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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the **2008** calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

C Name of organization

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Doing Business As

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

100 DAINGERFIELD ROAD

City or town, state or country, and ZIP + 4

ALEXANDRIA, VA 22314

F Name and address of principal officer. **BRUCE T. ROBERTS**

SAME AS C ABOVE

D Employer identification number

36-1520710

E Telephone number

703-683-8200

G Gross receipts \$

16,585,564.

H(a) Is this a group return

for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

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

J Website: ▶ **WWW.NCPANET.ORG**

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

L Year of formation: **1898** **M** State of legal domicile: **VA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities. **TO PROMOTE AND SERVICE COMMUNITY PHARMACISTS AND THEIR BUSINESSES.**

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3 Number of voting members of the governing body (Part VI, line 1a)

3 **7**

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

4 **5**

5 Total number of employees (Part V, line 2a)

5 **91**

6 Total number of volunteers (estimate if necessary)

6 **0**

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

7a **1,137,842.**

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

7b **66,435.**

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

Prior Year

Current Year

2,119,273. **2,269,701.**

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

6,166,047. **8,915,639.**

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

437,338. **130,435.**

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

6,930,517. **3,997,680.**

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

15,653,175. **15,313,455.**

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

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

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

6,298,089. **6,847,854.**

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

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

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

9,626,310. **9,106,322.**

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

15,924,399. **15,954,176.**

19 Revenue less expenses. Subtract line 18 from line 12

-271,224. **-640,721.**

20 Total assets (Part X, line 16)

Beginning of Year

End of Year

21,336,071. **20,047,476.**

21 Total liabilities (Part X, line 26)

9,404,198. **8,887,947.**

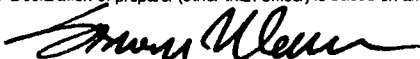
22 Net assets or fund balances. Subtract line 21 from line 20

11,931,873. **11,159,529.**

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here



Signature of officer

Date

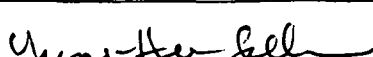
5/13/10

STEVEN M. LEVINE, CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature



Date

5/12/10

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

LARSON ALLEN LLP

2900 SOUTH QUINCY ST., SUITE 150

ARLINGTON, VA 22206

EIN ▶

Phone no ▶ **703-998-5100**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

G-12 19

**NATIONAL COMMUNITY PHARMACISTS
ASSOCIATION**

Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission.**TO PROMOTE AND SERVICE COMMUNITY PHARMACISTS AND THEIR BUSINESSES.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**COMMUNICATIONS: PRODUCTION OF SIX NCPA PUBLICATIONS, INCLUDING "AMERICA'S PHARMACIST," AND COORDINATION OF MEDIA AND PUBLIC RELATIONS AND PROMOTION OF NCPA MEETINGS AND SERVICES.****4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**CONVENTION AND MEETINGS: MANAGEMENT OF ALL NCPA EDUCATIONAL CONFERENCES, INCLUDING THE ANNUAL CONVENTION, LEGISLATIVE CONFERENCE, MULTIPLE LOCATIONS CONFERENCE AND THE PHARMACY OWNERSHIP WORKSHOP.****4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**MEMBERSHIP SERVICES: MAINTAIN MEMBERSHIP DATA, COORDINATE MEMBERSHIP PROMOTION, ASSIST MEMBERS WITH INQUIRIES OF PRODUCTS AND SERVICES, AND PROVIDE INFORMATION TO HELP MEMBERS MANAGE THEIR PHARMACIES.****4d** Other program services. (Describe in Schedule O.)

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

4e Total program service expenses **▶** \$

(Must equal Part IX, Line 25, column (B))

NATIONAL COMMUNITY PHARMACISTS

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Part IV Checklist of Required Schedules

		Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	1		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>	4		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>	5	X	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	6		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	11	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I.</i>	14b		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>	15		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III.</i>	16		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.</i>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I.</i>	25b		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>	27		X

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ASSOCIATION**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	69	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	91	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body	1a	7
b	Enter the number of voting members that are independent	1b	5
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
STEVEN M. LEVINE - 703-683-8200
100 DANGERFIELD RD, ALEXANDRIA, VA 22314

