

Form **990EZ**  
Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

OMB No 1545-1150  
**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

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

**C** Name of organization  
THE ISPE FOUNDATION INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
600 N WESTSHORE BLVD SUITE 900

City or town, state or province, country, and ZIP or foreign postal code  
TAMPA, FL 33609

**D** Employer identification number  
61-1856137

**E** Telephone number  
(813) 960-2105

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)( ) (insert no )  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 136,639

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.

		1	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																			136,363	
	2	Program service revenue including government fees and contracts . . . . .																				
	3	Membership dues and assessments . . . . .																				
	4	Investment income . . . . .																			276	
	5a	Gross amount from sale of assets other than inventory . . . . .																				
	5b	Less cost or other basis and sales expenses . . . . .																				
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																				
	6	Gaming and fundraising events																				
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																				
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .																				
6c	Less direct expenses from gaming and fundraising events . . . . .																					
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																					
7a	Gross sales of inventory, less returns and allowances . . . . .																					
7b	Less cost of goods sold . . . . .																					
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																					
8	Other revenue (describe in Schedule O) . . . . .																					
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶																			136,639		
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																				
	11	Benefits paid to or for members . . . . .																				
	12	Salaries, other compensation, and employee benefits . . . . .																				
	13	Professional fees and other payments to independent contractors . . . . .																			23,923	
	14	Occupancy, rent, utilities, and maintenance . . . . .																				
	15	Printing, publications, postage, and shipping . . . . .																				
	16	Other expenses (describe in Schedule O) . . . . .																			21,439	
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶																			45,362		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																			91,277	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .																			18,626	
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																				
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .																			109,903	

**Part II Balance Sheets** (see the instructions for Part II)  
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .		<b>22</b> 103,082
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	53,073	<b>24</b> 91,344
<b>25 Total assets</b> . . . . .	53,073	<b>25</b> 194,426
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	34,447	<b>26</b> 84,523
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	18,626	<b>27</b> 109,903

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)  
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
 A) PROVIDE A FORUM TO IDENTIFY AND DISCUSS MAJOR ISSUES AND PROBLEMS THAT EFFECT THE PHARMACEUTICAL AND RELATED HEALTH CARE TECHNOLOGY INDUSTRY B) RAISE FUNDS FOR THE RESEARCH AND DEVELOPMENT OF PRACTICAL APPLICATIONS FOR THE ADVANCEMENT OF HEALTH CARE TECHNOLOGY WORLDWIDE C) PROVIDE A CHANNEL FOR CHAPTERS AND AFFILIATES TO PROVIDE SCHOLARSHIP MONEY FOR STUDENTS CHOOSING THE PHARMACEUTICAL ENGINEERING FIELD WHATEVER ACTIVITIES OR PROJECTS ARE FUNDED WILL ENHANCE THE ENTIRE INDUSTRY, WHICH WILL BENEFIT THE MEMBERS OF ISPE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

**28** See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> See Additional Data Table	<b>29a</b>
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>30</b> See Additional Data Table	<b>30a</b>
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>31</b> Other program services (describe in Schedule O) . . . . .	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b> 45,362

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)  
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MICHAEL A ARNOLD RPH	1 00	0		
CHAIR				
TIMOTHY P HOWARD PE CPIP	1 00	0		
VICE CHAIR				
FRANCES M ZIPP	1 00	0		
TREASURER				
CHRISTOPHER J REID	1 00	0		
SECRETARY				
JOHN BOURNAS	1 00	0		
EX OFFICIO				
ANTONIO R MOREIRA PHD	1 00	0		
DIRECTOR				
ANDREW A SIGNORE PE CPIP	1 00	0		
DIRECTOR				
MARK HERNICK	1 00	0		
COO				

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 61-1856137  
**Name:** THE ISPE FOUNDATION INC

## Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p><b>28</b> PROVIDES SUPPORT FOR ISPE PROGRAMS, EDUCATION, TRAINING, AND AWARDS THE ISPE FOUNDATION SPONSORS PROGRAMS THAT ENABLE ISPE TO INFLUENCE THE FUTURE OF THE PROFESSION AND SUPPORTS TECHNICAL EDUCATION TO PREPARE ITS MEMBERS FOR TOMORROW</p> <p>(Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	32,821

