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Return of Organization Exempt From Income Tax

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

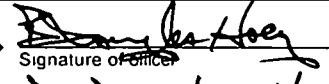
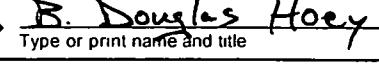
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning

07/01/2010, and ending

06/30, 2011

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL COMMUNITY PHARMACISTS ASSOCIATION				D Employer identification number 36-1520710		
	Doing Business As						
	Number and street (or P O box if mail is not delivered to street address)			Room/suite		E Telephone number (703) 683-8200	
	100 DAINGERFIELD ROAD						
	City or town, state or country, and ZIP + 4						
	ALEXANDRIA, VA 22314						
F Name and address of principal officer B. DOUGLAS HOEY SAME AS C ABOVE						G Gross receipts \$ 15,430,341.	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3)		<input checked="" type="checkbox"/> 501(c) (6) <input type="checkbox"/> (insert no)	4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No" attach a list. (see instructions)		
J Website: ► WWW.NCPANET.ORG						H(c) Group exemption number ►	
K Form of organization <input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ►	L Year of formation 1898 M State of legal domicile VA		

Part I Summary					
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROMOTE AND SERVICE COMMUNITY PHARMACISTS AND THEIR BUSINESSES.				
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6.		
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	117.		
	6 Total number of volunteers (estimate if necessary)	6	0.		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	973,944.		
	b Net unrelated business taxable income from Form 990-T, line 24	7b	480,986.		
	8 Contributions and grants (Part VIII, line 1h)	8	1,648,733.		
	9 Program service revenue (Part VIII, line 2g)	9	8,512,032.		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	340,993.		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 6e, 9c, 10c, and 11e)	11	3,525,142.		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	14,026,900.			
		15,201,981.			
Revenue	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	0.		
	14 Benefits paid to or for members (Part IX, column (A), line 4)	14	0.		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	7,001,043.		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.		
	b Total fundraising expenses (Part IX, column (D), line 25) ►	16b	7,586,896.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17	7,510,423.		
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18	14,587,939.		
	19 Revenue less expenses Subtract line 18 from line 12	19	-561,039.		
			528,731.		
Expenses	20 Total assets (Part X, line 16)	20	19,331,298.		
	21 Total liabilities (Part X, line 26)	21	8,925,227.		
	22 Net assets or fund balances Subtract line 21 from line 20.	22	10,406,071.		
		20,177,302.			
		9,028,183.			
		11,149,119.			
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	► 	Date			
	► 	5/14/12			
Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name Daniel O'Shea	Preparer's signature 	Date 5/14/12	Check if self-employed ► <input type="checkbox"/>	PTIN P00957510
	Firm's name ► WATKINS MEEGAN LLC			Firm's EIN ► 52-1297695	
	Firm's address ► 7700 WISCONSIN AVENUE, SUITE 500 BETHESDA, MD 20814			Phone no	301-654-7555

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
CONVENTION AND MEETINGS: NCPA ORGANIZES AN ANNUAL CONVENTION AND
TRADE EXPOSITION, WHICH IS THE PRE-EMINENT EDUCATIONAL, BUSINESS
DEVELOPMENT AND NETWORKING OPPORTUNITY FOR INDEPENDENT COMMUNITY
PHARMACISTS. IN THE SPRING, COMMUNITY PHARMACISTS COME TO
WASHINGTON FOR NCPA'S LEGISLATIVE CONFERENCE TO ADVOCATE TO
FEDERAL POLICYMAKERS ON BEHALF OF LOCAL PHARMACIES AND THEIR
PATIENTS. OTHER, REGIONAL EVENTS SUPPORTING AND PROMOTING
INDEPENDENT PHARMACY OWNERSHIP AND GROWTH ARE HELD ACROSS THE
COUNTRY THROUGHOUT THE YEAR.

