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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PAN AMERICAN ASSOCIATION OF OPHTHALMOLOGY Doing Business As		D Employer identification number 62-0564302
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1301 S BOWEN ROAD	E Telephone number (817) 275-7553	
	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, TX 76013		G Gross receipts \$ 692,544

I Tax-exempt status: 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

J Website: www.paa.org

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: 1987 **M** State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities AN ASSOCIATION OF OPHTHALMOLOGISTS OF THE WESTERN HEMISPHERE FOR THE INTERCHANGE OF SCIENTIFIC KNOWLEDGE AND PROMOTION OF FRIENDSHIP, COOPERATION, AND GOODWILL IN THE PROFESSION OF OPHTHALMOLOGY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	135
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	135
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	126	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	234,103	692,398
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	344	146
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	234,573	692,544
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		285,094	305,620
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		296,808	224,732
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		581,902	530,352
19 Revenue less expenses Subtract line 18 from line 12	-347,329	162,192	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	120,796	266,943
	21 Total liabilities (Part X, line 26)	60,549	44,504
22 Net assets or fund balances Subtract line 21 from line 20	60,247	222,439	

Part II Signature Block

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	Date		2014-10-29
	TERESA J BRADSHAW ADMIN OFFICER Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name Craig S Ruggeberg	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00706109
	Firm's name \rightarrow Greene & Ruggeberg PC	Firm's EIN \rightarrow		
	Firm's address \rightarrow 2261 Brookhollow Plaza Drive Suite 1 Arlington, TX 76006	Phone no (817) 640-7563		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

AN ASSOCIATION OF OPHTHALMOLOGISTS OF THE WESTERN HEMISPHERE FOR THE INTERCHANGE OF SCIENTIFIC KNOWLEDGE AND PROMOTION OF FRIENDSHIP, COOPERATION, AND GOODWILL IN THE PROFESSION OF OPHTHALMOLOGY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 76,601 including grants of \$) (Revenue \$)
CONFERENCE EXPENSE - THE PAN AMERICAN ASSOCIATION OF OPHTHALMOLOGY (PAAO) ORGANIZES CONTINUING MEDICAL EDUCATION MEETINGS AND COURSES FOR OPHTHALMOLOGISTS IN THE UNITED STATES AND AROUND THE WORLD 2013 CONFERENCES INCLUDE THE 30TH PAN-AMERICAN CONGRESS OF OPHTHALMOLOGY, THE XXI PAN-AMERICAN REGIONAL COURSE OF OPHTHALMOLOGY, THE 2013 PAN-AMERICAN RESEARCH DAY, 27TH HIGHLIGHTS OF THE ACADEMY IN SPANISH MEETING, AND RELATED EXPENSES OF PARTICIPATING IN THE AMERICAN ACADEMY OF OPHTHALMOLOGY'S ANNUAL MEETING CONFERENCE EXPENSE ALSO INCLUDES THE BUSINESS MEETINGS OF THE PAN-AMERICAN SUCH AS EXECUTIVE COMMITTEE MEETINGS, BOARD OF DIRECTOR MEETINGS AND COMMITTEE MEETINGS

4b (Code) (Expenses \$ 17,258 including grants of \$) (Revenue \$)
EDUCATIONAL PROGRAMS - THE VISITING PROFESSORS PROGRAM PROVIDES AN OPPORTUNITY FOR SELECTED MEMBERS TO PRESENT EDUCATIONAL LECTURES AT THE NATIONAL OPHTHALMOLOGICAL CONGRESSES IN THE AMERICAS

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 93,859

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		No
4a	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	Yes	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Yes	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		No
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		No
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		No
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 TERESA BRADSHAW 1301 S BOWEN ROADSUITE 450
 ARLINGTON, TX 76013 (817) 275-7553