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HOLLY HENRY PRESIDENT	2.00	X		X				19,500.	0.	0.
JOSEPH HARMISON PRESIDENT - ELECT	2.00	X		X				9,500.	0.	0.
MARK RILEY SECRETARY TREASURER	2.00	X		X				0.	0.	0.
KEITH HODGES FIRST VICE PRESIDENT	2.00	X		X				0.	0.	0.
DEANN MULLINS SECOND VICE PRESIDENT	2.00	X		X				0.	0.	0.
DAVID SMITH THIRD VICE PRESIDENT	2.00	X		X				0.	0.	0.
BILL OSBORN FOURTH VICE PRESIDENT	2.00	X		X				0.	0.	0.
BRIAN CASWELL FIFTH VICE PREISDENT	2.00	X		X				0.	0.	0.
ROBERT GREENWOOD EXEC. COMMITTEE MEMBER	2.00	X						9,500.	0.	0.
JOSEPH LECH EXEC. COMMITTEE MEMBER	2.00	X						9,500.	0.	0.
LONNY WILSON EXEC. COMMITTEE MEMBER	2.00	X						9,500.	0.	0.
DONNIE CALHOUN EXEC. COMMITTEE MEMBER	2.00	X						9,500.	0.	0.
JOHN SHERRER EXEC. COMMITTEE MEMBER	2.00	X						9,500.	0.	0.
BRADLEY ARTHUR EXEC. COMMITTEE MEMBER	2.00	X						0.	0.	0.
STEVE GIROUX PAST PRESIDENT	2.00	X						19,500.	0.	0.
BRUCE ROBERTS EXECUTIVE VICE PREISDENT	40.00			X				522,909.	0.	53,704.
MICHEAL BENOUDIZ CHIEF FINANCIAL OFFICER	40.00			X				94,215.	109,516.	20,825.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN LEVINE CHIEF FINANCIAL OFFICER	40.00			X				0.	0.	0.
BRIAN HOEY SR VP AND COO	40.00				X			242,511.	0.	42,713.
CHARLES SEWELL SENIOR VP, GOVERNMENT AF	40.00				X			267,845.	0.	23,857.
JOHN COSTER SENIOR VP, GOVERNMENT AF	40.00				X			0.	0.	0.
WILLIAM POPOMARONIS VP LTC/HHC	40.00					X		161,009.	0.	23,214.
PHILIP QUINLIN VP BUSINESS DEVELOPMENT	40.00					X		135,326.	0.	15,595.
JOHN RECTOR GENERAL COUNSEL	40.00					X		239,969.	0.	27,419.
BEVERLY MARTIN SENIOR VP/CHIEF OF STAFF	40.00					X		125,180.	0.	30,744.
LISA MILLER VP, PUBLIC AFFAIRS	40.00					X		141,626.	0.	3,912.
1b Total								2,026,590.	109,516.	241,983.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

8

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
MCGUIRE WOODS, 1750 TYSONS BLVD., SUITE 1800, MCLEAN, VA 22102-4215		253,128.
DAVID A. BALTO, ATTORNEY AT LAW 1350 I STREET, NW, WASHINGTON, DC 20005		101,205.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

2

Form 990 (2008)

**NATIONAL COMMUNITY PHARMACISTS
ASSOCIATION**

Form 990 (2008)

36-1520710 Page 9

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,269,701.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			2269701.			
Program Service Revenue	2 a CONVENTION & MEETING	Business Code	541100	3762358.	2047688.		1,714,670.
	b MEMBERSHIP DUES		541900	2759952.	2759952.		
	c EDUCATIONAL PROGRAMS		541900	1517979.	1517979.		
	d PUBLICATIONS		541800	875,350.	140,714.	734,636.	
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			8915639.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			393,951.		260,231.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties				3815037.		15,590.	3,799,447.
6 a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)				14,361.		10,403.	3,958.
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)				-263,516.			-263516.
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a SERVICES		561000	116,982.		116,982.		
b OTHER INCOME		541900	51,300.			51,300.	
c							
d All other revenue							
e Total. Add lines 11a-11d			168,282.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				15,313,455.	6466333.	1,137,842.	5,439,579.

**NATIONAL COMMUNITY PHARMACISTS
ASSOCIATION**

Form 990 (2008)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,289,933.			
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	4,655,066.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	177,801.			
9 Other employee benefits	345,269.			
10 Payroll taxes	379,785.			
11 Fees for services (non-employees)				
a Management				
b Legal	737,911.			
c Accounting	84,530.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,918.			
g Other	1,335,590.			
12 Advertising and promotion	133,164.			
13 Office expenses	1,070,106.			
14 Information technology	70,886.			
15 Royalties	30,254.			
16 Occupancy	292,815.			
17 Travel	647,536.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,414,504.			
20 Interest	210,122.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	312,226.			
23 Insurance	98,951.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>SPONSORSHIPS/CONTRIBUTI</u>	1,145,230.			
b <u>PUBLICATIONS</u>	330,843.			
c <u>BAD DEBT EXPENSE</u>	241,438.			
d <u>INCOME TAXES</u>	111,268.			
e <u>MISCELLANEOUS</u>	10,468.			
f All other expenses	-186,438.			
25 Total functional expenses. Add lines 1 through 24f	15,954,176.			
26 Joint Costs Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**NATIONAL COMMUNITY PHARMACISTS
ASSOCIATION**

