

**Form 990-N (e-Postcard) Summary**  
**(\*\*THIS IS NOT A FILEABLE FORM - FOR REVIEW PURPOSES ONLY\*\*)**

Tax period beginning 01/01/2012 and ending 12/31/2012

Organization's legal name  
**NATIONAL ASSOCIATION OF SPECIALTY  
PHARMACY INC**

Employer ID number  
**46-0917764**

Other names used by organization (DBA)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number and street (or P.O. box, if applicable)  
**1765 DUKE STREET**

Room/Suite

Telephone number

City or town, state or country and ZIP + 4  
**ALEXANDRIA, VA 22314**

Web address, if applicable \_\_\_\_\_

Check if organization is not a 509(a)(3) supporting organization and its gross receipts meets limits for the tax year .....

Check if organization is terminating (going out of business) .....

**Information regarding principal officer:**

Name  
**JIM SMEEDING**

Street address  
**1765 DUKE STREET**

City, state or country and ZIP + 4  
**ALEXANDRIA, VA 22314**