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	0				
Program Service Revenue	2a	2013 CONGRESS	525,448	525,448			
	b	Membership Dues & Assessments	166,950	166,950			
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	692,398				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	146			146
4		Income from investment of tax-exempt bond proceeds	0				
5		Royalties	0				
6a		Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
d		Net rental income or (loss)	0				
7a		Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses				
			c Gain or (loss)				
d		Net gain or (loss)	0				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
			b Less direct expenses b				
	c Net income or (loss) from fundraising events		0				
9a	Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses b					
		c Net income or (loss) from gaming activities	0				
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory	0				
11a	Miscellaneous Revenue	Business Code					
		b					
		c					
		d All other revenue					
		e Total. Add lines 11a-11d	0				
12	Total revenue. See Instructions	692,544	692,398		146		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	128,965			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	134,174			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits.	26,250			
10	Payroll taxes.	16,231			
11	Fees for services (non-employees)				
a	Management.	0			
b	Legal.	0			
c	Accounting.	6,060			
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12	Advertising and promotion.	0			
13	Office expenses.	0			
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	23,598			
17	Travel.	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	93,859	93,859		
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	4,939			
23	Insurance.	4,646			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MEMBERSHIP EXPENSE	51,079			
b	CREDIT CARD FEES	15,603			
c	MEMBERSHIP RECRUITMENT	8,930			
d	TELEPHONE/SECRETARIAL	8,439			
e	All other expenses	7,579			
25	Total functional expenses. Add lines 1 through 24e.	530,352	93,859	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	0
	2 Savings and temporary cash investments	85,777	2	51,864
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	500	4	167,064
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges	1,480	9	2,138
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 29,904		
	b Less accumulated depreciation	10b 15,041	19,694	10c 14,863
	11 Investments—publicly traded securities		11	0
	12 Investments—other securities See Part IV, line 11		12	0
	13 Investments—program-related See Part IV, line 11		13	0
	14 Intangible assets		14	0
	15 Other assets See Part IV, line 11	13,345	15	31,014
16 Total assets. Add lines 1 through 15 (must equal line 34)	120,796	16	266,943	
Liabilities	17 Accounts payable and accrued expenses	58,003	17	12,524
	18 Grants payable		18	
	19 Deferred revenue		19	21,195
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,546	25	10,785
	26 Total liabilities. Add lines 17 through 25	60,549	26	44,504
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	51,999	27	222,439
	28 Temporarily restricted net assets	8,248	28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	60,247	33	222,439	
34 Total liabilities and net assets/fund balances	120,796	34	266,943	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	692,544
2	Total expenses (must equal Part IX, column (A), line 25)	2	530,352
3	Revenue less expenses Subtract line 2 from line 1	3	162,192
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,247
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	222,439

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization PAN AMERICAN ASSOCIATION OF OPHTHALMOLOGY

Employer identification number 62-0564302

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2, and 3.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment. The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description, Yes, No. Rows: (i) unrelated organizations, (ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	692,544
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	692,544
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	692,544

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	530,352
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	530,352
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	530,352

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation

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 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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PAN AMERICAN ASSOCIATION OF
OPHTHALMOLOGY

Employer identification number

62-0564302

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	
Form 990, Part VI, Line 11b Form 990 Review Process	990 IS REVIEWED BY THE ADMINISTRATIVE OFFICER
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	ONE OF THE BOARD MEMBERS HAS BEEN ASSIGNED TO MONITOR DISCLOSURES AND ENFORCE COMPLIANCE
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	HR MANAGER KNOWN TO THE ORGANIZATION IS ASKED FOR NATIONAL COMPARABLES
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	EACH ANNUAL INFORMATION RETURN IS AVAILABLE FOR A PERIOD OF THREE YEARS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990. ▶ See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
PAN AMERICAN ASSOCIATION OF
OPHTHALMOLOGY

Employer identification number

62-0564302

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PAN AMERICAN OPHTHALMOLOGICAL FOUNDATION 1301 S BOWEN ROAD 3450 ARLINGTON, TX 76013 94-2733047	DEVELOPMENT OF OPHTHALMOLOGY & RELATED	TX	501(C)(3)		NA		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q		No
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**



STATEMENT I

PAAO Executive Committee

PAAO Board of Directors

Appendix: Roster of PAAO Past Presidents

2013-2015



President

Ana Luisa Höfling-Lima, MD
Centro Oftalmológico São Paulo
Av Ibjau 331 4º andar, Moema
São Paulo, SP 04524-020 Brazil
Tel.: (55-11) 5055-1177 x 245 Fax: (55-11) 5055-9557
Email: analhofling@gmail.com

