Region 1: University of Kansas City, Kansas

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University
Sara Wettersgreen, South Dakota State
University

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Bri Morris, University of Arkansas for
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 Richard A. Hansen, Region 4: Ohio State University
 Mika Bhakta, Region 3: University of the Pacific
 Emily Prohaska, Region 1: University of Kansas City, Kansas

### APhA Statement of Financial Position

**December 31, 2012 and 2011**

<table>
<thead>
<tr>
<th>Assets</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$7,341,931</td>
<td>$6,731,197</td>
</tr>
<tr>
<td>Accounts and other receivables, net</td>
<td>3,271,664</td>
<td>3,272,332</td>
</tr>
<tr>
<td>Due from affiliates</td>
<td>1,010,580</td>
<td>1,008,788</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>814,454</td>
<td>1,109,164</td>
</tr>
<tr>
<td>Inventories</td>
<td>392,913</td>
<td>454,804</td>
</tr>
<tr>
<td>Investments</td>
<td>13,491,780</td>
<td>12,059,299</td>
</tr>
<tr>
<td>Other asset</td>
<td>123,767</td>
<td>13,565</td>
</tr>
<tr>
<td>Land, building, and equipment, net</td>
<td>10,216,733</td>
<td>10,544,682</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$28,313,224</strong></td>
<td><strong>$26,293,151</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$2,362,641</td>
<td>$1,357,347</td>
</tr>
<tr>
<td>Accrued payroll and related liabilities</td>
<td>1,488,908</td>
<td>1,733,350</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>7,768,046</td>
<td>8,088,065</td>
</tr>
<tr>
<td>Deferred compensation</td>
<td>789,073</td>
<td>771,387</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>$12,408,668</strong></td>
<td><strong>$11,952,149</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net assets</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>15,597,707</td>
<td>14,934,153</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>291,849</td>
<td>291,849</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>15,000</td>
<td>15,000</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>$15,904,556</strong></td>
<td><strong>$14,341,002</strong></td>
</tr>
</tbody>
</table>

| Total liabilities and net assets | $28,313,224 | $26,293,151 |

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### APhA Statement of Activities

**Years Ended December 31, 2012 and 2011**

<table>
<thead>
<tr>
<th>Revenues</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings &amp; educational programs</td>
<td>$10,504,714</td>
<td>$11,005,837</td>
</tr>
<tr>
<td>Grants and contributions</td>
<td>9,594,851</td>
<td>9,210,968</td>
</tr>
<tr>
<td>Dues and subscriptions</td>
<td>4,688,871</td>
<td>4,547,747</td>
</tr>
<tr>
<td>Publications</td>
<td>3,708,576</td>
<td>3,759,520</td>
</tr>
<tr>
<td>Advertising</td>
<td>3,010,749</td>
<td>3,285,545</td>
</tr>
<tr>
<td>Investment income, net of nonoperating investment income</td>
<td>534,776</td>
<td>701,509</td>
</tr>
<tr>
<td>Royalties</td>
<td>496,434</td>
<td>591,068</td>
</tr>
<tr>
<td>Other</td>
<td>2,520,317</td>
<td>2,193,820</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td><strong>$35,059,288</strong></td>
<td><strong>$35,296,014</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and related costs</td>
<td>12,250,869</td>
<td>11,910,253</td>
</tr>
<tr>
<td>Professional fees and honoraria</td>
<td>8,192,501</td>
<td>7,864,711</td>
</tr>
<tr>
<td>Occupancy costs</td>
<td>3,395,893</td>
<td>3,408,564</td>
</tr>
<tr>
<td>Travel and meetings</td>
<td>2,921,163</td>
<td>2,927,480</td>
</tr>
<tr>
<td>Publications and editorial costs</td>
<td>1,624,165</td>
<td>1,594,376</td>
</tr>
<tr>
<td>Printing</td>
<td>1,093,990</td>
<td>1,413,965</td>
</tr>
<tr>
<td>Postage, shipping and handling</td>
<td>1,229,903</td>
<td>1,208,180</td>
</tr>
<tr>
<td>Equipment rental, repair and maintenance</td>
<td>966,663</td>
<td>897,139</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>729,057</td>
<td>760,075</td>
</tr>
<tr>
<td>Paper costs and supplies</td>
<td>693,533</td>
<td>724,859</td>
</tr>
<tr>
<td>Contributions and dues</td>
<td>482,360</td>
<td>481,963</td>
</tr>
<tr>
<td>Telephone</td>
<td>228,946</td>
<td>224,108</td>
</tr>
<tr>
<td>Other</td>
<td>1,094,258</td>
<td>982,007</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>$34,903,321</strong></td>
<td><strong>$34,397,680</strong></td>
</tr>
</tbody>
</table>

| Net operating surplus | 155,967 | 898,334 |

| Nonoperating investment income (loss) after allocations to operations | 857,505 | (761,761) |
| Change in minimum pension liability/plan termination | 50,831 | - |
| Gain (loss) from 2200 C Street LLC | 550,082 | (575,892) |
| **Change in net assets** | **1,563,554** | **(388,488)** |

| Net assets, beginning of year | 14,341,002 | 14,729,490 |

| Net assets, end of year | $15,904,556 | $14,341,002 |

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*Reflects core operations only. Excludes operations of the Political Action Committee and land holdings within 100% owned LLC.

*Unaudited
YOUR
VOICE
PROFESSION
OUR
LEGACY