Form 990 (2008)

36-1520710 Page **11**

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	541.	1	824.
	2 Savings and temporary cash investments	2,459,588.	2	2,035,457.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,198,576.	4	1,157,189.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	6,869,473.	7	6,674,441.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	305,263.	9	343,208.
	10a Land, buildings, and equipment: cost basis	9,529,109.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	1,904,300.		
		7,856,104.	10c	7,624,809.
	11 Investments - publicly traded securities	2,105,920.	11	1,782,210.
	12 Investments - other securities. See Part IV, line 11	317,000.	12	317,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	223,606.	15	112,338.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,336,071.	16	20,047,476.	
Liabilities	17 Accounts payable and accrued expenses	1,756,660.	17	1,814,812.
	18 Grants payable		18	
	19 Deferred revenue	3,539,225.	19	3,150,934.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,057,135.	23	3,893,850.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	51,178.	25	28,351.
	26 Total liabilities. Add lines 17 through 25	9,404,198.	26	8,887,947.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,931,873.	27	11,159,529.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	11,931,873.	33	11,159,529.
	34 Total liabilities and net assets/fund balances	21,336,071.	34	20,047,476.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to lines 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?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2008

Open to Public
Inspection

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	NATIONAL COMMUNITY PHARMACISTS ASSOCIATION	Employer identification number	36-1520710
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ **1,061,171.**
- 3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details

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

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ **1,061,172.**
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ **1,061,172.**
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☒ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

NATIONAL COMMUNITY PHARMACISTS

Schedule C (Form 990 or 990-EZ) 2008

ASSOCIATION

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Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check ☐ if the filing organization belongs to an affiliated group.
B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
 (The term "expenditures" means amounts paid or incurred.)

(a) Filing
organization's
totals

(b) Affiliated group
totals

- 1a** Total lobbying expenditures to influence public opinion (grassroots lobbying) ..
b Total lobbying expenditures to influence a legislative body (direct lobbying) ..
c Total lobbying expenditures (add lines 1a and 1b) ..
d Other exempt purpose expenditures ..
e Total exempt purpose expenditures (add lines 1c and 1d) ..
f Lobbying nontaxable amount. Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f) ..
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

NATIONAL COMMUNITY PHARMACISTS

Schedule C (Form 990 or 990-EZ) 2008

ASSOCIATION

36-1520710 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

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

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details

1 Dues, assessments and similar amounts from members	1	2,759,951.
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	777,097.
b Carryover from last year	2b	791,159.
c Total	2c	1,568,256.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	895,517.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	672,739.
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART I-A, LINE 1:

THE NCPA POLITICAL ACTION COMMITTEE, NCPAPAC, WORKS TO BUILD A

"COMMUNITY PHARMACY MAJORITY" ON CAPITOL HILL BY SUPPORTING THE

RE-ELECTION OF OUR FRIENDS AND ALLIES IN CONGRESS.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **NATIONAL COMMUNITY PHARMACISTS
ASSOCIATION**

Employer identification number
36-1520710

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$
- (ii) Assets included in Form 990, Part X ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

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NATIONAL COMMUNITY PHARMACISTS

Schedule D (Form 990) 2008

ASSOCIATION

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Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

PART X - FIN 48 DISCLOSURE IN THE FINANCIAL STATEMENTS:

THE NCPA ENTITIES HAVE ELECTED TO DEFER APPLICATION OF FASB INTERPRETATION NO. 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES." THE NCPA ENTITIES FOLLOW FINANCIAL ACCOUNTING STANDARD NO. 5, "ACCOUNTING FOR CONTINGENCIES," FOR EVALUATING UNCERTAIN TAX POSITIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **NATIONAL COMMUNITY PHARMACISTS
ASSOCIATION**

Employer identification number
36-1520710

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision
of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		

