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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 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*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

PENNSYLVANIA ACADEMY OF OPHTHALMOLOGY

Number and street (or P O. box, if mail is not delivered to street address) Room/suite

777 EAST PARK DRIVE P.O. BOX 8820

City or town, state or country, and ZIP + 4

HARRISBURG, PA 17105

D Employer identification number

23-2611653

E Telephone number

(717)558-7750

F Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)**

G Accounting method: ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ WWW.PAEYEMDS.ORG

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990 990-EZ, or 990 PF)

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 243,961.

SCANNED JUL 29 2010

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	25,000.
	2	Program service revenue including government fees and contracts		2	35,615.
	3	Membership dues and assessments		3	176,833.
	4	Investment income		4	5,980.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ INTEREST INCOME)		8	533.
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	243,961.
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	39,089.
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	74,622.
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 5		14	6,741.
	15	Printing, publications, postage, and shipping		15	13,240.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	118,221.
	17	**Total expenses** Add lines 10 through 16 ▶		17	251,913.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-7,952.
	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	255,116.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4		20	32,996.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	280,160.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

	(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	107,190.	22	107,067.
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 2)	233,889.	24	272,652.
25	**Total assets**	341,079.	25	379,719.
26	**Total liabilities** (describe ▶ SEE STATEMENT 3)	85,963.	26	99,559.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	255,116.	27	280,160.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 9

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE STATEMENT 8

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 251,913.

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 251,913.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 7				

Part V Other Information (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 85,868.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	N/A	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ PA			
42a	The organization's books are in care of ▶ ANNETTE WEAVER Telephone no. ▶ (717) 558-7750 Located at ▶ 777 EAST PARK DRIVE PO BOX 8820, HARRISBURG, PA ZIP + 4 ▶ 17105			
b	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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? 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 address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

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."

N/A

(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 ▶

Sign Here

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

Signature of officer: Jennifer L. Keeler Date: 6/8/2010

Type or print name and title: JENNIFER KEELER, EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instr.)
	6/2/10		

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SELIGMAN, FRIEDMAN & CO., P.C
1027 MUMMA ROAD
WORMLEYSBURG, PA 17043

EIN ▶

Phone no. ▶ 717-761-0211

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	Employer identification number
PENNSYLVANIA ACADEMY OF OPHTHALMOLOGY	23-2611653

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $ 85,868.
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

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
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
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

j 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? ☐ Yes ☐ 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).**

		(a) Yes	(a) No	(b) 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? If "Yes," describe in Part IV			
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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	176,833.
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	85,868.
b	Carryover from last year	2b	
c	Total	2c	85,868.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	86,648.
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	-780.

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

PART I-A, LINE 1:

THE ACADEMY TAKES A PROACTIVE APPROACH TO LEGISLATIVE ISSUES AFFECTING THE PRACTICE IN WHICH THEIR MEMBERS PARTICIPATE.

