**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

<u>A</u>	ror u	ne 2020 calendar year, or tax year beginning and e	naing	_	
В	Check i applica	f C Name of organization		D Employer identific	cation number
	Addı char Nam				
	char	nge Doing business as		26-45263	40
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Fina retur		50	202-737-0	6608
	term ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	359,472.
	Ame retur	MASHINGTON, DC 20005		H(a) Is this a group re	eturn
	Appl			for subordinates	
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	=
$\overline{\Gamma}$	Тах-е	xempt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) ( ) $\overline{}$ (insert no.) $\overline{}$ 4947(a)(1) or	527	1	list. See instructions
		site: ► WWW.ASHECON.ORG	021	H(c) Group exemption	
		of organization; Corporation Trust X Association Other	I Vear		1 State of legal domicile: IL
	art I	Summary	L TGai	or formation. 2005 is	Totate of legal dofficite, 22
	1	Briefly describe the organization's mission or most significant activities: THE A	MERTC	AN SOCIETY O	ЭР НЕАТ-ТН
9	:  '	ECONOMISTS (ASHECON) IS DEDICATED TO PROMO			
Jan	2	Check this box if the organization discontinued its operations or dispose			
Jerr		•		1 1	14
Š	3			·····	14
ø	4	Number of independent voting members of the governing body (Part VI, line 1b)			0
Activities & Governance	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
	6	Total number of volunteers (estimate if necessary)			
Aci	7 8			7a	0.
_	<u>                                   </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		275,507.	294,182.
	9	Program service revenue (Part VIII, line 2g)		388,633.	65,290.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		664,140.	359,472.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		9,501.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		82,500.	27,500.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
9	<u>}</u> k	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Û	i  17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		583,680.	246,521.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		675,681.	274,021.
	19	Revenue less expenses. Subtract line 18 from line 12		-11,541.	85,451.
Net Assets or	3		Ве	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		449,701.	567,576.
Ass	21	Total liabilities (Part X, line 26)		0.	131,811.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		449,701.	435,765.
P	art II				
Unc	der per	nalties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is
		ect, and complete. Declaration of preparer (other than officer) is based on all information of whic			•
				, I	
Sig	ın	Signature of officer		Date	
He		▶ DAVID DRANOVE, TREASURER			
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	[	Date Check	PTIN
Pai	d	NANCY JOHNSON NANCY JOHNSON	1	.1/08/21 if self-employe	
	u parer	Firm's name UHY ADVISORS MID-ATLANTIC MD, INC			26-0794367
	Only	Firm's address 8601 ROBERT FULTON DRIVE, SUITE 2		THIII 3 LIN	
550	. Jy	COLUMBIA, MD 21046		Phone no. (4)	10) 720-5220
N/a	v tha	IRS discuss this return with the preparer shown above? See instructions		F HOUR HO. ( =	X Yes No
ivid	y ule	INO GISCUSS THIS TELLITE WITH THE PERPARET SHOWIT ADDIVE! SEE HISTRUCTIONS			LT ICO   NO

Га	Charle if Calcadula Constains a response or make to any line in this Dark III	X
_	Check if Schedule O contains a response or note to any line in this Part III	A_
1	Briefly describe the organization's mission:	
	ASHECON IS A PROFESSIONAL ORGANIZATION DEDICATED TO PROMOTING	2 6115 6017
	EXCELLENCE IN HEALTH ECONOMICS RESEARCH IN THE UNITED STATES.	
	PROVIDES A FORUM FOR EMERGING IDEAS AND EMPIRICAL RESULTS OF H	
		ASHECON
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 X 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 X 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	y 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		<b>31,495.</b> )
	CONFERENCE AND MEETINGS - ASHECON HOLDS AN ANNUAL MEETING AT	
	ALTERNATING LOCATIONS IN THE UNITED STATES TO DISSEMINATE CURR	
	RESEARCH RESULTS AND PROVIDE A GATHERING PLACE FOR THE EXCHANGE	
	IDEAS BETWEEN ACADEMIC AND NONACADEMIC HEALTH ECONOMISTS. DURI	
	YEAR, ASHECON ALSO HOSTED LUNCHEON MEETINGS TO PROVIDE NETWORK	ING
	OPPORTUNITIES FOR ITS MEMBERS.	
4b	(Code:) (Expenses \$	<u>33,795.</u> )
	PUBLICATIONS AND COMMUNICATIONS - ASHECON PROVIDES A JOURNAL FO	OR ITS
	MEMBERS CALLED THE AMERICAN JOURNAL OF HEALTH ECOMOMICS (AJHE)	• AJHE
	PROVIDES A FORUM FOR IN-DEPTH ANALYSIS OF INSTITUTIONAL HEALTH	CARE
	SYSTEMS AND INDIVIDUAL HEALTH BEHAVIORS. AJHE CONTAINS ARTICLE	S
	AUTHORED BY SCHOLARS FORM UNIVERSITIES, PRIVATE RESEARCH ORGAN	IZATIONS,
	GOVERNMENT, AND INDUSTRY. SUBJECTS OF INTEREST INCLUDE COMPETI	TION
	BETWEEN PRIVATE HEALTH INSURANCE PROVIDERS, THE IMPACT OF THE	
	AFFORDABLE CARE ACT, PHARMACEUTICAL REGULATION, MEDICAL DEVICE	SUPPLY,
	THE RISE OF OBESITY, THE INFLUENCE AND GROWTH OF AGING POPULAT	IONS, AND
	MUCH MORE. ASHECON ALSO PROVIDES JOB POSTINGS ON THEIR WEBSITE	•
4c	(Code:) (Expenses \$	)
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ▶ 203,752.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	١Ů		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	٣		<del> </del>
10		10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
• • •	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.			
_	••			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			X
	Part VI	11a		Α.
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	. د د ا		<sub>v</sub>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	١		, v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l	37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		3.7	
	Schedule D, Parts XI and XII	12a	X	_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Pai	rt IV Checklist of Required Schedules (continued)			
	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·		28c		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in non-cash contributions: If yes, complete scriedule in	23		
30		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization required by the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		125
32	,	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		125
34		24		x
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		125
D		256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36		36		x
37	If "Yes," complete Schedule R, Part V, line 2	30		125
31		27		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
30		20	Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	71	L
	Objects York adult O contains a second of the contains and the second of the Port V			
	Check if Schedule O contains a response or note to any line in this Part v		Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	162	140
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
U	2.2 2.3 3.3 3.3 2.1 2.2 3.1 2.2 3.1 2.2 3.2 3.2 3.2 3.2 3.2 3.2 3.2 3.2 3.2			1

(gambling) winnings to prize winners?