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
ATTACHMENT 1

4d Other program services (Describe in Schedule O) ATTACHMENT 2
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14 a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV

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? If "Yes," complete Schedule F, Parts II and IV

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? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	X	
2	X	
3	X	
4		
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
20b		

Part IV Checklist of Required Schedules (continued)

		<input type="checkbox"/> Yes	<input type="checkbox"/> No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	<input checked="" type="checkbox"/> 21	<input type="checkbox"/> X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	<input type="checkbox"/> 24a	<input type="checkbox"/> X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/> 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?	<input type="checkbox"/> 24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/> 24d	
25 a	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? If "Yes," complete Schedule L, Part I	<input type="checkbox"/> 25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/> 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? If "Yes," complete Schedule L, Part II	<input checked="" type="checkbox"/> 26	<input type="checkbox"/> X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<input type="checkbox"/> 27	<input type="checkbox"/> X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	<input type="checkbox"/> 28a	<input type="checkbox"/> X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/> 28b	<input type="checkbox"/> X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/> 28c	<input type="checkbox"/> X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/> 29	<input type="checkbox"/> X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input type="checkbox"/> 30	<input type="checkbox"/> X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input type="checkbox"/> 31	<input type="checkbox"/> X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input type="checkbox"/> 32	<input type="checkbox"/> X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<input type="checkbox"/> 33	<input type="checkbox"/> 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? If "Yes," complete Schedule R, Part I	<input type="checkbox"/> 34	<input type="checkbox"/> X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input type="checkbox"/> 35	<input type="checkbox"/> X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/> 36	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> 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? If "Yes," complete Schedule R, Part VI	<input type="checkbox"/> 37	<input type="checkbox"/> X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	<input type="checkbox"/> 38	<input type="checkbox"/> X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V.

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	62
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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	2a	117
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	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)? <i>If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts</i>	4a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X
7	Organizations that may receive deductible contributions under section 170(c).	7a	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	Section 501(c)(12) organizations. Enter	12b	
a	Gross income from members or shareholders	13a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13c	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	X
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	14b	
a	Is the organization licensed to issue qualified health plans in more than one state?		
	<i>Note. See the instructions for additional information the organization must report on Schedule O</i>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 8	
b	Enter the number of voting members included in line 1a, above, who are independent	1b 6	
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 governing documents since the prior Form 990 was filed?	4 X	
5	Did the organization become aware during the year of a significant 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	
9	Is there any officer, director, 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	9 X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a 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?	10b X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
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	15b X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
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 X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►-----

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 ► STEPHEN ALBERT 100 DANGERFIELD ROAD ALEXANDRIA, VA 22314
703-683-8200

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

 Check if Schedule O contains a response to any question in this Part VII.
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee".
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) ROBERT GREENWOOD PRESIDENT	2.00	X		X			32,184	0	0
(2) LONNY WILSON PRESIDENT-ELECT	2.00	X		X			15,185	0	0
(3) DEANN MULLINS EXECUTIVE COMMITTEE MEMBER	2.00	X					0	0	0
(4) DONNIE CALHOUN CHAIRMAN	2.00	X		X			11,193	0	0
(5) BRADLEY J. ARTHUR EXECUTIVE COMMITTEE MEMBER	2.00	X					7,259	0	0
(6) MARK RILEY EXECUTIVE COMMITTEE MEMBER	2.00	X					9,863	0	0
(7) KEITH HODGES EXECUTIVE COMMITTEE MEMBER	2.00	X					0	0	0
(8) JOHN T. SHERMER EXECUTIVE COMMITTEE MEMBER	2.00	X					13,121	0	0
(9) JOSEPH HARMISON FORMER PRESIDENT	2.00			X			40,735	0	0
(10) DAVID SMITH SECRETARY-TREASURER	2.00			X			0	0	0
(11) BILL OSBORN FIRST VICE PRESIDENT	2.00			X			0	0	0
(12) BRIAN CASWELL SECOND VICE PRESIDENT	2.00			X			0	0	0
(13) MICHELE BELCHER THIRD VICE PRESIDENT	2.00			X			0	0	0
(14) HUGH CHANCY FOURTH VICE PRESIDENT	2.00			X			0	0	0
(15) JEFF CARSON FIFTH VICE PRESIDENT	2.00			X			0	0	0
(16) BRUCE ROBERTS FORMER CEO	40.00			X			538,102	0	21,295

