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Short Form

OMB No. 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax

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

2016

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning **2016**, 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

City or town, state or province, country, and ZIP or foreign postal code

Birmingham, AL 35223

Room/suite

301

D Employer identification number

26-1990283

E Telephone number

205-879-9008

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

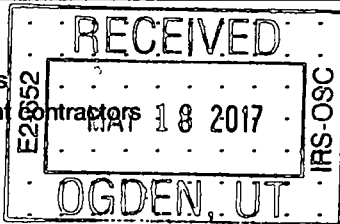
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **107,844**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																									0		
	2	Program service revenue including government fees and contracts																									53,113		
	3	Membership dues and assessments																									54,700		
	4	Investment income																									31		
	5a	Gross amount from sale of assets other than inventory																									0		
	5b	Less: cost or other basis and sales expenses																									0		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																									0		
	6	Gaming and fundraising events																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																									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)																									0		
6c	Less: direct expenses from gaming and fundraising events																									0			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																									0			
7a	Gross sales of inventory, less returns and allowances																									0			
7b	Less: cost of goods sold																												
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
8	Other revenue (describe in Schedule O)																									0			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																									107,844			
Expenses	10	Grants and similar amounts paid (list in Schedule O)																									0		
	11	Benefits paid to or for members																									0		
	12	Salaries, other compensation, and employee benefits																									19,250		
	13	Professional fees and other payments to independent contractors																									36,000		
	14	Occupancy, rent, utilities, and maintenance																									11,823		
	15	Printing, publications, postage, and shipping																									1,517		
	16	Other expenses (describe in Schedule O)																									47,660		
17	Total expenses. Add lines 10 through 16 ▶																									116,250			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																									-8,406		
	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)																									26,581		
	20	Other changes in net assets or fund balances (explain in Schedule O)																									0		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶																									18,175		



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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 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

		Yes	No
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		
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	(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	<i>Perry N. Cole</i> Signature of officer	5/10/2017 Date
	Perry N. Cole, President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Perry N. Cole, CPA	Preparer's signature <i>Perry N. Cole</i>	Date 5/10/2017	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01384816
	Firm's name ▶ Perry N. Cole, CPA			Firm's EIN ▶ none	
	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)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

▶ 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.

**Open to Public
Inspection**

Name of the organization

Specialty Pharma Association

Employer identification number

26-1990283

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

Advertising \$ 1,100

Bank charges 1,726

Conference expense 35,951

Dues 405

Legal 2,519

Payroll taxes 1,647

Travel 2,512

Website 1,800

Total Other Expenses 47,660

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

Payroll taxes withheld -0- 80