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
AWARDS AND CONTRIBUTIONS	3,438.
SUPPLIES	3,453.
LOSS ON INVESTMENTS	5,398.
CONTRACTED SERVICES	105,932.
TOTAL TO FORM 990-EZ, LINE 16	118,221.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	300.	6,639.
PREPAID EXPENSES	4,220.	4,515.
INVESTMENTS	229,307.	261,498.
OTHER DEPRECIABLE ASSETS	62.	0.
TOTAL TO FORM 990-EZ, LINE 24	233,889.	272,652.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	6,066.	9,973.
UNEARNED REVENUE	79,897.	89,586.
TOTAL TO FORM 990-EZ, LINE 26	85,963.	99,559.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	32,996.
TOTAL TO FORM 990-EZ, LINE 20	32,996.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION	62.
OTHER EXPENSES	6,679.
TOTAL TO FORM 990-EZ, LINE 14	6,741.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KENNETH P. CHENG, MD, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG, PA	PRESIDENT 0.25	0.	0.	0.
ROGER P. ZELT, MD, FACS, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG,	PRESIDENT ELECT 0.25	0.	0.	0.
DAVID S. PAO, MD, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG, PA	IMMEDIATE PAST PRESIDENT 0.25	0.	0.	0.
KARL R. OLSEN, MD, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG, PA	SECRETARY/TREASURER 0.25	0.	0.	0.
THOMAS B. SOUDERS, MD, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG, PA	EMERITUS, BYLAWS AND RULES 0.25	0.	0.	0.
MICHAEL J. AZAR, MD, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG, PA	CHAIR, NOMINATING COMMITTE 0.25	0.	0.	0.
GAUTAM MISHRA, MD, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG, PA	CO-SECRETARY, LEGISLATION 0.25	0.	0.	0.
ROBERT L. BERGREN, MD, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG, PA	CO-SECRETARY, MEDICAL PRAC 0.25	0.	0.	0.
JAMES B. DICKEY, MD, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG, PA	CO-SECRETARY, MEDICAL PRAC 0.25	0.	0.	0.
DAVID M. WILL, MD, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG, PA	SECRETARY, MEMBERSHIP 0.25	0.	0.	0.
DAVID I. SILBERT, MD, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG, PA	CO-SECRETARY, MEDICAL PRAC 0.25	0.	0.	0.
MARK, C. MARIA, MD, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG, PA	SECRETARY, INSTRUCTION 0.25	0.	0.	0.
EDWARD H. BEDROSSIAN JR. MD, FACS, 777 EAST PARK DRIVE, PO BOX 8820,	MEMBER AT LARGE 0.25	0.	0.	0.
NORMAN L. EDELSTEIN, MD, FACS, 777 EAST PARK DRIVE, PO BOX 8820,	MEMBER AT LARGE 0.25	0.	0.	0.

DAVID M. ARMESTO, MD, FACS, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG,	AAO COUNCILOR 0.25	0.	0.	0.
DREW J. STOKEN, MD, FACS, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG,	MEMBER AT LARGE 0.25	0.	0.	0.
JAMES W. MCMANAWAY, III, MD, 777 EAST PARK DRIVE, PO BOX 8820,	AAO ALTERNATE COUNCILOR 0.25	0.	0.	0.
JOSEPH R. POLITO, MD, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG, PA	AAO ALTERNATE COUNCILOR 0.25	0.	0.	0.
JOHN C. MAHER, MD, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG, PA	PAC CHAIR 0.25	0.	0.	0.
JOSEPH W. SASSANI, MD, MHA, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG,	SECRETARY PUBLIC HEALTH 0.25	0.	0.	0.
JOANNA FISHER, MD, 777 EAST PARK DRIVE, PO BOX 8820, HARRISBURG, PA	SECRETARY, PUBLIC AND PROF. I 0.25	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

A MONTHLY NEWS BULLETIN IS PROVIDED TO MEMBERS AND NON-MEMBERS AND ANNUAL MEETINGS ARE HELD AT WHICH POINT OPHTHALMOLOGISTS ARE ABLE TO NETWORK AND EARN CONTINUING EDUCATION CREDITS; PROMOTE PREVENTATIVE EYE CARE, ADVANCE THE KNOWLEDGE, SCIENCE AND PRACTICE OF OPHTHAMOLOGY.

PENNSYLVANIA ACADEMY OF OPHTHALMOLOGY WAS INCORPORATED AS A NONPROFIT ORGANIZATION IN SEPTEMBER 1990. PRIOR TO THIS INCORPORATION, ACTIVITIES RELATED TO OPHTHALMOLOGY WERE PERFORMED UNDER THE NAME OF PENNSYLVANIA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY. THE ACADEMY'S PURPOSE IS TO ACT AS THE VOICE OF OPHTHALMOLOGIC MEDICINE IN PENNSYLVANIA; TO FOSTER AMONG ITS MEMBERS THE PROVISION OF THEIR TALENTS, KNOWLEDGE, AND SKILL FOR THE BENEFIT OF THE PUBLIC; TO SERVE AS A PATIENT ADVOCATE IN PROMOTING PREVENTIVE EYE CARE; AND TO ADVANCE THE KNOWLEDGE, SCIENCE, AND PRACTICE OF OPHTHALMOLOGY.