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	Individual trustee or director	Officer	Key employee	Highest compensated employee			
(17) STEVEN LEVINE FORMER CEO	40.00		X				0.	273,936.	11,861.
(18) B. DOUGLAS HOEY CEO	40.00		X				358,659.	0.	29,003.
(19) STUART SOBERMAN GENERAL COUNSEL	40.00		X				232,559.	0.	26,821.
(20) KATHLEEN JAEGER FORMER CEO	40.00		X				55,084.	0.	4,141.
(21) JOHN COSTER SENIOR VP, GOVERNMENT AFFAIRS	40.00			X			265,840.	0.	22,548.
(22) BEVERLY MARTIN SENIOR VP AND CHIEF OF STAFF	40.00			X			190,889.	0.	22,580.
(23) WILLIAM POPOMARONIS VP LTC/HHC	40.00				X		172,635.	0.	25,417.
(24) PHILIP QUINLIN VP BUSINESS DEVELOPMENT	40.00				X		147,540.	0.	23,737.
(25) KEVIN SCHWEERS VP OF PUBLIC AFFAIRS	40.00				X		194,522.	0.	22,437.
(26) PETE WHITESTONE VP, STRATEGIC FIELD OPERATIONS	40.00				X		143,961.	0.	18,882.
(27)									
(28)									
1b Sub-total							2,429,331.	273,936.	228,722.
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							2,429,331.	273,936.	228,722.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►	21								

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 or individual 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
ATTACHMENT 3		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►	3	

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	1a Federated campaigns 1b Membership dues 1c Fundraising events 1d Related organizations 1e Government grants (contributions) 1f All other contributions, gifts, grants, and similar amounts not included above 1g Noncash contributions included in lines 1a-1f 1h Total. Add lines 1a-1f	1a 1b 1c 1d 1e 1f 1,699,082. 1g 1h 1,699,082.			
Program Service Revenue	2a CONVENTION AND MEETING 2b MEMBERSHIP DUES 2c EDUCATIONAL PROGRAMS 2d PUBLICATIONS 2e 2f All other program service revenue 2g Total. Add lines 2a-2f	Business Code 541100 541900 541900 541800 2g 8,799,871			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross Rents 6b Less rental expenses 6c Rental income or (loss) 6d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory 7b Less cost or other basis and sales expenses 7c Gain or (loss) 7d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8b Less direct expenses 8c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 9b Less direct expenses 9c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10b Less cost of goods sold 10c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a SERVICES 11b OTHER INCOME 11c 11d All other revenue 11e Total. Add lines 11a-11d 12 Total revenue See instructions	(i) Real 198,228. 183,406. 14,822. (ii) Personal 3,375,535. (i) Securities 39,378. 44,954. -5,576. (ii) Other 14,822. -5,576. a b a b a b a b a b a b 12 15,201,981	1,172,973. 0. 1,788,806. 3,137,948. 1,570,343. 615,191. 55,551. 559,640. 313,094. 0. 10,411. 4,411. 12 15,201,981		

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	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,520,736.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,818,619.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	122,017.			
9 Other employee benefits	303,707.			
10 Payroll taxes	397,748.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	343,935.			
c Accounting	26,400.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	1,503.			
g Other	949,292.			
12 Advertising and promotion	210,415.			
13 Office expenses	979,858.			
14 Information technology	356,269.			
15 Royalties	0.			
16 Occupancy	276,679.			
17 Travel	557,595.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,735,603.			
20 Interest	149,413.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	255,058.			
23 Insurance	65,430.			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a INCOME TAX EXPENSE	196,185.			
b PUBLICATIONS	261,821.			
c SPONSORSHIPS/CONTRIBUTIONS	47,590.			
d BAD DEBT EXPENSE	10,367.			
e MISCELLANEOUS	10,033.			
f All other expenses	76,977.			
25 Total functional expenses. Add lines 1 through 24f	14,673,250.			
26 Joint Costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	197	1	701.
	2 Savings and temporary cash investments	1,735,786	2	2,359,659.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	391,158	4	1,053,660.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	6,609,276	7	6,631,764.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	647,538	9	444,020.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 9,536,786.		
	b Less accumulated depreciation	10b 2,246,301.		
	11 Investments - publicly traded securities	7,526,922	10c	7,290,485.
	12 Investments - other securities See Part IV, line 11	2,071,964	11	2,080,113.
	13 Investments - program-related. See Part IV, line 11	316,900	12	316,900.
	14 Intangible assets		13	
	15 Other assets See Part IV, line 11	31,557	14	0.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	19,331,298	15	20,177,302.
Liabilities	17 Accounts payable and accrued expenses	1,763,435	16	2,000,191.
	18 Grants payable		17	
	19 Deferred revenue	3,439,976	18	3,487,336.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties	3,721,816	22	3,540,656.
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	8,925,227	25	9,028,183.
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	10,406,071	27	11,149,119.
	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	10,406,071	33	11,149,119.
	34 Total liabilities and net assets/fund balances	19,331,298	34	20,177,302.

