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Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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

2013  
Open to Public  
Inspection

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2013 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable  Address change Name change Initial return Terminated Amended return Application pending	<b>C</b> Name of organization <b>NATIONAL ASSOCIATION OF SPECIALTY PHARMACY INC</b>		<b>D</b> Employer identification number <b>46-0917764</b>	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address) <b>1765 DUKE STREET</b>	Room/suite	E Telephone number <b>(703) 842-0122</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>ALEXANDRIA, VA 22314</b>		G Gross receipts \$ <b>1,235,712.</b>	
	F Name and address of principal officer <b>JIM SMEEDING</b> <b>SAME AS C ABOVE</b>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	I Tax-exempt status 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 6 ) (insert no.) 4947(a)(1) or 527			H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)
J Website: ► <a href="http://WWW.NASPNET.ORG/">HTTP : / / WWW.NASPNET.ORG/</a>		H(c) Group exemption number ►		
K Form of organization: <input checked="" type="checkbox"/> Corporation      Trust      Association      Other ►		L Year of formation: 2012      M State of legal domicile: VA		

## Part I Summary

<b>Activities &amp; Governance</b>  1 Briefly describe the organization's mission or most significant activities <b>TO PROVIDE EDUCATIONAL PROGRAMS, CERTIFICATION CURRICULUM AND PROFESSIONAL NETWORKING FORUMS FOR</b>  2 Check this box ► 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34	<table border="1"> <tr><td>3</td><td>12</td></tr> <tr><td>4</td><td>12</td></tr> <tr><td>5</td><td>0</td></tr> <tr><td>6</td><td>40</td></tr> <tr><td>7a</td><td>0.</td></tr> <tr><td>7b</td><td>0.</td></tr> </table>	3	12	4	12	5	0	6	40	7a	0.	7b	0.	Prior Year      Current Year	
		3	12												
		4	12												
		5	0												
		6	40												
		7a	0.												
7b	0.														
8 Contributions and grants (Part VIII, line 1h)	0.	0.													
9 Program service revenue (Part VIII, line 2g)	<b>29,718.</b>	<b>1,230,136.</b>													
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.													
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	<b>5,576.</b>													
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>29,718.</b>	<b>1,235,712.</b>													
<b>Revenue</b>  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)	<table border="1"> <tr><td>13</td><td>0.</td></tr> <tr><td>14</td><td>0.</td></tr> <tr><td>15</td><td>0.</td></tr> <tr><td>16a</td><td>0.</td></tr> <tr><td>b</td><td>0.</td></tr> </table>	13	0.	14	0.	15	0.	16a	0.	b	0.	Prior Year      Current Year			
		13	0.												
		14	0.												
		15	0.												
		16a	0.												
		b	0.												
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>11,724.</b>	<b>1,164,502.</b>													
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>11,724.</b>	<b>1,215,502.</b>													
19 Revenue less expenses. Subtract line 18 from line 12	<b>17,994.</b>	<b>20,210.</b>													
<b>Expenses</b>  20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	<table border="1"> <tr><td>20</td><td>17,994.</td></tr> <tr><td>21</td><td>0.</td></tr> <tr><td>22</td><td>17,994.</td></tr> </table>	20	17,994.	21	0.	22	17,994.	Beginning of Current Year      End of Year							
		20	17,994.												
		21	0.												
		22	17,994.												
		20	<b>17,994.</b>	<b>38,204.</b>											
		21	0.	0.											
22	<b>17,994.</b>	<b>38,204.</b>													

## 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.

<b>Sign Here</b> ► Signature of officer ► <b>JIM SMEEDING, EXECUTIVE DIRECTOR</b> Type or print name and title	Date <b>5/29/2015</b>		

<b>Paid Preparer</b> Firm's name ► <b>TATE AND TRYON</b>	Preparer's signature <b>Elizabeth Heller</b>	Date	Check if self-employed	PTIN
		<b>4/24/2015</b>	<input type="checkbox"/>	<b>P00397829</b>

