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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150
2009
Open to Public Inspection

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.

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

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

C Name of organization: Oregon Optometric Physicians Association
 Number and street (or P O box, if mail is not delivered to street address) Room/suite: 4404 S E King Road
 City or town, state or country, and ZIP + 4: Milwaukie, OR 97222

D Employer identification number: 93-0387759
E Telephone number: (503) 654-5036
F Group Exemption Number:

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)

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: \$ 433,843

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

| Revenue | | Expenses | | Net Assets | |
|-----------|--|-----------|---|------------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | 10 | Grants and similar amounts paid (attach schedule) | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) |
| 2 | Program service revenue including government fees and contracts | 11 | Benefits paid to or for members | 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) |
| 3 | Membership dues and assessments | 12 | Salaries, other compensation, and employee benefits | 20 | Other changes in net assets or fund balances (attach explanation) |
| 4 | Investment income | 13 | Professional fees and other payments to independent contractors | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 |
| 5a | Gross amount from sale of assets other than inventory | 14 | Occupancy, rent, utilities, and maintenance | | |
| 5b | Less cost or other basis and sales expenses | 15 | Printing, publications, postage, and shipping | | |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 16 | Other expenses (describe) | | |
| 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | 17 | Total expenses. Add lines 10 through 16 | | |
| 6a | Gross revenue (not including \$ of contributions reported on line 1) | | | | |
| 6b | Less direct expenses other than fundraising expenses | | | | |
| 6c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | | | |
| 7a | Gross sales of inventory, less returns and allowances | | | | |
| 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) | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | | | | |

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 | 563,664 | 22 608,264 |
| 23 Land and buildings | 392,767 | 23 398,530 |
| 24 Other assets (describe) | 19,202 | 24 17,118 |
| 25 Total assets | 975,633 | 25 1,023,912 |
| 26 Total liabilities (describe) | 126,377 | 26 108,807 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 849,256 | 27 915,105 |

| | | |
|--|------------|---|
| Part III Statement of Program Service Accomplishments (See the instructions for Part III) | | Expenses |
| What is the organization's primary exempt purpose? To represent the profession of optometry and to advance the quality, availability, and accessibility of eye, vision, and related health care | | (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others) |
| 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 | | |
| 28 See Additional Data Table | | |
| (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 28a | |
| 29 | | |
| (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 29a | |
| 30 | | |
| (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 30a | |
| 31 Other program services (attach schedule) <input type="checkbox"/> | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | 32 | |

| 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 |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

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 | | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | |
| 48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | |
| 49b If "Yes," was the related organization a section 527 organization? | | |

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 |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

50(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 address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

51(d) Total number of other independent contractors each receiving over \$100,000

Please 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: ***** Date: 2010-04-02

Type or print name and title: Wayne Schumacher RHU Executive Director

Paid Preparer's Use Only

Preparer's signature: Cheryl L Morgan CPA Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Kern & Thompson LLC, 1618 SW First Avenue Suite 215, Portland, OR 97201

Preparer's identifying number (See instructions): _____

EIN: _____ Phone no: (503) 222-3338

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization Oregon Optometric Physicians Association

Employer identification number

93-0387759

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 \$
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 State 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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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 | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | 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 | | |
| 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 | | | | | | | | | | | | | |
| 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- | | | | | | | | | | | | | | |
| 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? | | <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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable 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) | | (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? If "Yes," describe in Part IV | | | |
| j Total 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 | No |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | No |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | No |

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 | 158,772 |
| 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | 39,223 |
| b Carryover from last year | 2b | |
| c Total | 2c | 39,223 |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | 15,560 |
| 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 | 23,663 |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

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 1. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
| | | |

TY 2009 Grants and Similar Amounts Paid Schedule

Name: Oregon Optometric Physicians Association

EIN: 93-0387759

Software ID: 09000047

Software Version: 2009v1.3

| | |
|--|--|
| Item No. | 1 |
| Class of Activity | |
| Donee's Name | Pacific University - College of Optometr |
| Donee's Address | 2043 College Way FOREST GROVE, OR 97116 |
| Amount (FMV) | 6,000 |
| Purpose of Payment to Affiliate | |
| Relationship | NONE |
| Description | |
| Book Value | |
| How BV Determined | |
| How FMV Determined | |
| Date of Gift | |

| | |
|--|--|
| Item No. | 2 |
| Class of Activity | |
| Donee's Name | AMIGOS EYE CARE |
| Donee's Address | 2043 College Way Forest Grove, OR 97116 |
| Amount (FMV) | 300 |
| Purpose of Payment to Affiliate | |
| Relationship | NONE |
| Description | |
| Book Value | |
| How BV Determined | |
| How FMV Determined | |
| Date of Gift | |

| | |
|--|--|
| Item No. | 3 |
| Class of Activity | |
| Donee's Name | AOSA |
| Donee's Address | 2043 College Way FOREST GROVE, OR 97116 |
| Amount (FMV) | 300 |
| Purpose of Payment to Affiliate | |
| Relationship | NONE |
| Description | |
| Book Value | |
| How BV Determined | |
| How FMV Determined | |
| Date of Gift | |

| | |
|--|-----------------------------------|
| Item No. | 4 |
| Class of Activity | |
| Donee's Name | OREGON HEALTH FORUM |
| Donee's Address | PO Box 2942 PORTLAND, OR 97208 |
| Amount (FMV) | 250 |
| Purpose of Payment to Affiliate | |
| Relationship | NONE |
| Description | |
| Book Value | |
| How BV Determined | |
| How FMV Determined | |
| Date of Gift | |