Part XI**Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,201,981.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,673,250.
3	Revenue less expenses Subtract line 2 from line 1	3	528,731.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,406,071.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	214,317.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,149,119.

Part XII**Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII.

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 2b Were the organization's financial statements audited by an independent accountant?
 2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

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?
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

- Complete if the organization is described below.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2010Open 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) or Form 990-EZ, Part V, line 35a (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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures ► \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 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?

4a Was a correction made? Yes No
b If "Yes," describe in Part IV

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 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 exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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-
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule C (Form 990 or 990-EZ) 2010

JSA
0E1264 0 040

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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 If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(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 similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2 a 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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	3,137,948.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	816,865.
b Carryover from last year	2b	84,283.
c Total	2c	901,148.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,082,988.
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	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-181,840.

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 1. Also, complete this part for any additional information

Part IV Supplemental Information (continued)

Supplemental Financial Statements**2010****Open to Public
Inspection**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 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 Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
► -----7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items
a Revenues included in Form 990, Part VIII, line 1 ► \$ -----
b Assets included in Form 990, Part X ► \$ -----

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/>	Public exhibition	d <input type="checkbox"/>	Loan or exchange programs
b <input type="checkbox"/>	Scholarly research	e <input type="checkbox"/>	Other _____
c <input type="checkbox"/>	Preservation for future generations		

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Yes	No
3a(i)	
3a(ii)	
3b	

(i) unrelated organizations
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,800,000		1,800,000
b Buildings		6,000,000	1,012,500	4,987,500
c Leasehold improvements		178,488	74,515	103,973
d Equipment		1,558,298	1,159,286	399,012
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). ►				7,290,485

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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 through 8	9	
10	Excess or (deficit) for the year per audited 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 must 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	Other losses	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 must 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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

FIN 48 DISCLOSURE**SCHEDULE D, PART X, LINE 2**

TAX YEARS PRIOR TO 2007 ARE NO LONGER SUBJECT TO EXAMINATION BY THE IRS

AND APPLICABLE STATE TAX JURISDICTIONS.

Part XIV Supplemental Information (continued)

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010Open 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

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are 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 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, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment from the organization or a related organization?
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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b	X	
4c	X	
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2010

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) Retirement and other 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 reportable compensation				
1 BRUCE ROBERTS	(i) 538,102. (ii) 0.	0.	0.	0.	11,651. 0.	9,644. 0.	559,397. 0.
2 STEVEN LEVINE	(i) 203,236. (ii) 0.	70,700. 0.	0.	0.	11,861. 0.	0.	285,797. 0.
3 JOHN COSTER	(i) 235,840. (ii) 0.	30,000. 0.	0.	0.	10,694. 0.	11,854. 0.	288,388. 0.
4 B. DOUGLAS HOEY	(i) 303,659. (ii) 0.	55,000. 0.	0.	0.	12,172. 0.	16,831. 0.	387,662. 0.
5 BEVERLY MARTIN	(i) 155,889. (ii) 0.	35,000. 0.	0.	0.	6,216. 0.	16,364. 0.	213,469. 0.
6 WILLIAM POPOMARONIS	(i) 160,635. (ii) 0.	12,000. 0.	0.	0.	11,702. 0.	13,715. 0.	198,052. 0.
7 PHILIP QUINLIN	(i) 139,040. (ii) 0.	8,500. 0.	0.	0.	7,182. 0.	16,555. 0.	171,277. 0.
8 KEVIN SCHWEERS	(i) 164,522. (ii) 0.	30,000. 0.	0.	0.	5,905. 0.	16,532. 0.	216,959. 0.
9 PETE WHITESTONE	(i) 140,961. (ii) 0.	3,000. 0.	0.	0.	5,515. 0.	13,367. 0.	162,843. 0.
10 STUART SOBERMAN	(i) 219,559. (ii) 0.	13,000. 0.	0.	0.	9,990. 0.	16,831. 0.	259,380. 0.
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Employer identification number