President-Elect

Eduardo C. Alfonso, MD Professor & Chairman
Bascom Palmer Eye Institute
PO Box 016880
Miami, FL 33101-6880 USA
Tel.: (305) 326-6366 Fax: (305) 326-6337
Email: ealfonso@med.miami.edu

Past President

Mark J. Mannis, MD
UC Davis, Dept of Ophthalmology
4860 Y Street #2400
Sacramento, CA 95817-2307 USA
Tel.: (916) 734-6957 Fax: (916) 703-5076
Email: mjmannis@ucdavis.edu

Vice President

José Antonio Roca Fernández, MD
Clínica Ricardo Palma
Av. Javier Prado Este 1038 Piso 10, San Isidro
Lima, Peru
Tel.: (51-1) 225-6288 Fax: (51-1) 224-1603
Email: jaroca62@gmail.com

Executive Vice President

J. Fernando Arévalo, MD FACS
Executive Vice President
King Khaled Eye Specialist Hospital
Al-Oruba Street
Riyadh, KSA 11462 Saudi Arabia
Tel.: (966-1) 482-1234 X 3860
Email: arevalo2020@gmail.com

Secretary, English Language Region

James C. Tsai, MD MBA
Robert R. Young Professor and Chair
Yale Eye Center
40 Temple Street - Suite 1B
New Haven, CT 06510 USA
Tel.: (203) 785-7233 Fax: (203) 785-7694
Email: james.tsai@yale.edu

Associate Secretary, English Language Region

Carol L. Karp, MD
Bascom Palmer Eye Institute
900 NW 17th Street
Miami, FL 33136-1119 USA
Tel.: (305) 326-6156 Fax: (305) 326-6417
Email: ckarp@med.miami.edu

Secretary, Portuguese Language Region

Paulo E. C. Dantas, MD
Rua Martinico Prado 26 cj 181/182
São Paulo, SP 01224-010 Brazil
Tel.: (55-11) 3224-9380 Fax: (55-11) 3222-1099
Email: pauloecdantas@uol.com.br

Associate Secretary, Portuguese Language Region

Maurício Mala, MD
Av. Otto Ribeiro 901
São Paulo, SP 19800-320 Brazil
Tel.: (55-11) 3402-2026 Fax: (55-18) 3324-9478
Email: maiamauricio@terra.com.br

Secretary, Spanish Language Region

Lihteh Wu, MD
Instituto de Cirugía Ocular
PO Box 144-1225, Plaza Mayor
San José, 1000 Costa Rica
Tel.: (506) 2256-2134 Fax: (506) 2220-3502
Email: lw65@cornell.edu

Associate Secretary, Spanish Language Region

Jorge E. Valdez García, MD MA
Loma Grande 2717-5
Col. Lomas de San Francisco
Monterrey, NL 64710 Mexico
Tel./Fax: (52-81) 8333-8676
Email: jorge.valdez@itesm.mx

Ex Officio members of the PAAO Executive Committee:

Chairman of the Board

William C. De La Peña, MD
2446 Whittier Blvd
Montebello, CA 90640-3041 USA
Tel.: (323) 728-5500 Fax: (323) 728-4408
Email: w@dip.la

Executive Director

Teresa J. Bradshaw
1301 South Bowen Road, Suite 450
Arlington, TX 76013 USA
Tel.: (817) 275-7553 Fax: (817) 275-3961
Email: teresa.bradshaw@paa.org



Argentina

Delegates:

Joaquín Alfredo Bafalluy, MD
Mitre 257 4o P
Rosario, Santa Fé 2000 Argentina
Tel.: (54-341) 500-0920 Fax: (54-341) 411-1414
Email: joaquin@bafalluy.com.ar

Gustavo Federico Bodino, MD
Av. Las Heras 1635 3° A
Buenos Aires, 1018 Argentina
Tel.: (54-11) 4667-3553 Fax: (54-11) 4667-3535
Email: gustavobodino@gmail.com

Javier Fernando Casiraghi MD
Arenales 2245 Piso 4
Buenos Aires, 1124 Argentina
Tel.: (54-11) 4821-9114 Fax: (54-11) 4822-0322
Email: casiraghi@fibertel.com.ar

Roberto N. Ebner, MD
Hospital Británico de Buenos Aires
Av. Cnel. Díaz 2277 5° D
Buenos Aires 1425 Argentina
Email: rebner@intramed.net.ar