Form 990 (2020)

AMERICAN SOCIETY OF HEALTH ECONOMISTS

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

				Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return2a	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		<u> </u>	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	y over, a			1	
	financial account in a foreign country (such as a bank account, securities account, or other financial account	)?	4a		X	
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	s (FBAR).				
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	ization solicit			37	
	any contributions that were not tax deductible as charitable contributions?		6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or					
_	were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).		_		v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pr		7a		X	
D		d	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requite file Form 8282?		70		x	
٨	I		7c			
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract.	)	7e		х	
f			7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	9 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?					
9						
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a			
<b>L</b>	Note: See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
_						
	Did the constitution of the factor of the fa		14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of		1-710			
.5	excess parachute payment(s) during the year?		15		x	
	If "Yes," see instructions and file Form 4720, Schedule N.		.5			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom	e?	16		х	
	If "Yes," complete Form 4720, Schedule O.					

Form 990 (2020) AMERICAN SOCIETY OF HEALTH ECONOMISTS 26-4526340 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to lines 2 through 7 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

800						X
Sec	tion A. Governing Body and Management					
		1 1	1 4 [		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form		- 1	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as		····· [	5		Х
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a	Х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			<i>1</i> a		
b				7b		х
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year.			7.0		21
8		-		0-	Х	
	The governing body?		- 1	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read to the control of t			_		37
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)				
			ſ		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the for	m?	11a	_X_	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," describe				
	in Schedule O how this was done	,		12c		
13	Did the organization have a written whistleblower policy?		- [	13		Х
14			- [	14		Х
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			.55		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
IUa				160		Х
_	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of the entity during the year?			16a		21
D						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			401		
800	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►IL					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 50	1(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	` '	n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest polic	cy, and	financ	cial	
	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 bo	oks and records				
	TARA SHEEHAN - 202-737-6608					
	1100 VERMONT AVENUE NW, NO. 650, WASHINGTON, DC 2	0005				

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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.

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

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

(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and title	Average		not cl		more	than o		Reportable	Reportable	Estimated
	hours per week	box,	box, unless pe officer and a d			s both or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				ped		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			bensa		(W-2/1099-MISC)		organization
	organizations	ıal tru	onal t		ploye	com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHRISTOPHER "KITT" CARPENTER	0.50									
DIRECTOR		Х						0.	0.	0.
(2) DARREL GASKIN	0.50									
DIRECTOR		Х						0.	0.	0.
(3) DONNA GILLESKIE	0.50									
DIRECTOR		Х						0.	0.	0.
(4) JONATHAN KOLSTAD	0.50									
DIRECTOR		Х						0.	0.	0.
(5) SARA MARKOWITZ	0.50	.								
DIRECTOR		Х						0.	0.	0.
(6) AMANDA KOWALSKI	0.50	.							_	_
DIRECTOR		Х						0.	0.	0.
(7) ELLEN MEARA	0.50	.							_	_
DIRECTOR		Х						0.	0.	0.
(8) NERRAJ SOOD	0.50	.								_
DIRECTOR		Х						0.	0.	0.
(9) THOMAS BUCHMUELLER	0.50									
DIRECTOR		Х						0.	0.	0.
(10) MARTIN GAYNOR	0.50	_								
PRESIDENT		Х						0.	0.	0.
(11) DAVID CUTLER	0.50	_								
PRESIDENT-ELECT		Х						0.	0.	0.
(12) KATE BUNDORF	0.50	ا ا							•	•
TREASURER	0.50	Х						0.	0.	0.
(13) ROBIN MCKNIGHT	0.50	ا ا							•	•
SECRETARY	0.50	Х						0.	0.	0.
(14) JANET CURRIE	0.50	,							_	_
PAST-PRESIDENT	- 0 00	Х						0.	0.	0.
(15) DEBBIE FREUND	8.00			v				27 500	_	_
EXECUTIVE DIRECTOR THRU 4/21		$\vdash \vdash$		Х				27,500.	0.	0.
	1					<u> </u>	<u> </u>	<u> </u>		<b></b>

Form **990** (2020)

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			•	C)			(D) (E)				(F)	
	Name and title	Average	(do		Pos heck		<b>າ</b> than ເ	ne	Reportable	Reportable		Es	timate	:d
		hours per	box	ox, unless person		rson i	is both	an	compensation	compensation			nount	of
		week	_	Cer ai	lu a u	recic	Tritus	ee)	from	from related	l l		other	
		(list any hours for	director						the	organizations			•	
		related	ord	e e			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	· <sup>()</sup>		om th	
		organizations	Individual trustee or	Institutional trustee		99	Highest compensated employee		(44-2/1099-141130)				anizat d relat	
		below	dual t	rtiona	L	nploy	st cor	-					anizati	
		line)	ndivi	nstit	Officer	Key employee	lighe mplc	Former				3-		
				<del>                                     </del>	Ť	_					$\neg$			
			Ī											
			_											
							_				$\dashv$			
			1											
											$\dashv$			
			1											
			-											
											$\dashv$			
1b	Subtotal							<u> </u>	27,500.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	27,500.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	!			
	compensation from the organization												1	0
											ſ		Yes	No
3	Did the organization list any former officer,	director, trust	ee, ł	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		<u> </u>
4	For any individual listed on line 1a, is the su	•							•	•				
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	•				•			•	lual for services				37
	rendered to the organization? If "Yes." com	plete Schedule	e <i>J f</i>	or su	ıch į	oers	on .					5		X
	tion B. Independent Contractors								t : t	100,000 - f				
1	Complete this table for your five highest co the organization. Report compensation for	=	-							· · ·	ensat	tion tro	om	
	(A)	irie caleridai ye	sai e	iluii	ig w	ш	JI VVI	111111	(B)	5ai.		(C	:)	
	Name and business	address							Description of s	ervices	С	omper		า
ASS	SOCIATION FOR PUBLIC PO	LICY, 1	10	0										
VEI	RMONT AVENUE NW, SUITE	650, WA	SH	IN	GT	ON	,		MANAGEMENT			11!	5 <b>,</b> 1	39.
								_						
								_						
2	Total number of independent contractors (in	ncludina but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization			-		1			,					