<b>Use Only</b> Firm's address ► <b>2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036</b>	Firm's EIN ► <b>52-1855942</b>
	Phone no. <b>(202) 293-2200</b>

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

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

6/3

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### **Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission  
**TO PROVIDE EDUCATIONAL PROGRAMS, CERTIFICATION CURRICULUM AND PROFESSIONAL NETWORKING FORUMS FOR HEALTHCARE PROFESSIONALS TO PROMOTE THE SAFE AND APPROPRIATE USE OF SPECIALTY MEDICATIONS AND IMPROVE CLINICAL AND ECONOMIC OUTCOMES.**

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**NASP PROVIDED PROFESSIONAL EDUCATION FOR PHARMACISTS AND OTHER HEALTH CARE PROFESSIONALS AT TWO LIVE MEETINGS, THE NASP SPECIALTY PHARMACY CONFERENCE IN APRIL 2013, THE STRATEGIC BUSINESS EXCHANGE IN OCTOBER 2013, AND VIA THE ONLINE SPECIALTY PHARMA EDUCATION CENTER.**

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

**4d Other program services (Describe in Schedule O )**

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

**4e Total program service expenses** ►

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**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	<input checked="" type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	<input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	<input type="checkbox"/> N/A
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? <i>If "Yes," complete Schedule C, Part III</i>	5	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	<input checked="" type="checkbox"/>
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. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i></li> <li>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? <i>If "Yes," complete Schedule D, Part VII</i></li> <li>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? <i>If "Yes," complete Schedule D, Part VIII</i></li> <li>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? <i>If "Yes," complete Schedule D, Part IX</i></li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i></li> <li>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)? <i>If "Yes," complete Schedule D, Part X</i></li> </ul>	11a	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	11b	<input checked="" type="checkbox"/>
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	11c	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	11d	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States? <i>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV</i>	11e	<input checked="" type="checkbox"/>
14b	11f	<input checked="" type="checkbox"/>
15	12a	<input checked="" type="checkbox"/>
16	12b	<input checked="" type="checkbox"/>
17	13	<input checked="" type="checkbox"/>
18	14a	<input checked="" type="checkbox"/>
19	14b	<input checked="" type="checkbox"/>
20a	15	<input checked="" type="checkbox"/>
20b	16	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	17	<input checked="" type="checkbox"/>
	18	<input checked="" type="checkbox"/>
	19	<input checked="" type="checkbox"/>
	20a	<input checked="" type="checkbox"/>
	20b	<input checked="" type="checkbox"/>

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**Part IV Checklist of Required Schedules (continued)**

	<b>Yes</b>	<b>No</b>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a N/A	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b N/A	
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27 X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b 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	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations?	31 X	
If "Yes," complete Schedule N, Part I		
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32 X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, 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		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36 N/A	
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	37 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

**Note.** All Form 990 filers are required to complete Schedule O

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable      

1a	5
1b	0

1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable      

1a	5
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	X
----	---

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return      

2a	0
----	---

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? *Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)*

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? If "No," to line 3b, provide an explanation in Schedule O

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)?      

4a	X
----	---

b 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.*

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 as charitable contributions?      

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	
----	--

7 **Organizations that may receive deductible contributions under section 170(c).**      **N/A**

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?      

7a	
----	--

b If "Yes," did the organization notify the donor of the value of the goods or services provided?      

7b	
----	--

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?      

7c	
----	--

d If "Yes," indicate the number of Forms 8282 filed during the year      

7d	
----	--

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?      

7e	
----	--

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?      

7f	
----	--

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?      

7g	N/A
----	-----

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?      