36-1520710

VOTING MEMBERS OF GOVERNING BODY

PART VI, SECTION A, LINE 1

THE GOVERNING BODY WAS CALLED THE EXECUTIVE COMMITTEE (LATER CHANGED TO THE BOARD OF DIRECTORS) AND WAS COMPRISED OF 8 VOTING MEMBERS. THE BUDGET COMMITTEE CONSISTED OF SIX MEMBERS, FOUR OF WHICH WERE MEMBERS OF THE 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 FINDINGS 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.

MEMBERSHIP

PART VI, SECTION A, LINE 6 & 7A

THE MEMBERSHIP OF THIS ORGANIZATION SHALL CONSIST OF THE FOLLOWING MEMBERS WITH THE RIGHT TO VOTE AND HOLD OFFICE:

Name of the organization

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Employer identification number

36-1520710

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

REVIEW OF FORM 990

PART VI, SECTION B, LINE 11B

THE FORM 990 WILL BE PREPARED BY AN ACCOUNTING FIRM AND REVIEWED BY MANAGEMENT. AN 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.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

EACH EXECUTIVE COMMITTEE MEMBER IS REQUIRED TO EXECUTE A CONFLICT OF

Name of the organization

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Employer identification number

36-1520710

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.

COMPENSATION DETERMINATION

PART VI, SECTION B, LINE 15A

THE COMPENSATION COMMITTEE (CONSISTING OF THREE MEMBERS OF THE EXECUTIVE COMMITTEE) MEETS ANNUALLY EACH JANUARY TO REVIEW THE EMPLOYMENT AGREEMENT AND ANNUAL CALENDAR-YEAR COMPENSATION OF THE EXECUTIVE VICE PRESIDENT AND CEO BASED ON THE INFORMATION FROM COMPENSATION SURVEYS.

DOCUMENT AVAILABILITY

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.

OTHER CHANGES IN NET ASSETS

PART XI, LINE 5

\$214,317 REPRESENTS THE UNREALIZED GAIN ON INVESTMENTS EARNED BY THE ORGANIZATION FOR THE YEAR ENDED JUNE 30, 2011.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

MEMBERSHIP SERVICES: IN ADDITION TO THE BENEFITS OF ADVOCACY ON BEHALF OF THE INDEPENDENT COMMUNITY PHARMACY COMMUNITY AS A WHOLE, NCPA MEMBERS RECEIVE A NUMBER OF EXCLUSIVE BENEFITS. UNDER THE AUSPICES OF ITS MANAGEMENT INSTITUTE, NCPA ASSISTS COMMUNITY

Name of the organization

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Employer identification number

36-1520710

ATTACHMENT 1 (CONT'D)

PHARMACISTS IN THE BUSINESS MANAGEMENT OF THEIR PRACTICES OFFERING PHARMACISTS EDUCATIONAL PROGRAMS, BEST PRACTICE TOOLS, AND OWNERSHIP INITIATIVES. THESE INCLUDE COLLEAGUE-TO-COLLEAGUE NETWORKING AND DISCUSSION OPPORTUNITIES FOCUSED ON LATEST INDUSTRY HOT TOPICS; LEADS ON BUYING, SELLING OR FINANCING THE PURCHASE OF AN INDEPENDENT PHARMACY; AND PROGRAMS (DISPOSE MY MEDS, SYNCHRONIZATION OF MONTHLY REFILLS, ETC.) THAT HELP GROW A COMMUNITY PHARMACY'S BUSINESS AND SATISFY THEIR PATIENTS' HEALTH-RELATED NEEDS.

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
GOVERNMENT AFFAIRS			
TOTALS			

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DAVID A. BALTO 1350 I STREET, NW SUITE 1100 WASHINGTON, DC 20005	LEGAL SERVICES	304,707.
OVATION INC. 3819 BEDFORD AVENUE, #200 NASHVILLE, TN 37215	ANNUAL CONVENTION	250,984.
RUSSELL REYNOLDS ASSOCIATES PO BOX 6427 NEW YORK, NY 10249-6427	EXECUTIVE SEARCH	133,807.