\$100,000 of compensation from the organization

Form 990 (2020) AMERICA
Part VIII Statement of Revenue

		Check if Schedule O contains a re	sponse (	or note to any lin	e in this Part VIII			
			•	j	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
						function revenue	business revenue	sections 512 - 514
ΩS	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			1b	63,967.				
ច្ច			1c	00,00.0				
fts,			1d					
ig ig			1e	50,000.				
Sin		All other contributions, gifts, grants, and	16	30,0001				
e H	'		1f	180,215.				
들	~		1g \$	100,213.				
o u	•	_			294,182.			
OB		Total. Add lines 1a-1f		Business Code	274,102.			
_	0 0	BI-ANNUAL CONFERENC	900099	26,260.	26,260.			
ice		ROYALTIES	<u> </u>	900099	23,695.	23,695.		
er.		JOB POSTING FEES		900099	10,100.	10,100.		
π S	C	LUNCHEON MEETINGS		900099	5,235.	5,235.		
gra Be	a	DUNCHEON MEETINGS		300033	3,233.	3,233.		
Program Service Revenue	e	- ·						
ъ.		All other program service revenue			65,290.			
-+	<u>g</u>				03,290.			
	3	Investment income (including dividend						
	_	other similar amounts)						
	4	Income from investment of tax-exemp	-					
	5	Royalties	 Real					
			Real	(ii) Personal				
		Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
		Net rental income or (loss)		(:) Other				
	7 a		curities	(ii) Other				
	_	assets other than inventory 7a						
	b	Less: cost or other basis						
Revenue		and sales expenses						
e e		Gain or (loss)7c						
		Net gain or (loss)		<b></b>				
ther	8 a	Gross income from fundraising events (no	.					
₫		including \$						
		contributions reported on line 1c). See	I					
		Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fundraising e		<b>&gt;</b>				
	9 a	Gross income from gaming activities.						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming active	/ities					
	10 a	Gross sales of inventory, less returns						
	_	and allowances						
		Less: cost of goods sold						
$\longrightarrow$	С	Net income or (loss) from sales of inve	ntory					
य				Business Code				
Miscellaneous Revenue	11 a							
llan Gen	b							
Se.	С.							
Ξ̈́		All other revenue		_				
		Total. Add lines 11a-11d			250 470	65 200	0	0
	12	Total revenue. See instructions			359,472.	65,290.	0.	0.

26-4526340

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								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	27,500.	20,625.	6,875.					
6	Compensation not included above to disqualified	-		-					
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (nonemployees):								
а	Management	115,139.	86,355.	28,784.					
b		2,995.		2,995.					
С		24,539.		24,539.					
d									
е									
f	Investment management fees								
g									
	column (A) amount, list line 11g expenses on Sch O.)	4,775.	4,327.	448.					
12	Advertising and promotion								
13	Office expenses	612.		612.					
14	Information technology	9,339.	7,005.	2,334.					
15	Royalties								
16	Occupancy								
17	Travel	3,795.	1,742.	2,053.					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	43,049.	43,049.						
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance	2,778.	1,149.	1,629.					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column (A)								
_	amount, list line 24e expenses on Schedule 0.)  AMERICAN JOURNAL OF HEA	39,500.	39,500.						
a		33,300.	39,300.						
b									
c d									
	All other expenses								
е 25	Total functional expenses. Add lines 1 through 24e	274,021.	203,752.	70,269.	0.				
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,1,021.	200,702.	.0,200.	•				
20	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								

Form 990 (2020)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		449,701.	1	554,454.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	3,774.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	•			
		controlled entity or family member of any of these			5	
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described			6	
w	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	9,348.
		Land, buildings, and equipment: cost or other				,
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ		449,701.	16	567,576.
	17	Accounts payable and accrued expenses			17	20,000.
	18	Grants payable			18	
	19	Deferred revenue		19	81,811.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete			21	
w	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst	tantial contributor, or 35%			
Ιġ		controlled entity or family member of any of the	se persons		22	
Ë	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X			
		of Schedule D		0.	25	30,000.
	26	Total lightilities Add lines 17 through 05		0.	26	131,811.
		Organizations that follow FASB ASC 958, che	eck here 🕨 🗓			
Fund Balances		and complete lines 27, 28, 32, and 33.				
auc	27	Net assets without donor restrictions		449,701.	27	410,765.
Ba	28	Net assets with donor restrictions			28	25,000.
u		Organizations that do not follow FASB ASC 9	58, check here 🕨 🗌			
		and complete lines 29 through 33.				
s or	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or ed			30	
Net Assets or	31	Retained earnings, endowment, accumulated in			31	
Ret	32	Total net assets or fund balances		449,701.	32	435,765.
	33	Total liabilities and net assets/fund balances .		449,701.	33	567,576.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	59,4	<u> 472.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	74,(	021.
3	Revenue less expenses. Subtract line 2 from line 1	3		85,4	<u>451.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	49,	701.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	_	99,:	387.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4	35,	765.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		22	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2t	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C	).		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	dit		
	Act and OMB Circular A-133?		3	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		31	, [	

Form **990** (2020)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Name of the organization

AMERICAN SOCIETY OF HEALTH ECONOMISTS

26-4526340 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 AMERICAN SOCIETY OF HEALTH ECONOMISTS 26-4526340 Page 2

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						-
Ŭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	. (2)						
6	Public support. Subtract line 5 from line 4.						
_	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(4) 2010	(6) 2017	(6) 2010	(4) 2013	(6) 2020	(i) rotai
	Gross income from interest.						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	ata (aga inaturatio				12	-
	First 5 years. If the Form 990 is for th			fourth or fifth toy			-
13	organization, check this box and stop	•		•	•		▶□
Sec	ction C. Computation of Public			•••••			
	Public support percentage for 2020 (li			column (f))		14	%
	Public support percentage from 2019					15	<del>/</del> 6
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						<b>.</b> —
b	<b>33 1/3% support test - 2019.</b> If the co		•				
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te		•		raanization		
b	10% -facts-and-circumstances test	•	•				
_	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
18	<b>Private foundation.</b> If the organization		-	• •			<b>▶</b> □
	· · · · · · · · · · · · · · · · · · ·		,				

# 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.)

Sec	ction A. Public Support	elow, please comp	nete Part II.)				_
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not			• •			,,
	include any "unusual grants.")	25,030.	122,449.	177,205.	275,507.	294,182.	894,373.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	538,807.	28,540.	354,689.	388,633.	65,290.	1375959.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	563,837.	150,989.	531,894.	664,140.	359,472.	2270332.
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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						0.
c	Add lines 7a and 7b						0.
8 Sec	Public support. (Subtract line 7c from line 6.)						2270332.
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	563,837.	150,989.	531,894.	664,140.	359,472.	2270332.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	30370370	9,919.	11,803.	001/1101	333 / 1724	21,722.
k	Unrelated business taxable income (less section 511 taxes) from businesses		, , ,	,			,
	acquired after June 30, 1975		9,919.	11,803.			21,722.
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		9,919.	11,003.			21,722.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	563,837.	160,908.	543,697.	664,140.	359,472.	2292054.
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
	ction C. Computation of Publi						
15	Public support percentage for 2020 (li	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	99.05 %
	Public support percentage from 2019					16	98.95 %
	ction D. Computation of Inves						0.5
	Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •			17	.95 %
	Investment income percentage from 2					18	1.05 %
19a	a 33 1/3% support tests - 2020. If the						
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	▶ X
	line 18 is not more than 33 1/3%, che	ck this box and ste	<b>op here.</b> The orga	nization qualifies a	s a publicly suppo	rted organization	▶∐
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	▶∐_

# Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

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

_		Yes	No
Т	1		
Г	2		
L	За		
L	3b		
L	3c		
H	4a		
L	4b		
Г	4c		
	5a		
	Ju		
Т	5b		
	5c		
	6		
L	7		
	8		
	9a		
$\vdash$	9b		
	90		
	9с		
L	10a		
	40:		
	10b		

Par	[ IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
		nily member of a person described in line 11a above?	11b		
С	A 35%	% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion E	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	Now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sect	ion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	upported organization(s).	1		
Sect	ion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sect	ion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Щ	The organization satisfied the Activities Test. Complete line 2 below.			
b	Щ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		
		ties Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 AMERICAN SOCIETY OF HEALTH ECONOMISTS 26-4526340 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): **a** Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Pai	rt V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ıed)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
<u>e</u>	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				

Schedule A (Form 990 or 990-EZ) 2020

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

and 4c.
 B Breakdown of line 7:
 a Excess from 2016
 b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

**2020** 

AMERICAN SOCIETY OF HEALTH ECONOMISTS

**Employer identification number** 

26-4526340

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

# AMERICAN SOCIETY OF HEALTH ECONOMISTS

26-4526340

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1_	JOHNS HOPKINS UNIVERSITY  3400 N. CHARLES ST  BALTIMORE, MD 21218-2683	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	ANALYSIS GROUP  111 HUNTINGTON AVENUE, 14TH FLOOR  BOSTON, MA 02199	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	AHRQ  5600 FISHERS LN #7  ROCKVILLE, MD 20857	\$ 60,000.	Person X Payroll				
(a)	(b)	(c)	(d)				
	Name, address, and ZIP + 4  ASCENSION  101 S HANLEY RD #450  ST. LOUIS, MO 63105	\$ 25,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5	CENTENE CORPORATION  CENTENE PLAZA,7700 FORSYTH BOULEVARD  ST. LOUIS, MO 63105	\$\$0,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6	HARVARD  1805 CAMBRIDGE STREET  CAMBRIDGE, MA 02138	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

# AMERICAN SOCIETY OF HEALTH ECONOMISTS

26-4526340

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7	MERCK  2000 GALLOPING HILL ROAD  KENILWORTH, NJ 07033	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8	MATRIX ECONOMICS  125 HIGH ST.  BOSTON, MA 02110	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9	NORTHWESTERN UNIVERSITY  2211 CAMPUS DR  EVANSTON, IL 60208	\$5,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
10	UNIVERSITY OF MICHIGAN  701 TAPPAN STREET  ANN ARBOR, MI 48109	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
11_	MERCY 615 SOUTH NEW BALLAS ROAD SAINT LOUIS, MO 63141	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

# AMERICAN SOCIETY OF HEALTH ECONOMISTS

26-4526340

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

MERTO	CAN SOCIETY OF HEALTH EG	CONOMISTS		26-4526340				
Part III	Exclusively religious, charitable, etc., contributifrom any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ons to organizations described in through (e) and the following line charitable, etc., contributions of \$1,000 (charitable)	entry. For organization	), or (10) that total more than \$1,000 for the yeal				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(e) Transfer of g	ift					
	Transferee's name, address, a	nd ZIP + 4	Relationsh	nip of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationsh	nip of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer of g		nip of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(e) Transfer of g	ift					
	Transferee's name, address, a	nd ZIP + 4	Relationsh	nip of transferor to transferee				

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN SOCIETY OF HEALTH ECONOMISTS

**Employer identification number** 26-4526340

Pai	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Similar Funds	or Accour	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.			
		(a) Donor ad	vised funds	<b>(b)</b> Fur	nds 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 v	writing that the assets	s held in donor advis	sed funds	
	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	r any other purpose	conferring	
D :	impermissible private benefit?				
Pai	TII Conservation Easements. Complete if the org	ganization answered	'Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization		ly).		
	Preservation of land for public use (for example, recreated	tion or education)		-	important land area
	Protection of natural habitat		Preservation o	f a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation con	tribution in the form	of a conserva	tion easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a			ure	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	e organization	during the tax
	year ▶				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ection, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	, and enforcing con	servation ease	ements during the year
	<b></b>				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	l enforcing conserva	ition easemen	ts during the year
	<b>&gt;</b> \$				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization	on's financial statem	ents that desc	cribes the
Dai	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art Historical 1	reactires or O	thar Simila	ιτ Δεερίε
ı aı	Complete if the organization answered "Yes" on Form	-	reasures, or o	uici Oiiiiid	ii Addeta.
10	If the organization elected, as permitted under FASB ASC 95		rovonuo etetement e	and halanaa a	hoot works
ıa	of art, historical treasures, or other similar assets held for pub	•			
	,	,	,		public
	service, provide in Part XIII the text of the footnote to its finan				turoulco of
D	If the organization elected, as permitted under FASB ASC 95	· ·			
	art, historical treasures, or other similar assets held for public	exhibition, education	i, or research in furt	nerance of pu	blic service,
	provide the following amounts relating to these items:			_	Φ.
	(i) Revenue included on Form 990, Part VIII, line 1				\$
•		acurac ar ather simil			\$
2	If the organization received or held works of art, historical treat			ıı gairi, provide	<del>5</del>
_	the following amounts required to be reported under FASB A	-			¢
a	Revenue included on Form 990, Part VIII, line 1				\$
IJ	Assets included in Form 990, Part X				Ψ