7h	N/A
----	-----

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?      **N/A**

9 **Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966?      **N/A**

b Did the organization make a distribution to a donor, donor advisor, or related person?      **N/A**

10 **Section 501(c)(7) organizations.** Enter

a Initiation fees and capital contributions included on Part VIII, line 12      **N/A**

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities      

10a	
10b	

11 **Section 501(c)(12) organizations.** Enter

a Gross income from members or shareholders      **N/A**

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)      

11a	
11b	

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?      **N/A**

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year      

12b	
-----	--

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state? *Note. See the instructions for additional information the organization must report on Schedule O*

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      **N/A**

c Enter the amount of reserves on hand      

13b	
13c	

14a Did the organization receive any payments for indoor tanning services during the tax year?      

14a	X
-----	---

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O      

14b	
-----	--

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**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	12		
1b	12		
2		X	
3	X		
4		X	
5		X	
6	X		
7a		X	
7b		X	
8a	X		
8b	X		
9		X	

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		
14	Did the organization have a written document retention and destruction policy?		
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		
b	Other officers or key employees of the organization		
	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?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ►	NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►	
	<b>THE ORGANIZATION - (703) 842-0122</b>	
	<b>1765 DUKE STREET, ALEXANDRIA, VA 22314</b>	

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

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

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

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

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

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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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) WALTER GEBA TREASURER	2.00	X	X				0.	0.	0.
(2) ERIK HALSTROM SECRETARY	2.00	X	X				0.	0.	0.
(3) MIKE ELLIS PRESIDENT	2.00	X	X				0.	0.	0.
(4) MIKE NAMETH DIRECTOR	2.00	X					0.	0.	0.
(5) PHIL HAGEMAN DIRECTOR	2.00	X					0.	0.	0.
(6) THOMAS BLISSENBACH DIRECTOR	2.00	X					0.	0.	0.
(7) CRAIG MILLER DIRECTOR	2.00	X					0.	0.	0.
(8) JAMES LANG DIRECTOR	2.00	X					0.	0.	0.
(9) BURT ZWEIGENHAFT DIRECTOR	2.00	X					0.	0.	0.
(10) DIANE SULLIVAN DIRECTOR	2.00	X					0.	0.	0.
(11) SCOTT HOWELL DIRECTOR	2.00	X					0.	0.	0.
(12) MARK MONTGOMERY DIRECTOR	2.00	X					0.	0.	0.
(13) JIM SMEEDING EXECUTIVE DIRECTOR	20.00		X				0.	0.	0.
(14) GARY M. COHEN CHIEF EXECUTIVE OFFICER	40.00		X				0.	0.	0.

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

**1b Sub-total**

**c Total from continuation sheets to Part VII, Section A**

**d Total (add lines 1b and 1c)**

**2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►**

0

**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
	X
	X
	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
STARFISH BIOLOGIC, LLC 8615 VIVIAN BASS WAY, ODESSA, FL 33556	MANAGEMENT SERVICES	320,000.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000.00 in compensation during the reporting period.		1

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1

Form 990 (2013)

**Part VIII Statement of Revenue**

**Check if Schedule O contains a response or note to any line in this Part VIII.**

Check if Schedule C contains a response or note to any line in this Part VIII			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
<b>h Total. Add lines 1a-1f</b>						
Program Service Revenue	2 a <b>MEMBERSHIP</b>	Business Code 900099	709,815.	709,815.		
	b <b>CONFERENCES AND SEMINA</b>	611430	520,321.	520,321.		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		1,230,136.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	(ii) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11 a <b>OTHER INCOME</b>	900099	5,576.			5,576.	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		5,576.				
<b>12 Total revenue. See instructions.</b>		1,235,712.	1,230,136.	0.	5,576.	