Name of the organization

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Employer identification number

36-1520710

ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATION

TOTAL COMPENSATION

689,498.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2010

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Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

Name of the organization

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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
(1) COMMUNITY CARE RX, LLC 100 DANGERFIELD ROAD ----- ALEXANDRIA, VA 22314 34-2015243	PROG. SUPPORT DE		0.	0.	NCPA
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					
(7) -----					

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Section 512(b)(13) controlled entity?
(1) NCPA FOUNDATION 100 DANGERFIELD ROAD ----- ALEXANDRIA, VA 22314 36-6072250	RESEARCH	VA	501 (C) (3)	7	NCPA	X
(2) NCPA FOUNDATION, INC. 100 DANGERFIELD ROAD ----- ALEXANDRIA, VA 22314 90-0633086	RESEARCH	VA	501 (C) (3)	7	NCPA	X
(3) -----						
(4) -----						
(5) -----						
(6) -----						
(7) -----						

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2010

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Legal domicile (state or foreign country)	(f) Type of entity (C corp., S corp., or trust)	(g) Share of total income	(h) Type of entity (C corp., S corp., or trust)	(i) Share of end-of-year assets	(j) Share of end-of-year assets	(k) Percentage ownership
(1)	HOLDING COMPANY	VA	N/A							
(2)	SPECIALIZED MKTG.	VA	CPE							
(3)	TECH. SOLUTIONS	VA	CPE							
(4)										
(5)										
(6)										
(7)										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Type of entity (C corp., S corp., or trust)	(g) Share of total income	(h) Type of entity (C corp., S corp., or trust)	(i) Share of end-of-year assets	(j) Share of end-of-year assets	(k) Percentage ownership
(1)	HOLDING COMPANY	VA	N/A							
(2)	SPECIALIZED MKTG.	VA	CPE							
(3)	TECH. SOLUTIONS	VA	CPE							
(4)										
(5)										
(6)										
(7)										

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	MIRIXA CORPORATION	A	247,980.	FMV
(2)	COMMUNITY PHARMACY ENTERPRISES	O	330,000.	FMV
(3)	COMMUNITY PHARMACY ENTERPRISES	R	400,000.	FMV
(4)	COMMUNITY PHARMACY VENTURES, INC.	M	90,196.	FMV
(5)	COMMUNITY PHARMACY VENTURES, INC.	N	170,117.	FMV
(6)	COMMUNITY PHARMACY VENTURES, INC.	R	201,699.	FMV

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes No		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes No
					Yes	No		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

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 X

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

Type or print	Name of exempt organization NATIONAL COMMUNITY PHARMACISTS ASSOCIATION	Employer identification number 36-1520710
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 100 DANGERFIELD ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ALEXANDRIA, VA 22314	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **STEPHEN ALBERT**

Telephone No. ► **703 683-8200** FAX No. ► **703 683-3619**

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 X calendar year 20 or
 X tax year beginning 07/01, 20 10, and ending 06/30, 20 11.

2 If the tax year entered in line 1 is for less than 12 months, check reason: X Initial return X Final return
 X 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, 990-T, 4720, or 6069, 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, 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

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

JSA
0F8054 4 000

- 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	Name of exempt organization NATIONAL COMMUNITY PHARMACISTS ASSOCIATION	Employer identification number 36-1520710
File by the extended due date for filing your return. See instructions	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

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

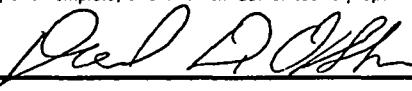
- The books are in the care of ► **STEPHEN ALBERT**
Telephone No. ► **703 683-8200** FAX No. ► **703 683-3619**
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption 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.

- I request an additional 3-month extension of time until **05/15, 20 12**.
- For calendar year _____, or other tax year beginning **07/01, 20 10**, and ending **06/30, 20 11**.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension **TAXPAYER IS AWAITING INDEPENDENT THIRD PARTY INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. THE RETURN WILL BE FILED AS SOON AS THE INFORMATION IS AVAILABLE.**

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 \$ 0.
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 \$ 0.
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ 0.

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 ►  Title ► **CPA** Date ► **2/9/12**
Form 8868 (Rev. 1-2011)