C ACTIVE MILITARY MEMBERSHIP QUALIFICATIONS
Active military membership is open to physicians who are otherwise qualified for Active or Associate membership but, due to active service in the Armed Forces of the United States of America, are practicing in Pennsylvania while licensed in another state or are licensed in Pennsylvania while practicing in another state. Active Military Members dues shall be the same as Out-of-State Members

D RETIRED PHYSICIAN MEMBERSHIP QUALIFICATIONS
Retired physician membership shall be open to physicians who have been members of the Academy, its predecessor, The Pennsylvania Academy of Ophthalmology and Otolaryngology, or another state ophthalmological society (recognized by the American Academy of Ophthalmology) for at least 20 (twenty) years, who have reached the age of 60, and who are no longer engaged in the active practice of medicine Retired members are exempt from Academy dues

E PART-TIME PHYSICIAN MEMBERSHIP QUALIFICATIONS
Part-time physician membership shall be open to physicians who have been members of the Academy, its predecessor, The Pennsylvania Academy of Ophthalmology and Otolaryngology, or another state ophthalmological society (recognized by the American Academy of Ophthalmology) for at least 20 (twenty) years, who have reached the age of 60, and are working less than 20 hours per week. Part-time physician members will be eligible for a reduction in membership dues. Eligibility for part-time status must be applied for and approved by the Board of Directors

F MEMBER-IN-TRAINING QUALIFICATIONS
Member-in-Training status is open to those physicians licensed to practice medicine in the Commonwealth of Pennsylvania while engaged in their residency or fellowship training in ophthalmology. Members-in-Training are exempt from Academy dues.

G OUT-OF-STATE MEMBERSHIP QUALIFICATIONS
Out-of-State membership is open to physicians who are otherwise qualified under Section 2 or 3 of this ARTICLE but whose residence and primary practice is outside of the Commonwealth of Pennsylvania.

H. HONORARY MEMBERSHIP QUALIFICATIONS
Honorary membership in the Academy is open to those persons who, in the sole discretion of the Academy, have demonstrated exceptional and meritorious contributions to ophthalmology. Honorary membership may be conferred upon an individual when recommended therefore to the Executive Committee and elected thereto in the same manner and by the same vote as required for election to Active membership. Honorary members are exempt from Academy dues.

I. LIAISON MEMBERSHIP QUALIFICATIONS
Liaison membership status is open to those persons who, in the sole judgment of the Academy, by their expertise or position are qualified to serve as a consultant on Academy committees Liaison membership status may be conferred upon such individuals upon recommendation to the Executive Committee and election thereto in the same manner and by the same vote as required for election to active membership. Liaison members are exempt from Academy dues.

J. INACTIVE MEMBERSHIP
Inactive membership status is open to an Active Member who is no longer engaged in the active practice of medicine by reason of disability, and whose license to practice medicine is valid and unrestricted at the time of disability Eligibility for inactive status must be applied for and approved by the Executive Council on an annual basis. Inactive members are temporarily excused from paying Academy dues.

Section 2. APPLICATION FOR MEMBERSHIP

A. Candidates shall complete an application for membership in the form supplied by the Academy and submit the completed application together with any application fee and the current year's dues Following review and approval by the Membership Secretary and recommendation by the Executive Committee, the applicant will be placed in a provisional "Pending" membership status, with full rights and privileges of membership, until the completed application is submitted for vote at the next Annual Meeting. A three-fourth vote of the

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Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	PENNSYLVANIA ACADEMY OF OPHTHALMOLOGY	23-2611653
	Number, street, and room or suite no If a P O box, see instructions 777 EAST PARK DRIVE P.O. BOX 8820	
	City, town or post office, state, and ZIP code For a foreign address, see instructions HARRISBURG, PA 17105	

Check type of return to be filed (file a separate application for each return)

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ ANNETTE WEAVER 777 EAST PARK DRIVE PO BOX 8820 - HARRISBURG, PA 17105
  Telephone No ▶ (717) 558-7750 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev. 4-2009)

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05-26-09