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

<p><b>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>29</b>                      ISPE TRAVEL GRANT PROGRAM, WHICH WILL ATTRACT, SUPPORT, EDUCATE, AND TRAIN TALENTED YOUNG PEOPLE ENTERING THE INDUSTRY BOTH STUDENTS AND YOUNG PROFESSIONALS WILL RECEIVE FINANCIAL SUPPORT TO FURTHER THEIR PROFESSIONAL DEVELOPMENT AND CONTRIBUTE TO BUILDING OUR INDUSTRYS FUTURE WORKFORCE                      (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>29a</b></p>	<p style="text-align: right;">11,940</p>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				36,913	136,363	173,276
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					276	276
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5				36,913	136,639	173,552
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						173,552

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6				36,913	136,639	173,552
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)				36,913	136,639	173,552

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

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	100.000 %
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0 %
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	0 %

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 61-1856137

**Name:** THE ISPE FOUNDATION INC

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

**Facts And Circumstances Test**

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2018****Open to Public  
Inspection**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization  
THE ISPE FOUNDATION INC

Employer identification number

61-1856137

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES MARKETING AND PROMOTION 4,072 ADMIN 1,057 WOMEN IN PHARMA - ADMIN 85 STUDENT TRAVEL GRANTS 11,940 INSURANCE 1,899 WOMEN IN PHARMA - BUTTON 516 NON-INVESTMENT DEPRECIATION 1,870 TOTAL 21,439

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24	PLEDGES RECEIVABLE 36,913 70,776 DONATION MODULE-IMIS 0 16,160 LESS ACCUMULATED DEPRECIATION 0 1,347 CONSULTING SERV DONATION MODULE IMIS 0 6,278 LESS ACCUMULATED DEPRECIATION 0 523 PROPERTY AND EQUIPMENT IN PROGRESS 16,160 0 TOTAL 53,073 91,344

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26	DUE TO ISPE, INC 34,447 84,523

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART III	A) PROVIDE A FORUM TO IDENTIFY AND DISCUSS MAJOR ISSUES AND PROBLEMS THAT EFFECT THE PHARMACEUTICAL AND RELATED HEALTH CARE TECHNOLOGY INDUSTRY B) RAISE FUNDS FOR THE RESEARCH AND DEVELOPMENT OF PRACTICAL APPLICATIONS FOR THE ADVANCEMENT OF HEALTH CARE TECHNOLOGY WORLD WIDE C) PROVIDE A CHANNEL FOR CHAPTERS AND AFFILIATES TO PROVIDE SCHOLARSHIP MONEY FOR STUDENTS CHOOSING THE PHARMACEUTICAL ENGINEERING FIELD WHATEVER ACTIVITIES OR PROJECTS ARE FUNDED WILL ENHANCE THE ENTIRE INDUSTRY, WHICH WILL BENEFIT THE MEMBERS OF ISPE

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	PROVIDES SUPPORT FOR ISPE PROGRAMS, EDUCATION, TRAINING, AND AWARDS THE ISPE FOUNDATION SPONSORS PROGRAMS THAT ENABLE ISPE TO INFLUENCE THE FUTURE OF THE PROFESSION AND SUPPORTS TECHNICAL EDUCATION TO PREPARE ITS MEMBERS FOR TOMORROW

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 29	ISPE TRAVEL GRANT PROGRAM, WHICH WILL ATTRACT, SUPPORT, EDUCATE, AND TRAIN TALENTED YOUNG PEOPLE ENTERING THE INDUSTRY BOTH STUDENTS AND YOUNG PROFESSIONALS WILL RECEIVE FINANCIAL SUPPORT TO FURTHER THEIR PROFESSIONAL DEVELOPMENT AND CONTRIBUTE TO BUILDING OUR INDUSTRY'S FUTURE WORKFORCE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART III, LINE 30	ISPE WOMEN IN PHARMA WILL PROVIDE WOMEN IN THE PHARMACEUTICAL INDUSTRY PROFESSIONAL TRAINING AND EDUCATION TO FOSTER MENTORSHIP AND NETWORKING FOR WOMEN AND ETHNICALLY DIVERSE PEOPLE, TO DRIVE THEIR SUCCESSFUL CAREER PROGRESS A COMMUNITY OF WIP MENTORS, RESOURCES ACROSS ALL LEVELS, AND EDUCATIONAL SESSIONS WILL BE AN ENABLER FOR CAREER SUCCESS AND WORK-LIFE BALANCE