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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations with gross receipts less than $1 000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545 1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/01 , 2008, and ending 6/30 , 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 Instruc- tions

C
OREGON STATE PHARMACEUTICAL ASSOCIATION
147 SE 102ND AVENUE
PORTLAND, OR 97216

D Employer identification number
93-0442683

E Telephone number
503-253-9385

F Group Exemption Number ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ►

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

I Website: ► WWW.OREGONPHARMACY.ORG

J Organization type (check only one) – ☒ 501(c) (6) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 390,741.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	47,830.
	2	Program service revenue including government fees and contracts		2	244,515.
	3	Membership dues and assessments		3	66,660.
	4	Investment income		4	113.
	5a	Gross amount from sale of assets other than inventory	5a 1,600.		
	b	Less cost or other basis and sales expenses	5b 2,136.		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch) SEE STATEMENT 1		5c	-536.
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ► ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 7,304.		
	b	Less direct expenses other than fundraising expenses	6b 758.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	6,546.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ► SEE STATEMENT 2)		8	22,719.
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►		9	387,847.
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	54,729.
	13	Professional fees and other payments to independent contractors		13	66,649.
	14	Occupancy, rent, utilities, and maintenance		14	13,924.
	15	Printing, publications, postage, and shipping		15	5,437.
	16	Other expenses (describe ► SEE STATEMENT 3)		16	212,850.
	17	**Total expenses** (add lines 10 through 16) ►		17	353,589.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	34,258.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	-10,505.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►		21	23,753.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	93,110.	22	69,171.
23 Land and buildings		23	
24 Other assets (describe ► SEE STATEMENT 4)	32,338.	24	39,879.
25 **Total assets**	125,448.	25	109,050.
26 **Total liabilities** (describe ► SEE STATEMENT 5)	135,953.	26	85,297.
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	-10,505.	27	23,753.

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? EDUCATION AND INDUSTRY ADVOCACY

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 THE ANNUAL CONVENTION PROVIDED EDUCATION AND NETWORKING OPPORTUNITIES

(Grants $) If this amount includes foreign grants, check here ► ☐ 28a

29 THE LANE COUNTY MID-WINTER CONTINUING EDUCATION SEMINAR PROVIDED PARTICIPANTS WITH EDUCATION AND NETWORKING

(Grants $) If this amount includes foreign grants, check here ► ☐ 29a

30 THE SPRING EDUCATION DAY PROVIDED EDUCATION AND NETWORKING OPPORTUNITIES

(Grants $) If this amount includes foreign grants, check here ► ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ► ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ► 32

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 6		0.	0.	0.

Part V **Other Information** (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A			
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ► NONE

42a The books are in care of ► UPDATE MANAGEMENT Telephone no ► 503-253-9385

Located at ► 147 SE 102ND AVENUE PORTLAND OR ZIP + 4 ► 97216

			Yes	No
b	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)? If 'Yes,' enter the name of the foreign country ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ►	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

		Yes	No
46 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	46		
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If 'Yes,' was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each independent contractor paid more than $100 000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over $100,000 ►		

Sign Here

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

► Wayne A Kratzow 12/8/09
Signature of officer Date

► WAYNE A KRATZOW TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►		Date 11/17/09	Check if self employed ► ☐ Preparer's Identifying Number (See instructions) N/A
Firm's name (or yours if self employed), address, and ZIP + 4 ►	CARL W. FOSTER, CPA, LLC 1675 SW MARLOW AVE STE 112 PORTLAND, OR 97225-5102		EIN ► N/A Phone no ► (503) 297-2610

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

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

► **To be completed by organizations described below.**

► **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

2008

Open to Public Inspection

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	Employer identification number
OREGON STATE PHARMACEUTICAL ASSOCIATION	93-0442683

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 ► $

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 ► $

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 ► $

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 own internal 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-

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule C (Form 990 or 990-EZ) 2008

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 (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
If the amount on line 1e, column (a) or (b) is — **The lobbying nontaxable amount is**		
Not over $500,000 — 20% of the amount on line 1e		
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000		
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000.		
Over $17,000,000 — $1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a 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.)

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					

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) Yes	(a) No	(b) 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?	1		X
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		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	66,661.
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	7,265.
b Carryover from last year	2b	10,227.
c Total	2c	17,492.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	19,998.
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	0.
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	0.

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 IV **Supplemental Information** *(continued)*

OREGON STATE PHARMACEUTICAL ASSOCIATION 93-0442683

STATEMENT 1
FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION:	OFFICE EQUIPMENT	
DATE ACQUIRED:	VARIOUS	
HOW ACQUIRED:	PURCHASE	
DATE SOLD:	1/16/2009	
TO WHOM SOLD:		
GROSS SALES PRICE:	1,600.	
COST OR OTHER BASIS:	16,571.	
BASIS METHOD:	COST	
DEPRECIATION:	14,435.	
GAIN (LOSS)		-536.

TOTAL GAIN (LOSS) OTHER ASSETS $ -536.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES $ -536.

STATEMENT 2
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

JOB POSTINGS	$	3,197.
MISCELLANEOUS INCOME		565.
ENDORSEMENTS & MARKETING		18,957.
TOTAL	$	22,719.