Sche		SOCIETY							<u> 26340</u>	
Pa	t III   Organizations Maintaining Co	llections of A	rt, Hist	orical Tre	easures, o	r Other	Simila	r Assets	(continu	ıed)
3	Using the organization's acquisition, accession	n, and other record	ds, check	any of the	following tha	t make sigi	nificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition		d 🔲	Loan or exc	change progr	am				
b	Scholarly research		е 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explai	in how th	ey further th	ne organizatio	on's exemp	ot purpo:	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or oth	er similar a	ssets			
	to be sold to raise funds rather than to be main								Yes	☐ No
Pa	t IV Escrow and Custodial Arrang	ements. Comp	lete if the	organizatio	n answered	"Yes" on F	orm 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodian	n or other intermed	diary for o	contribution	s or other as	sets not in	cluded		_	
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII are	nd complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on For					-	/?	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII. C									
Pa	T V Endowment Funds. Complete if									
		(a) Current year	(b) F	Prior year	(c) Two year	irs back (	<b>d)</b> Three y	rears back	<b>(e)</b> Four	years back
1a	Beginning of year balance		+							
b	Contributions		+							
С	Net investment earnings, gains, and losses		+							
d	Grants or scholarships		+							
е	Other expenditures for facilities									
_	and programs		+							
f	Administrative expenses		<del> </del>							
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curre	•	e (line 1ç	g, column (a	)) held as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment									
2-	The percentages on lines 2a, 2b, and 2c shoul Are there endowment funds not in the possess	•	-4: 41	بماما منتما						
Sa		sion of the organiz	ation tha	t are neid ar	ia administe	rea for the	organiza	ation	Г	Yes No
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
h	(ii) Related organizations	ana liatad aa ragui	rod on C	obodulo D2					3a(ii) 3b	
4	Describe in Part XIII the intended uses of the c								Sb	
	t VI Land, Buildings, and Equipme		WITHER I	uilus.						
	Complete if the organization answered		0 Part IV	/ line 11a S	See Form 990	) Part X lir	ne 10			
	Description of property	(a) Cost or			t or other		cumulate	-d	(d) Book	value
	Description of property	basis (invest		. ,	(other)		eciation	~	(u) DOOK	value
12	Land	<del>- `</del>	· · ·y		. =:/	250				
b	Buildings									
C	Leasehold improvements									
d	Equipment									
	Other									

Schedule D (Form 990) 2020

0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

Schedule D (Form 990) 2020 AMERICAN SOC	IETY OF HEAL	TH ECONOMISTS	26-4526340 Page
Part VII Investments - Other Securities.			: -: <u>-:</u> -
Complete if the organization answered "Yes" of	n 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		st 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c. See Form 990, Part X, line 1	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	est or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<u>15.)</u>		▶
	- F 000 B-+ IV I'	44 44( O F 000 B+)	( Page 05
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X	<del>′                                      </del>
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			20 000
(2) DUE TO APPAM			30,000
(3)			
<u>(4)</u>			+
<u>(5)</u>			

30,000. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(7) (8) (9)

Sche	edule D (Form 990) 2020 AMERICAN SOCIETY OF HEA	LTH ECONOMISTS	26-45	526340 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue po		3
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1			1	359,472.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-
а		2a		
b				
С				
d	Other (Describe in Part XIII.)			
е			2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			359,472.
4	Amounts included on Form 990. Part VIII. line 12, but not on line 1:			•
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			359,472.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir			
1	Total expenses and losses per audited financial statements		1	274,021.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	- · ·			
d				
е		<del>_</del>	2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			274,021.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			•
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines <b>4a</b> and <b>4b</b>	•	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			274,021.
	rt XIII Supplemental Information.	0.7	······ , • ,	,
Prov	ide 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. I	ine 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		,	,
		.,		
PAI	RT X, LINE 2:			
	·			
THI	E INCOME TAX POSITIONS TAKEN BY ASHECON	FOR ANY YEAR OPE	N UNDER	THE
VAI	RIOUS STATUTES OF LIMITATIONS ARE THAT	ASHECON CONTINUES	TO BE E	EXEMPT

FROM INCOME TAXES AND THAT THEY HAVE PROPERLY REPORTED UNRELATED BUSINESS INCOME THAT IS SUBJECT TO INCOME TAXES. ASHECON BELIEVES THAT THERE ARE NO TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD SIGNIFICANTLY INCREASE UNRECOGNIZED TAX LIABILITIES WITHIN 12 MONTHS OF THE REPORTING DATE. NONE OF ASHECON'S FEDERAL OR STATE INCOME TAX RETURNS ARE CURRENTLY UNDER EXAMINATION.

Schedule D	(Form 990) 2020	AMERICAN	SOCIETY	OF	HEALTH	ECONOMISTS	26-4526340	Page 5
Part XIII	(Form 990) 2020 Supplemental Infor	mation <sub>(continue</sub>	ed)					
		·	ŕ					

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

**Open to Public** Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN SOCIETY OF HEALTH ECONOMISTS

**Employer identification number** 26-4526340

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ECONOMICS RESEARCH IN THE UNITED STATES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AIMS TO ADVANCE HEALTH ECONOMICS RESEARCH IN THE UNITED STATES. TO
ACHIEVE WIDESPREAD RECOGNITION FOR THE FIELD OF HEALTH ECONOMICS AND TO
ENHANCE INDIVIDUAL AND SOCIETAL HEALTH BY PROVIDING EVIDENCE AND
EXPERTISE FOR THE DEVELOPMENT OF PRIVATE AND PUBLIC POLICIES.
FORM 990, PART VI, SECTION A, LINE 3:
MANAGEMENT COMPANY PROVIDES FINANCIAL SUPPORT, EVENT MANAGEMENT, AND
PROGRAMMATIC SUPPORT.
FORM 990, PART VI, SECTION A, LINE 6:
ASHECON HAS A BOARD OF DIRECTORS CONSISTING OF OFFICERS AND MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
ASHECON'S BOARD OF DIRECTORS CONSISTS OF MEMBERS ELIGIBLE TO VOTE ON THE
ADDITION OF MEMBERS AND DIRECTORS.
IBBITION OF MEMBERS AND BIRDCIONS.
FORM 990, PART VI, SECTION B, LINE 11B:
ALL BOARD MEMBERS ARE PROVIDED A COPY OF THE 990 FOR REVIEW PRIOR TO
FILING.
FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization  AMERICAN SOCIETY OF HEALTH ECONOMISTS	Employer identification number 26-4526340
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUES	т.
FORM 990, PART XII, LINE 1:	
EFFECTIVE 1/1/20, ASHECON CHANGED ITS ACCOUNTING BASIS FRO	M CASH BASIS
TO ACCRUAL BASIS OF ACCOUNTING. FORM 3115 HAS BEEN COMPLET	ED.
FORM 990, PART XII, LINE 2C:	
NO CHANGES TO THE OVERSIGHT OR SELECTION PROCESS HAS BEEN	DURING THE
TAX YEAR.	

**Application for Change in Accounting Method** 

► Go to www.irs.gov/Form3115 for instructions and the latest information.

