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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012

Open to Public Inspection

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning **2012**, and ending **20**

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 Specialty Pharma Association		D Employer identification number 26-1990283
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 6 Office Park Circle 301		E Telephone number 205-879-9924
	City or town, state or country, and ZIP + 4 Birmingham, Alabama 35223		F Group Exemption Number ▶ n/a

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.specialtypharma.org**

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(6) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **122,967**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	-0-
	2	Program service revenue including government fees and contracts	2	51,873
	3	Membership dues and assessments	3	70,800
	4	Investment income	4	294
	5a	Gross amount from sale of assets other than inventory	5a	-0-
	5b	Less: cost or other basis and sales expenses	5b	-0-
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-0-
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	-0-
6b	Gross income from fundraising events (not including \$ -0- of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	-0-	
6c	Less: direct expenses from gaming and fundraising events	6c	-0-	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-0-	
7a	Gross sales of inventory, less returns and allowances	7a	-0-	
7b	Less: cost of goods sold	7b	-0-	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-0-	
8	Other revenue (describe in Schedule O)	8	-0-	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	122,967	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	-0-
	11	Benefits paid to or for members	11	-0-
	12	Salaries, other compensation, and employee benefits	12	35,450
	13	Professional fees and other payments to independent contractors	13	64,000
	14	Occupancy, rent, utilities, and maintenance	14	9,962
	15	Printing, publications, postage, and shipping	15	1,881
	16	Other expenses (describe in Schedule O)	16	48,780
17	Total expenses. Add lines 10 through 16	17	160,073	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(37,106)
	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	146,660
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-0-
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	109,554

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

47 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	Yes	No
47		
48 Is the organization 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 a section 527 organization?		
49b		

50 Complete this table for the organization's 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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's 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

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ **Yes** **No**

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	▶ <u>Perry N. Cole</u> Signature of officer	▶ <u>5-6-2013</u> Date
	▶ <u>Perry N. Cole, President</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <u>Perry N. Cole, CPA</u>	Preparer's signature <u>Perry N. Cole</u>	Date <u>5-6-2013</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P01384816</u>
	Firm's name ▶ <u>Perry N. Cole, CPA</u>	Firm's EIN ▶ <u>n/a</u>			
	Firm's address ▶ <u>6 Office Park Circle Suite 301, Birmingham, AL 35223</u>	Phone no <u>205-879-9008</u>			
	May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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

2012

**Open to Public
Inspection**

Name of the organization

Specialty Pharma Association

Employer identification number

26-1990283

Form 990-EZ Part I Page 1, line 16 - Other Expenses

Advertising \$ 429

Bank charges 1,291

Conference expense 34,208

Dues 310

Payroll taxes 2,044

Seminars 1,835

Telephone 1,854

Travel 3,561

Website 3,248

Total Other Expenses \$ 48,780

Part II Line 26- Total Liabilities **Line 26(A)** **Line 26(B)**

Payroll taxes withheld \$ 1,501 \$ 1,805