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

Schedule J (Form 990) 2008

**NATIONAL COMMUNITY PHARMACISTS
ASSOCIATION**

Schedule J (Form 990) 2008

36-1520710

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BRUCE ROBERTS	(i) 522,909.	0.	0.	32,000.	21,704.	576,613.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MICHEAL BENOUDIZ	(i) 64,215.	30,000.	0.	6,416.	14,409.	115,040.	0.
	(ii) 109,516.	0.	0.	0.	0.	109,516.	0.
BRIAN HOEY	(i) 218,011.	24,500.	0.	26,523.	16,190.	285,224.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
CHARLES SEWELL	(i) 245,345.	22,500.	0.	10,175.	13,682.	291,702.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
WILLIAM POPOMARONIS	(i) 147,009.	14,000.	0.	7,506.	15,708.	184,223.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
PHILIP QUINLIN	(i) 127,826.	7,500.	0.	0.	15,595.	150,921.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JOHN RECTOR	(i) 221,969.	18,000.	0.	11,229.	16,190.	267,388.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
BEVERLY MARTIN	(i) 105,180.	20,000.	0.	15,479.	15,265.	155,924.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

**NATIONAL COMMUNITY PHARMACISTS
ASSOCIATION**

Employer identification number
36-1520710

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BUSINESS MANAGEMENT AND PHARMACIST TRAINING: PROVIDE

INDEPENDENT PHARMACISTS THE MANAGEMENT INFORMATION,

**TRAINING, AND SUPPORT NECESSARY TO OPERATE A PROFESSIONAL AND EFFICIENT
PRACTICE.**

**FORM 990, PART VI, SECTION A, LINE 1: BUDGET COMMITTEE CONSISTED OF SIX
MEMBERS, FOUR OF WHICH WERE MEMBERS OF THE GOVERNING BODY (EXECUTIVE
COMMITTEE). THE BUDGET COMMITTEE IS RESPONSIBLE FOR REVIEWING MANAGEMENT'S
PROPOSED OPERATING BUDGET FOR THE UPCOMING FISCAL YEAR, AS WELL AS THE
REVIEW OF FISCAL POLICIES AND PROCEDURE. THE BUDGET COMMITTEE REPORTS ITS
FINDING AND RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. THE AUDIT
COMMITTEE, COMPRISED OF THREE MEMBERS OF THE EXECUTIVE COMMITTEE, IS
RESPONSIBLE FOR THE SELECTION OF THE ASSOCIATION'S EXTERNAL AUDITORS,
REVIEWING THE EXTERNAL AUDIT WITH THE AUDITORS AND MANAGEMENT, REVIEWING
AND APPROVING THE RESULTS OF THE AUDIT AND REPORT THERETO (INCLUDING
REQUIRED COMMUNICATIONS) WITH THE EXTERNAL AUDITORS, AND REPORTING THE
RESULTS OF SUCH MEETINGS TO THE EXECUTIVE COMMITTEE. THE COMPENSATION
COMMITTEE (CONSISTING OF THREE MEMBERS OF THE EXECUTIVE COMMITTEE) MEETS
ANNUALLY TO REVIEW THE EMPLOYMENT AGREEMENT AND COMPENSATION OF THE
ASSOCIATION'S EXECUTIVE VICE PRESIDENT AND CEO.**

**FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERSHIP OF THIS ORGANIZATION
SHALL CONSIST OF THE FOLLOWING MEMBERS WITH THE RIGHT TO VOTE AND HOLD
OFFICE:**

1) ACTIVE MEMBERS - ANY LICENSED PHARMACIST ENGAGED IN THE ACTUAL OWNERSHIP

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

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

**NATIONAL COMMUNITY PHARMACISTS
ASSOCIATION**

Employer identification number
36-1520710

OR MANAGEMENT OF AN INDEPENDENT COMMUNITY PHARMACY. ACTIVE MEMBERS ARE
ENTITLED TO ALL PRIVILEGES, INCLUDING THE RIGHT TO VOTE AND HOLD OFFICE.

2) STUDENT MEMBERS - ANY STUDENT OF AN ACCREDITED COLLEGE OF PHARMACY, UPON
WRITTEN APPLICATION TO THE ASSOCIATION, MAY BE ACCEPTED AS A STUDENT
MEMBER, AND SHALL BE ENTITLED TO SUCH PRIVILEGES AS SHALL BE DETERMINED BY
THE EXECUTIVE COMMITTEE.

3) PAST PRESIDENTS OF THE ASSOCIATION.