OMB No. 1545-2070

Department of the Internal Revenue S		➤ Go to	www.irs.gov/Form3115 fo	r instruction	s and t	the latest informa	tion.			
		corporation if a cons	olidated group) (see instruction	s) Ide	ntificatio	on number (see instr	uctions)			
							26340			
				Prir	Principal business activity code number (see instructions)					
			LTH ECONOMISTS							
Number, street,	and room or s	uite no. If a P.O. box,	see the instructions.	Tax	year of o	change begins (MM/				
	1100 VERMONT AVENUE NW					change ends (MM/DI		/31/202	20	
City or town, st						ntact person (see ins	tructions)			
WASHING					TE B	UNDORF				
Name of applica	ant(s) (if differe	nt than filer) and ide	ntification number(s) (see instr	uctions)			Contact person' 202-737-	-	umber	
If the applicar	nt is a membe	er of a consolidated	I group, check this box							
If Form 2848,	Power of Att	orney and Declara	tion of Representative, is at	tached (see i	nstructi	ons for when Form	n 2848 is require	ed),		
check this bo	x			<u></u>						
		the type of appli		I		appropriate box			ounting	3
Individu	ıal		Cooperative (Sec. 138	31) me	thod ch	hange being requ	<b>ested.</b> See inst	ructions.		
Corpora	ation		Partnership							
Control	led foreign co	rporation	S corporation		Depre	eciation or Amortiz	ation			
(Sec. 95	57)		Insurance co. (Sec. 81	16(a))	Finan	cial Products and/	or Financial Act	ivities of		
10/50 c	orporation (S	ec. 904(d)(2)(E))	Insurance co. (Sec. 83	31)	Finan	cial Institutions				
Qualifie	d personal se	rvice	Other (specify) >		Other	(specify)				
corporation (Sec. 448(d)(2))										
X Exempt organization. Enter Code section ► 501 (C) (3)  Caution: To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to										
	-	• •	·	-						the
			ge in method of accounting elevant information, even if					ni triis Form	3115	
. •			statements requested thro	•		icsica on i onn o i	10.			
	•		ic Change Request							
			atic accounting method cha	nge number	("DCN")	) for the requested	automatic char	nge.	Yes	No
			d for in guidance published							
		both a description	of the change and a citation	on of the IRS	guidand	ce providing the au	itomatic change	Э.		
	tructions.									
	l: <u>122</u>	(2) DCN:	(3) DCN:	(4) DCN:		_ (5) DCN:	(6) DCN	N:		
(7) DCN			(9) DCN:	(10) DCN:		_ (11) DCN:	(12) DCN	N:		
	Desc									
			applicant from filing the red	quested char	nge usin	ng the automatic cl	nange			77
-	- ·	•								X
			n and statements required (		m and	<b>(b)</b> by the List of A	utomatic		37	
•			equesting a change? See in						X	
			nis form, and, Schedules At	hrough E, if a	applicab	ole.			Vaa	NIa
		n for All Requ							Yes	NO
			II the applicant (a) cease to							77
			tence? See instructions							X
			the principal method in the	•	•	•				77
										_X_
•	go to line 6a.									
If "Yes,			n 3115 for this change. See			lules and statements, and	I to the heet of my kn	owledge and hel	ief the	
Cian	application con	tains all the relevant facts	relating to the application, and it is tr							
Sign		er has any knowledge. of filer (and spouse, if joir	nt return)			Date	Name and title (	print or type)		
Here							D3	DD 7 3707	7E	
Print/Type preparer's name		arer's name		Preparer's sign	ature		DAVID	DRANO\	/Ľ, ˈ	<u>rr</u>
Preparer	Transfigure prepared	a. c. o name		, repaid a sign				Date		
(other than	ATA ATG 37	TOINIGON								
filer/applicant)			10DG MTD 1 ==		<b></b>	~				
	Firm's name	►UHY ADVIS	SORS MID-ATLAN	TIC MD,	INC	<u>ن.</u>				

Par	3115 (Rev. 12-2018) rt II Information for All Requests <sub>(continued)</sub>	Yes	No No				
6a							
	applicable tax year(s)) have any federal income tax return(s) under examination (see instructions)?		Х				
	If "No," go to line 7a.						
b	Is the method of accounting the applicant is requesting to change an issue under consideration (with respect to						
	either the applicant or any present or former consolidated group in which the applicant was a member during the						
	applicable tax year(s))? See instructions						
С	Enter the name and telephone number of the examining agent and the tax year(s) under examination.						
	Name ▶ Telephone no. ▶ Tax year(s) ▶						
d	Has a copy of this Form 3115 been provided to the examining agent identified on line 6c?						
7a		X					
	If "No," attach an explanation.						
b	If "Yes," check the applicable box and attach the required statement.						
	X Not under exam						
	Method not before director Negative adjustment CAP: Date member joined group ▶						
	Audit protection at end of exam Other						
8a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the						
	applicable tax year(s)) have any federal income tax return(s) before Appeals and/or a federal court?		Х				
	If "No," go to line 9.						
b	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or						
	a federal court (for either the applicant or any present or former consolidated group in which the applicant was a						
	member for the tax year(s) the applicant was a member)? See instructions						
	If "Yes," attach an explanation.						
С	If "Yes," enter the name of the (check the box) Appeals officer and/or counsel for the government,						
	telephone number, and the tax year(s) before Appeals and/or a federal court.						
	Name ▶ Telephone no. ▶ Tax year(s) ▶						
d	Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified						
	on line 8c?						
9	If the applicant answered "Yes" to line 6a and/or 8a with respect to any present or former consolidated group,						
	attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and						
	(d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office,						
	and/or before a federal court.						
10	If for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as						
	a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under						
	consideration in an examination, before Appeals, or before a federal court, with respect to a federal income tax						
	return of a partner, member, or shareholder of that entity?		X				
11a	Has the applicant, its predecessor, or a related party requested or made (under either an automatic or						
	non-automatic change procedure) a change in method of accounting within any of the five tax years ending with						
	the tax year of change?		X				
	If "No," go to line 12.						
b	If "Yes," for each trade or business, attach a description of each requested change in method of accounting						
	(including the tax year of change) and state whether the applicant received consent.						
С	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not						
	signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach						
	an explanation.						
12	Does the applicant, its predecessor, or a related party currently have pending any request (including any						
	concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?		X				
	If "Yes," for each request attach a statement providing (a) the name(s) of the taxpayer, (b) identification number(s),						
	(c) the type of request (private letter ruling, change in method of accounting, or technical advice), and (d) the						
	specific issue(s) in the request(s).						
13	Is the applicant requesting to change its overall method of accounting?	X					

If "Yes," complete Schedule A on page 4 of the form.