**NATIONAL ASSOCIATION OF SPECIALTY  
PHARMACY INC**

Form 990 (2013)

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**Part IX Statement of Functional Expenses**

*Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).*

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII</i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	<b>51,000.</b>			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	<b>500,691.</b>			
b Legal	<b>15,000.</b>			
c Accounting	<b>5,044.</b>			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	<b>89,253.</b>			
14 Information technology	<b>40,334.</b>			
15 Royalties				
16 Occupancy				
17 Travel	<b>25,691.</b>			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	<b>476,530.</b>			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	<b>11,959.</b>			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>1,215,502.</b>			
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**NATIONAL ASSOCIATION OF SPECIALTY  
PHARMACY INC**

Form 990 (2013)

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**Part X Balance Sheet**

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

		<b>(A) Beginning of year</b>	<b>(B) End of year</b>
Assets	1 Cash - non-interest-bearing	17,994.	1 38,204.
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Loans and other 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 instr). Complete Part II of Sch L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a	
	b Less accumulated depreciation	10b	10c
	11 Investments - publicly traded securities	11	
	12 Investments - other securities See Part IV, line 11	12	
	13 Investments - program-related. See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	15	
	<b>16 Total assets. Add lines 1 through 15 (must equal line 34)</b>	<b>17,994.</b>	<b>16 38,204.</b>
Liabilities	17 Accounts payable and accrued expenses	17	
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	25	
	<b>26 Total liabilities. Add lines 17 through 25</b>	<b>0.</b>	<b>0.</b>
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	17,994.	27 38,204.
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	
	<b>33 Total net assets or fund balances</b>	<b>17,994.</b>	<b>33 38,204.</b>
	<b>34 Total liabilities and net assets/fund balances</b>	<b>17,994.</b>	<b>34 38,204.</b>

Form 990 (2013)

332011  
10-29-13

15250423 790809 46-0917764

11  
2013.05080 NATIONAL ASSOCIATION OF S 46-09171

**NATIONAL ASSOCIATION OF SPECIALTY  
PHARMACY INC**

Form 990 (2013)

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**Part XI Reconciliation of Net Assets**

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,235,712.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,215,502.
3 Revenue less expenses. Subtract line 2 from line 1	3	20,210.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,994.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,204.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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.	2c	
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?	3a	X
3b 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	3b	

Form 990 (2013)

332012  
10-29-13

15250423 790809 46-0917764

12  
2013.05080 NATIONAL ASSOCIATION OF S 46-09171



## NATIONAL ASSOCIATION OF SPECIALTY

Schedule C (Form 990 or 990-EZ) 2013 PHARMACY INC

46-0917764 Page 2

**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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).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
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-			
<b>j</b> 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

## NATIONAL ASSOCIATION OF SPECIALTY

Schedule C (Form 990 or 990-EZ) 2013 PHARMACY INC

46-0917764 Page 3

**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)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(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?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
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	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

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**NATIONAL ASSOCIATION OF SPECIALTY PHARMACY INC**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed

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Page 2

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

**NATIONAL ASSOCIATION OF SPECIALTY  
PHARMACY INC**

Employer identification number  
**46-0917764**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**HEALTHCARE PROFESSIONALS TO PROMOTE THE SAFE AND APPROPRIATE USE OF  
SPECIALTY MEDICATIONS AND IMPROVE CLINICAL AND ECONOMIC OUTCOMES.**

**FORM 990, PART VI, SECTION A, LINE 3:**

**EXPLANATION: THE ORGANIZATION USED THE SERVICES OF STARFISH BIOLOGIC, LLC  
TO MANAGE ITS BUSINESS AFFAIRS DURING 2013.**

**FORM 990, PART VI, SECTION A, LINE 6:**

**EXPLANATION: NASP'S MEMBERS INCLUDE THE NATION'S LEADING SPECIALTY  
PHARMACIES, PHARMACEUTICAL AND BIOTECHNOLOGY MANUFACTURERS, GPOS,  
DISTRIBUTORS AND OTHER STAKEHOLDERS IN THE SPECIALTY PHARMACY INDUSTRY.**

**FORM 990, PART VI, SECTION B, LINE 11:**

**EXPLANATION: ALL MEMBERS OF THE GOVERNING BODY WILL RECEIVE A COPY OF FORM  
990 BEFORE FILING.**

**FORM 990, PART VI, SECTION C, LINE 19:**

**EXPLANATION: THESE DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC UPON  
REQUEST.**