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES	$	4,460.
BOARD EXPENSES		2,249.
CONFERENCES, CONVENTIONS, AND MEETINGS		152,869.
DONATIONS		4,177.
DUES & SUBSCRIPTIONS		1,447.
EQUIPMENT LEASE		9,286.
INCOME TAXES		15,948.
INFORMATION SYSTEMS		619.
INSURANCE		1,097.
INTERNET/WEBSITE		6,191.
LICENSES & FEES		50.
LOBBYING & LEGISLATIVE		7,265.
MARKETING/PUBLIC RELATIONS		1,189.
MEMBER SERVICES		601.
MISCELLANEOUS		58.
MOVING/TRANSITION EXPENSES		1,663.
OFFICE EXPENSES		695.
STORAGE		105.
TELEPHONE		2,793.
TRAVEL		88.
TOTAL	$	212,850.

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE	$ 1,017.	$ 4,806.
INVESTMENT IN BUYING GROUPS	28,405.	28,405.
MACHINERY AND EQUIPMENT	2,136.	0.
PREPAID EXPENSES AND DEFERRED CHARGES	780.	80.
RECEIVABLE FROM FOUNDATION	0.	6,588.
TOTAL	$ 32,338.	$ 39,879.

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 431.	$ 3,291.
ACCRUED VACATION	5,546.	60,270.
DUE TO FOUNDATION	8,096.	0.
DUE TO PAC	5,491.	2,685.
FEDERAL TAXES PAYABLE	9,582.	0.
PREPAID EVENT INCOME	29,330.	0.
PREPAID MEMBERSHIP DUES	57,138.	51.
SECURED MORTGAGES AND NOTES PAYABLE	19,000.	19,000.
STATE TAXES PAYABLE	1,339.	0.
TOTAL	$ 135,953.	$ 85,297.

STATEMENT 6
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPENSATION	CONTRIBUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KENNETH WELLS, RPH 3683 BANNER STREET EUGENE, OR 97404	PRESIDENT 3.00	$ 0.	$ 0.	$ 0.
WAYNE KRADJAN 1025 NW HEATHER DRIVE CORVALLIS, OR 97330	PAST PRES/TREAS 3.25	0.	0.	0.
IRENE CROSWELL, RPH 8900 SW SWEEK DR #1631 TUALATIN, OR 97062	CHAIN ACADEMY 2.00	0.	0.	0.
DOUGLAS SMOCK 4560 SE INTERNATIONAL WAY #101 MILWAUKIE, OR 97222	DIR - CONS ACAD 1.00	0.	0.	0.

STATEMENT 6 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPENSATION	CONTRIBUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KATHY STONER 13018 SW KNAUS ROAD LAKE OSWEGO, OR 97034	DIR - HOSP/HLTH 1.00	$ 0.	$ 0.	$ 0.
DIANA COURTNEY, RPH 1399 SW MCVEY AVE LAKE OSWEGO, OR 97034	DIR-IND ACAD 1.00	0.	0.	0.
KATHLEEN KELLY, RPH 2128 SW WRIGHT COURT TROUTDALE, OR 97060	PRES ELECT 1.25	0.	0.	0.
RACHAEL DEBARMORE, RPH 1241 PRAIRIE GRASS AVE NE KEIZER, OR 97303	DIR-CENT VALLEY 1.00	0.	0.	0.
BRIAN CROOK 2484 BORDERS DRIVE EUGENE, OR 97404	DIR-SOUTHERN 1.00	0.	0.	0.
ANN MURRAY PO BOX 427 HEPPNER, OR 97836	DIR-CENT/EAST 1.00	0.	0.	0.
STACY RAMIREZ, PHARMD 129 PHARMACY BUILDING CORVALLIS, OR 97331	DIR-OSU PHARM 1.00	0.	0.	0.
JEFF FORTNER, PHARMD 1741 NE 58TH AVENUE PORTLAND, OR 97213	DIR-PACIFIC PHA 1.00	0.	0.	0.
SHELLEY BAILEY 538 SW 4TH AVENUE PORTLAND, OR 97204	DIR-TECH ACAD 0	0.	0.	0.
JACQUELINE FOSTER PO BOX 2223 CORVALLIS, OR 97339	DIR-NONVOTE OSU 0.50	0.	0.	0.
SHANNON BUXELL 3300 NW 185TH AVE #225 PORTLAND, OR 97229	DIR-NONVOTE PAC 0.50	0.	0.	0.
	TOTAL	$ 0.	$ 0.	$ 0.

Form **8868** (Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

- 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

File by the due date for filing your return. See instructions.

Name of Exempt Organization	Employer identification number
OREGON STATE PHARMACEUTICAL ASSOCIATION	93-0442683

Number, street, and room or suite number. If a P.O. box, see instructions.
147 SE 102ND AVENUE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
PORTLAND, OR 97216

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

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of. ► UPDATE MANAGEMENT

Telephone No. ► 503-253-9385 FAX No. ► 503-253-9172

- 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 2/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year 20___ or

► [X] tax year beginning 7/01, 20 08, and ending 6/30, 20 09.

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	$ 0.
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	$ 0.
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	$ 0.

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.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 4-2009)