4) MEMBERSHIP CLASSES THAT EXIST BUT DO NOT POSSESS THE RIGHT TO VOTE OR
HOLD OFFICE ARE PHARMACIST MEMBERS, AFFILIATED STATE ASSOCIATION MEMBERS,
INDEPENDENT PHARMACY ORGANIZATIONS, SUSTAINING MEMBERS, PHARMACY TECHNICIAN
MEMBERS, AND HONORARY MEMBERS.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 WILL BE PREPARED BY AN
ACCOUNTING FIRM AND REVIEWED BY MANAGEMENT. ELECTRONIC COPY OF THE DRAFT
FORM 990 WILL BE PROVIDED TO THE EXECUTIVE COMMITTEE MEMBERS FOR COMMENTS
AND CLARIFICATION, IF ANY. FORM 990 WILL BE FILED WITH THE IRS SHORTLY
THEREAFTER.

FORM 990, PART VI, SECTION B, LINE 12C: EACH EXECUTIVE COMMITTEE MEMBER IS
REQUIRED TO EXECUTE A CONFLICT OF INTEREST NOTIFICATION AND FILING
ANNUALLY. ALL ASSOCIATION CONTRACTS ARE REVIEWED BY THE EVP/CEO, COO, CFO,
SVP-CHIEF OF STAFF AND GENERAL COUNSEL FOR POTENTIAL CONFLICTS PRIOR TO
EXECUTION.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE
(CONSISTING OF THREE MEMBERS OF THE EXECUTIVE COMMITTEE) MEETS ANNUALLY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

**NATIONAL COMMUNITY PHARMACISTS
ASSOCIATION**

Employer identification number

36-1520710

**EACH JANUARY TO REVIEW THE EMPLOYMENT AGREEMENT AND ANNUAL CALENDAR-YEAR
COMPENSATION OF THE EXECUTIVE VICE PRESIDENT AND CEO BASED ON INFORMATION
FROM COMPENSATION SURVEYS.**

**FORM 990, PART VI, SECTION C, LINE 19: THE ASSOCIATION DOES NOT MAKE ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC.**

FORM 990, PART XI, LINE 2B

EXPLANATION FOR AUDIT BY INDEPENDENT ACCOUNTANT

**PER THE IRS INSTRUCTIONS, PART XI, LINE 2B IS CHECKED "NO" BECAUSE THE
FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS. THE
ORGANIZATION DOES HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT.**

FORM 990, PART XI, LINE 2C

**RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF FINANCIAL STATEMENTS
THE PROCESS DID NOT CHANGE FROM PRIOR YEAR.**

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.		OMB No. 1545-0047 2008 Open to Public Inspection
	Name of the organization NATIONAL COMMUNITY PHARMACISTS ASSOCIATION	Employer identification number 36-1520710	

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
COMMUNITY CARE RX, LLC - 34-2015243 100 DAINGERFIELD ROAD ALEXANDRIA, VA 22314	USE OF INTANGIBLE ASSETS IN SUPPORT OF DISCOUNT DRUG CARD PROGRAM	DELAWARE	51.	5,253	NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION FOUNDATION - 36-6072250, 100 DAINGERFIELD RD, ALEXANDRIA, VA 22314	RESEARCH, SCHOLARSHIPS, LOANS, OUTREACH	VIRGINIA	501C	3	

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Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) NATIONAL COMMUNITY PHARMACISTS ASSOCIATION FOUNDATION	P	409,624.
(2) MIRIXA CORPORATION	A	260,231.
(3) MIRIXA CORPORATION	D	6,106,564.
(4) COMMUNITY PHARMACY VENTURES	P	79,399.
(5) COMMUNITY PHARMACY ENTERPRISES	O	216,187.
(6)		

Part VI

Unrelated Organizations Taxable as a Partnership

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

[illegible]

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

[illegible]

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for *Charities & Nonprofits*

Type or print	Name of Exempt Organization NATIONAL COMMUNITY PHARMACISTS ASSOCIATION	Employer identification number 36-1520710
	Number, street, and room or suite no. If a P.O. box, see instructions. 100 DAINGERFIELD ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314	

Check type of return to be filed(file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

THE ORGANIZATION

- The books are in the care of ►
- 100 DAINGERFIELD ROAD - ALEXANDRIA, VA 22314**

Telephone No. ► **703-683-8200**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
 ► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

- 2** If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization NATIONAL COMMUNITY PHARMACISTS ASSOCIATION	Employer identification number 36-1520710
	Number, street, and room or suite no. If a P.O. box, see instructions. 100 DAINGERFIELD ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

- The books are in the care of **100 DAINGERFIELD ROAD - ALEXANDRIA, VA 22314**

Telephone No. **703-683-8200**

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3 month extension of time until **MAY 15, 2010**
- 5 For calendar year **JUL 1, 2008**, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Angel Ngendo** Title **Enrolled Agent** Date **2-12-2010**

Form 8868 (Rev. 4-2009)