TY 2009 Other Assets Schedule

Name: Oregon Optometric Physicians Association

EIN: 93-0387759

Software ID: 09000047

Software Version: 2009v1.3

| Description | Beginning of Year Amount | End of Year Amount |
|-------------------------|--------------------------|--------------------|
| Miscellaneous | 6,095 | 4,811 |
| Machinery and Equipment | 3,114 | 6,041 |
| Accounts Receivable | 9,993 | 6,266 |

TY 2009 Other Changes in Net Assets Schedule

Name: Oregon Optometric Physicians Association

EIN: 93-0387759

Software ID: 09000047

Software Version: 2009v1.3

| Description | Amount |
|--|--------|
| Net Unrealized Gains and Losses on Investments | 18,376 |

TY 2009 Other Expenses Schedule

Name: Oregon Optometric Physicians Association

EIN: 93-0387759

Software ID: 09000047

Software Version: 2009v1.3

| Description | Amount |
|--|--------|
| Travel | 24,978 |
| OTHER EXPENSE | 3,507 |
| Office Expenses | 10,499 |
| Entertainment, Gifts | 3,102 |
| Depreciation | 10,018 |
| Conferences, Conventions, and Meetings | 52,181 |
| Advertising and Promotion | 1,153 |

TY 2009 Other Liabilities Schedule

Name: Oregon Optometric Physicians Association

EIN: 93-0387759

Software ID: 09000047

Software Version: 2009v1.3

| Description | Beginning of Year Amount | End of Year Amount |
|---------------------------------------|--------------------------|--------------------|
| Tenant deposit | 1,350 | 1,350 |
| Secured Mortgages and Notes Payable | 121,911 | 97,071 |
| Accounts Payable and Accrued Expenses | 1,501 | 4,964 |

TY 2009 Other Revenues Schedule**Name:** Oregon Optometric Physicians Association**EIN:** 93-0387759**Software ID:** 09000047**Software Version:** 2009v1.3

| Description | Amount |
|---------------|--------|
| Miscellaneous | 441 |
| Advertising | 3,117 |
| ROYALTIES | 58,047 |

Additional Data

Software ID:
Software Version:
EIN: 93-0387759
Name: Oregon Optometric Physicians Association

Form 990EZ, Part III - Statement of Program Service Accomplishments

| 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.) |
|---|------------|--|
| 28 Member Services The organization provides a source of information on practice management, education, outreach, clinical research and new developments, and provides a forum for members to meet and share experiences (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 28a | |
| 29 Advocacy the association retains a lobbyist to assist with monitoring legislative developments and participating in the legislative process (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 29a | |
| 30 Communications the newsletter, "Eye on Oregon," is published bi-monthly and contains articles on current research and clinical techniques The newsletter and additional resources are available to members on-line through the association's website The organization also provides widespread public education on the need for regular eye exams and the services that doctors of optometry can provide, loans low-vision equipment, and provides vision information displays for member to use for presentations (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 30a | |
| Education and Meetings the association sponsors classes, conventions, and meetings at which members can exchange information and attend courses meeting the requirements for licensure (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | | |

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (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 |
|---|--|--|---|--|
| SALISA WILLIAMS OD C/O ORGANIZATION Milwaukie, OR 972225282 | Director 1 00 | 0 | | |
| Douglas Walker OD C/O ORGANIZATION Milwaukie, OR 972225282 | President Elect 1 00 | 0 | | |
| Bonnie Gauer OD MS C/O ORGANIZATION Milwaukie, OR 972225282 | Director 1 00 | 0 | | |
| Wayne Schumacher RHU C/O ORGANIZATION Milwaukie, OR 972225282 | Executive Direc 40 00 | 109,874 | | |
| Trevor Cleveland OD C/O ORGANIZATION Milwaukie, OR 972225282 | SECRETARY/Treas 1 00 | 0 | | |
| MATT RICHARDSON OD C/O ORGANIZATION Milwaukie, OR 972225282 | Director 1 00 | 0 | | |
| Jim Hale OD C/O ORGANIZATION Milwaukie, OR 972225282 | Director 1 00 | 0 | | |
| RICK BURK OD C/O ORGANIZATION Milwaukie, OR 972225282 | Director 1 00 | 0 | | |
| Scott Walters OD C/O ORGANIZATION Milwaukie, OR 972225282 | PAST PRESIDENT 1 00 | 0 | | |
| Douglas Melzer OD C/O ORGANIZATION Milwaukie, OR 972225282 | Past President 1 00 | 0 | | |
| Darrin Fleming OD C/O ORGANIZATION Milwaukie, OR 972225282 | President 1 00 | 0 | | |