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Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

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

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **2015**, and ending **20**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization: **Specialty Pharma Association**

Number and street (or P.O. box, if mail is not delivered to street address): **6 Office Park Circle**

Room/suite: **301**

City or town, state or province, country, and ZIP or foreign postal code: **Birmingham, Alabama 35223**

**D** Employer identification number: **26-1990283**

**E** Telephone number: **205-879-9924**

**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** Form of organization:  Corporation  Trust  Association  Other

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **102,702**

**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 . . . . .

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	-0-
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	46,962
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	55,700
	<b>4</b>	Investment income . . . . .	<b>4</b>	40
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	-0-
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	-0-
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	-0-
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	-0-
<b>b</b>	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) . . . . .	<b>6b</b>	-0-	
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	-0-	
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	-0-	
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	-0-	
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>	-0-	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	-0-	
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	-0-	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	102,702	
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	-0-
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	-0-
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	13,808
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	50,000
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	11,709
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	1,292
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	46,390
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	123,199
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	(20,497)
	<b>19</b>	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) . . . . .	<b>19</b>	47,078
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	-0-
	<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	<b>21</b>	26,581

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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. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

**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 . . . . . **46**  Yes  No

**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 . . . . . **47**  Yes  No

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48**  Yes  No

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a**  Yes  No

**b** If "Yes," was the related organization a section 527 organization? . . . . . **49b**  Yes  No

**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	(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 business address of each independent contractor	(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 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**  
 Signature of officer: Perry N. Cole Date: 05/06/2016  
 Type or print name and title: Perry N. Cole, President

**Paid Preparer Use Only**  
 Preparer's name: Perry N. Cole, CPA Preparer's signature: Perry N. Cole, CPA Date: 05/06/2016 Check  if self-employed PTIN: P01384816  
 Firm's name: Perry N. Cole, CPA Firm's EIN: n/a  
 Firm's address: 6 Office Park Circle Suite 301 Birmingham, AL 35223 Phone no.: 205-879-9008

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  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.

▶ 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

**2015**

**Open to Public  
Inspection**

Name of the organization

Specialty Pharma Association

Employer identification number

26-1990283

**Form 990-EZ Part I Page 1, line 6 - Other Expenses**

Advertising \$ 336

Bank charges 1,585

Conference expense 37,023

Dues 405

Payroll taxes 1,733

Travel 3,508

Website 1,800

Total Other Expenses \$ 46,390

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

Payroll taxes withheld \$2,121      -0-