		(Rev. 12-2018)						age 3
Par	t II	Information for All Requests	(continued)				Yes	No
14	If the	e applicant is either (i) not changing its	overall method of acco	ounting, or (ii) changing	g its overall method of			
	acco	ounting <b>and</b> changing to a special meth	od of accounting for or	ne or more items, attac	h a detailed and			
	com	plete description for each of the followi	ng (see instructions):					
а	The	item(s) being changed.						
b	The	applicant's present method for the item	(s) being changed.					
С	The	applicant's proposed method for the ite	em(s) being changed.					
d	The	applicant's present overall method of a	ccounting (cash, accrua	al, or hybrid).				
15a	Atta	ch a detailed and complete description	of the applicant's trade	e(s) or business(es). See	e section 446(d).			
b	If the	e applicant has more than one trade or	business, as defined in	Regulations section 1.	.446-1(d), describe			
	(i) w	hether each trade or business is accou	nted for separately; (ii)	the goods and service	es provided by each trade			
	or bu	usiness and any other types of activities	engaged in that gener	ate gross income; (iii)	the overall method of			
	acco	ounting for each trade or business; and	(iv) which trade or bus	iness is requesting to	change its accounting			
	meth	nod as part of this application or a sepa	rate application.					
	Nata	s. If you are requesting an automatic m	athad ahanga aga tha i	inaturations to see if we	ara raguirad ta			
		e: If you are requesting an automatic mo plete lines 16a-16c.	ethod change, see the i	ristructions to see if yo	ou are required to			
		•						
16a		ch a full explanation of the legal basis s			• •			
		iled and complete description of the fac	•		• •			
		ition and that demonstrates that the ap						
b		ide all authority (statutes, regulations, p	•	, ,				
С		de either a discussion of the contrary a		•	•			
17		the proposed method of accounting be		s books and records a	nd financial statements?		37	
		nsurance companies, see the instruction	ns				X	
		o," attach an explanation.						37
18		s the applicant request a conference wi						X
19a		e applicant is changing to either the ove						
		ounting for any property subject to secti						
	inver	ntories subject to section 474, enter the	e applicant's gross rece	ipts for the 3 tax years	preceding the tax year of ch	iange.		
		eceding	2nd preceding		3rd preceding			
	-	nded: mo. yr.	year ended: mo.	yr.	year ended: mo.	yr.		
	\$		\$		\$			
b		e applicant is changing its method of ac						
		ompleting 19a, enter the applicant's gro	•		tax year of change:			
	4th p	oreceding year ended: mo	yr	_ \$				
Par	t III	Information for Non-Automa	atic Change Regu	est			Yes	No
20		e applicant's requested change describ			notice, regulation, or			
		r published guidance as an automatic o	•		· · ·			
		es," attach an explanation describing w						
		nge procedures.	, applicant to out	g				
21		ch a copy of all documents related to the	e proposed change (se	ee instructions)				
22		ch a statement of the applicant's reason		·				
23		e applicant is a member of a consolidate		-	nembers of the			
_0		solidated group use the proposed meth	• •	- ·	•			
		o," attach an explanation.	od or accounting for the	c item being changed?				
24a		o, attach an explanation. r the amount of <b>user fee</b> attached to th	nis annlication (see inst	ructions) • ¢				
		e applicant qualifies for a reduced user			ation (see instructions)			
IJ		applicant qualified for a reduced user	oo, allaon ino roquileu	or inacion of contillo	4.15.1 (000 ii ioti dotioi io).			

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Pa	rt IV Section 481(a) Adjustment		Yes	No.
25	Does published guidance require the applicant (or permit the applicant and the applicant is electing) to implement the	;		
	requested change in method of accounting on a cut-off basis?			<u> </u>
	If "Yes," attach an explanation and do not complete lines 26, 27, and 28 below.			
26	Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in			
	income. > \$99,387 Attach a summary of the computation and an explanation of the method	ology		
	used to determine the section 481(a) adjustment. If it is based on more than one component, show the			
	computation for each component. If more than one applicant is applying for the method change on the			
	application, attach a list of the (a) name, (b) identification number, and (c) the amount of the section 481(a)			
	adjustment attributable to each applicant.			37
27	Is the applicant making an election to take the entire amount of the adjustment into account in the tax year of change	?		<u> </u>
	If "Yes," check the box for the applicable elective provision used to make the election (see instructions).			
	\$50,000 de minimis election Eligible acquisition transaction election			
28	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a			v
	consolidated group, a controlled group, or other related parties?			<u> </u>
	If "Yes," attach an explanation.			
Sch	nedule A - Change in Overall Method of Accounting (If Schedule A applies, Part I below must be comp	leted.)		
Pa	rt I Change in Overall Method (see instructions)			
1	Check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting.			
•	Present method: X Cash Accrual Hybrid (attach description)			
	Tresent metriod.			
	Proposed method: Cash Accrual Hybrid (attach description)			
2	Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also,	attach a		
_	statement providing a breakdown of the amounts entered on lines 2a through 2g.	attaorr a		
	statement promaing a produce of the amounts of the out of three Ed allough Eg.	Α	mount	
а	Income accrued but not received (such as accounts receivable)	\$	1	NONE
b	Income received or reported before it was earned (such as advanced payments). Attach a description of			
	the income and the legal basis for the proposed method		-87,7	738.
С	Expenses accrued but not paid (such as accounts payable)		-38,8	
d	Prepaid expenses previously deducted		27,1	<u> </u>
е	Supplies on hand previously deducted and/or not previously reported		1	NONE
f	Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II		1	NONE
g	Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of			
	the section 481(a) adjustment. >		1	NONE
h	Net section 481(a) adjustment (Combine lines 2a -2g.) Indicate whether the adjustment is an increase (+)			
	or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV,			
	line 26	\$	<u>-99,3</u>	<u> 387.</u>
3	Is the applicant also requesting the recurring item exception under section 461(h)(3)?	Yes	X	40
4	Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable			
	the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method use			
	preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted wit			
	federal income tax return or other return (such as, tax-exempt organization returns) for that period. If the amounts in F			
	lines 2a through 2g, do not agree with the amounts shown on both the profit and loss statement and the balance she	et, attach		
_	a statement explaining the differences.			
5	Is the applicant making a change to the overall cash method as a small business taxpayer (see	▼		
Pa	instructions)?  rt II Change to the Cash Method for Non-Automatic Change Request (see instructions)	X Yes		No
	icants requesting a change to the cash method must attach the following information:	iolo carl		
1	A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and mater	iais and		
2	supplies used in carrying out the business.  An explanation as to whether the applicant is required to use the appropriate under any continuous of the Code as re-	aulations		
_	An explanation as to whether the applicant is required to use the accrual method under any section of the Code or re-	Form <b>311</b>	) (Rev. 1)	2-2018\
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### Schedule B - Change to the Deferral Method for Advance Payments (see instructions)

- 1 If the applicant is requesting to change to the deferral method for advance payments, as described in the instructions, attach the following information:
- a Explain how the advance payments meet the definition of advance payment, as described in the instructions.
- b Does the taxpayer use an applicable financial statement as described in the instructions and, if so, identify it.
- c Describe the taxpayer's allocation method, if there is more than one performance obligation, as defined in the instructions
- d Describe the taxpayer's legal basis for deferral. See instructions.
- e If the applicant is filing under the non-automatic change procedures, see the instructions for the information required.

#### Schedule C - Changes Within the LIFO Inventory Method (see instructions)

### Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970,** Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
- a Valuing inventory (for example, unit method or dollar-value method).
- **b** Pooling (for example, by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
- c Pricing dollar-value pools (for example, double-extension, index, link-chain, link-chain index, IPIC method, etc.).
- **d** Determining the current-year cost of goods in the ending inventory (such as, most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, rolling-average cost, or other permitted method).
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970.

#### Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations sections 1.472-8(b)(1) and (2):
- a A description of the types of products produced by the applicant. If possible, attach a brochure.
- **b** A description of the types of processes and raw materials used to produce the products in each proposed pool.
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
- **d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
- f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

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#### Schedule D - Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions) Part I Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8.) To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested change. If the applicant is a construction contractor, attach a detailed description of its construction activities. Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)? Yes Nο If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)? If line 2b is "No," attach an explanation. Is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1.460-4(b)? If line 2c is "Yes," in computing the completion factor of a contract, will the applicant use the simplified cost-to-cost method described in Regulations section 1.460-5(c)? If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-completion method under Regulations section 1.460-4(c)(2)? If line 2e is "Yes," attach an explanation of what method the applicant will use to determine a contract's If line 2e is "No," attach an explanation of what method the applicant is using and the authority for its use. Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)? \_\_\_\_\_<u></u> If "Yes," attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods. Does the applicant enter into cost-plus long-term contracts? Yes 4a Does the applicant enter into federal long-term contracts? Yes No Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on pages 7 and 8.) Attach a description of the inventory goods being changed. 2 Attach a description of the inventory goods (if any) NOT being changed. Is the applicant subject to section 263A? If "No," go to line 4a \_\_\_\_\_\_ Yes За Is the applicant's present inventory valuation method in compliance with section 263A (see instructions)? If "No," attach a detailed explanation \_\_\_\_\_\_ Yes Inventory Method Not Inventory Method Being Changed Check the appropriate boxes in the chart. Present method Proposed method Present method Identification methods: Specific identification Other (attach explanation) Valuation methods: Cost Cost or market, whichever is lower Retail cost Retail, lower of cost or market Other (attach explanation) Enter the value at the end of the tax year preceding the year of change If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions). Copies of Form(s) 970 filed to adopt or expand the use of the method. Only for applicants requesting a non-automatic change. A statement describing whether the applicant is changing to the

method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.

Only for applicants requesting an automatic change. The statement required by section 23.01(5) of Rev. Proc. 2018-31 (or

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its successor).

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Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460.) See instructions.

#### Section A - Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate direct and indirect costs required to be allocated to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to allocation of such costs to long-term indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (for example, specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (for example, direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 Except for long-term contract accounting methods, the method of capitalizing additional section 263A costs (for example, simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

#### Section B - Direct and Indirect Costs Required to be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs.)		

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# Part III Method of Cost Allocation (continued) See instructions.

Section C - Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

cost	5.)			
		Present method	Propos	ed method
1	Marketing, selling, advertising, and distribution expenses			
2	Research and experimental expenses not included in Section B, line 26			
3	Bidding expenses not included in Section B, line 22			
4	General and administrative costs not included in Section B			
5	Income taxes			
6	Cost of strikes			
7	Warranty and product liability costs			
8	Section 179 costs			
9	On-site storage			
10	Depreciation, amortization, and cost recovery allowance not included in Section B, line 11			
11	Other costs (Attach a list of these costs.)			
Sche	edule E - Change in Depreciation or Amortization. See instructions.			
Appl	cants requesting approval to change their method of accounting for depreciation or amortization complete this	section.		
Appl	cants must provide this information for each item or class of property for which a change is requested.			
Note	: See the Summary of the List of Automatic Accounting Method Changes in the instructions for information	regarding		
auto	matic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. Do not file Form 3115 v	vith respect to		
certa	in late elections and election revocations. See instructions.			
1	Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)?		Yes	☐ No
	If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).			
2	Is any of the depreciation or amortization required to be capitalized under any Code section, such as			
	section 263A?		Yes	No
	If "Yes," enter the applicable section ▶			
3	Has a depreciation, amortization, expense, or disposition election been made for the property, such as			
	the election under sections 168(f)(1), 168(i)(4), 179, 179C, or Regulations section 1.168(i)-8(d)?		Yes	No
	If "Yes," state the election made ▶			
4a	To the extent not already provided, attach a statement describing the property subject to the change. Include	in the description		
	the type of property, the year the property was placed in service, and the property's use in the applicant's trad	le or business or		
	income-producing activity.			
b	If the property is residential rental property, did the applicant live in the property before renting it?		Yes	No
С	Is the property public utility property?	L	Yes	No
5	To the extent not already provided in the applicant's description of its present method, attach a statement exp	plaining how the		
	property is treated under the applicant's present method (for example, depreciable property, inventory property			
	under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current e	xpense, etc.).		
6	If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts s	supporting the		
	proposed change to depreciate or amortize the property.			
7	If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following	llowing		
	information for both the present (if applicable) and proposed methods:			
а	The Code section under which the property is or will be depreciated or amortized (for example, section 168(g))			
b	The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 1	,		
	under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset deprec			
	former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class is identified for each asset for which an asset class is identified for each asset for which an asset class is identified for each asset for which an asset class is identified for each asset for which an asset class is identified for each asset for which an asset class is identified for each asset for which an asset class is identified for each asset for which an asset class is identified for each asset for which an asset class is identified for each asset for which an asset class is identified for each asset for which an asset class is identified for each asset for which an asset class is identified for each asset for which an asset class is identified for each asset for which an asset class is identified for each asset for which an asset class is identified for each asset for the class is identified for each asset f	lass has not		
	been identified by the applicant.			
С	The facts to support the asset class for the proposed method.			
d	The depreciation or amortization method of the property, including the applicable Code section (for example, 2	200% declining		
	balance method under section 168(b)(1)).			
е	The useful life, recovery period, or amortization period of the property.			
f	The applicable convention of the property.			
g	Whether the additional first-year special depreciation allowance (for example, as provided by section 168(k), 16			
	168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to	why no special		
	depreciation allowance was or will be claimed.			

h Whether the property was or will be in a single asset account, a multiple asset account, or a general asset account.