Ernesto Ferrer Abad MD
Lavalle 437
San Salvador de Jujuy, 4600 Argentina
Email: ferrer.ernesto@gmail.com

Carlos Ignacio Zeolite MD
San Lorenzo 518 6°
Mendoza, 5500 Argentina
Tel.: (54-261) 423-9781 Fax: (54-261) 429-2646
Email: ciz12@hotmail.com

PAAO Past President

Enrique S. Malbrán, Sr., MD
Clínica Oftalmológica Malbrán
Parera 164
Buenos Aires, 1014 Argentina
Email: emalbran3@gmail.com

National Society President:

Pablo Daponte, MD President
Consejo Argentino de Oftalmología
Tte. Gral. Juan D. Perón 1479
2° piso Oficina 4
Buenos Aires, C1037ACA Argentina
Tel.: (54-11) 4374-5400
Fax: (54-11) 4325-0128
Email: secretaria@oftalmologos.org.ar

Affiliated Subspecialty Society Presidents:

Juan Oscar Croxatto, MD, President
Pan-American Society of Ocular Pathology Lorenz E. Zimmerman
FOA J. Malbran-Laboratorio de Patología
Viamonte 1181 Piso 6
Buenos Aires, Argentina
Tel./Fax: (54-11) 4519-8685
Email: juan.croxatto@gmail.com

Emilio Dodds, MD, President
SPEIO (Sociedad Panamericana de Enfermedades Inflammatorias Oculares)
Consultorio Oftalmólogos
Montevideo 1410
Buenos Aires, 1018 Argentina
Tel.: (54-11) 4815-5356 Fax: (54-11) 4814-4043
Email: emdodds@gmail.com

Bolivia

Delegates:

Gustavo Aguirre Urquizu, MD
Clínica de Ojos Dr. Aguirre Pérez
Av. Belgrano 1746
Casilla Postal 1014
Tarija, 1014 Bolivia
Tel.: (591-4) 664-2366 Fax: (591-66) 4-2366
Email: panoaguirreu@gmail.com

National Society President:

Carlos Walter Arzabe A., MD, President
Sociedad Boliviana de Oftalmología
Av. Irala 330
Santa Cruz, Bolivia
Tel.: (591-3) 337-3500
Email: arzabe@hospitaldelojo.net

Brazil

Delegates:

Sergio Felberg, MD
Rua Jurema 888 Apto 42
São Paulo, SP 04079-002 Brazil
Tel.: (55-11) 3813-2078 Fax: (55-11) 3031-4756
Email: sergiogfelberg@gmail.com

Bruno Machado Fontes, MD PhD,
Centro de Microcirurgia e Diagnóstico
Av Rainha E. Da Belgica 676/801, Ipanema
Rio de Janeiro, RJ 22081-042 Brazil
Tel.: (55-21) 3079-4647 Fax: (55-21) 3043-0700
Email: brunomfontes@hotmail.com



Vinicius Coral Ghanem, MD
Travessa São José 282 Apto 1802C
Joinville, SC 89202-010 Brazil
Tel.: (55-47) 9974-8999
Email: vcghanem@hotmail.com

Eduardo Büchele Rodrigues MD
Almirantes Barroso 45/J 204
Florianópolis, RS 88030-460 Brazil
Tel/Fax: (55-48) 3222-3380
Email: rodriguesretina@gmail.com

André Correa de Oliveira Romano, MD
Rua Costa Rica 123, Santo Antonio
Americana, SP 13465-771 Brazil
Tel.: (55-11) 5085-2010 Fax: (55-11) 5573-4002
Email: andre@romano.med.br

Marcus Vinicius Abbud Safady, MD
Av. Rio Branco 156/1307
Rio de Janeiro, RJ 20040-004 Brazil
Tel./ Fax: (55-21) 2282-3337
Email: safadym@terra.com.br

PAAO Past President

Rubens Belfort, Jr., MD PhD
Rua Augusta 2529
São Paulo, SP 01413-100 Brazil
Tel.: (55-11) 5085-2010 Fax: (55-11) 5573-4002
Email: clinbelf@uol.com.br

National Society President:

Milton Ruiz Alves, MD, President
Conselho Brasileiro de Oftalmologia
Rua Casa do Ator 1117 cj 21
São Paulo, SP 04546-004 Brazil
Tel.: (55-11) 3266-4000 Fax: (55-11) 3171-0953
Email: oftalmo@cbo.com.br

Affiliated Subspecialty Society Presidents:

Luciene Barbosa de Sousa, MD President
Pan-American Association of Eye Banks (APABO)
Rua França Pinto 537/31
São Paulo, SP 04016-032 Brazil
Tel./Fax: (55-11) 5572-6334
Email: lucienebarbosa@pobox.com

José Alvaro P. Gomes, MD President
Pan-American Cornea Society
Clínica Pereira Gomes Oftalmologia
Rua Sabará 566 4º and cj 43 Higienópolis
São Paulo, SP 01239-010 Brazil
Tel.: (55-11) 3255-1603 Fax: (55-11) 3214-5811
Email: japgomes@uol.com.br

Canada

Delegate:

Allan R. Slomovic, MA MD FRCS(C)
Toronto Western Hospital
Department of Ophthalmology
399 Bathurst Street
Toronto, ON M5T 2S8 Canada
Tel.: (416) 603-5389 Fax: (416) 603-6420
Email: allan.slomovic@utoronto.ca

National Society President:

Paul Rafuse, MD, President
Canadian Ophthalmological Society
1525 Carling Ste. 610
Ottawa, ON K1Z 8R9 Canada
Tel.: (613) 729-6779 Fax: (613) 729-7209
Email: cos@eyesite.ca

Chile

Delegates:

Gonzalo Vargas Díaz MD
Sociedad de Profesionales Vargas y Vicencio
11 de Septiembre 1945 Of. 308, Providencia
Santiago, Chile
Tel.: (56-2) 341-9551
Email: vargasdiazgonzalo@gmail.com

Rodrigo Vidal Sobarzo, MD
Vidal Sobarzo Cia Ltda
Espoz 3355 Dpt A 51, Vitacura
Santiago 763-0685 Chile
Tel.: (56-2) 2777-8199
Email: rodrigovidalsobarzo@gmail.com

PAAO Past Presidents

Cristián Luco, MD
Fundación Oftalmológica Los Andes
Las Hualtatas 5951 Vitacura
Santiago, Chile
Tel.: (56-2) 370-4625 Fax: (56-2) 220-9265
Email: apochile@gmail.com

Juan Verdaguer Taradella, MD
Fundación Oftalmológica Los Andes
Las Hualtatas 5951 Vitacura
Santiago, Chile
Tel.: (56-2) 370-4624 Fax: (56-2) 219-9116
Email: juan.verdaguer t@gmail.com



Pan-American Association of Ophthalmology
Board of Directors Roster
Date of Report 7 February 2014

National Society President:

Verónica Azócar G., MD President
Sociedad Chilena de Oftalmología
Av. Luis Pasteur 5280 Of. 104, Vitacura
Santiago, Chile
Tel.: (56-2) 218-5950 Fax: (56-2) 219-2163
Email: sochioft@tie.cl

Affiliated Subspecialty Society Presidents:

Fernando R. Barria von Bischoffshausen, MD
Prevention of Blindness
Fernando Barria y Cia Ltda
San Martin 1350
Concepción, Chile
Tel.: (56-41) 225-9573 Fax: (56-41) 229-0199
Email: fdobarria@vtr.net

Verónica Fernández Salgado, MD
Secretaria General
Latin American Club of Neuro-Ophthalmology (CLAN)
José Miguel Infante 553
Santiago Chile
Email vfer@vtr.net

Alejandro Vázquez de Kartzow, MD President
Sociedad Panamericana de Retinopatía del Prematuro (SP-ROP)
3 Oriente 1270 Dpto 121 B, Edif Toscana
Viña del Mar, V Region 254-1390 Chile
Tel.: (56-32) 238-9177
Email: avazquezk@gmail.com

Colombia

Delegates:

Roberto Baquero H., MD
Calle 83 No. 19-36 Cons. 203
Bogotá, Cundinamarca 8 Colombia
Tel : (57-1) 616-1862
Fax: (57-1) 530-2066
Email: rbaqueroh@hotmail.com

Angela María Fernández Delgado, MD
Carrera 8A No. 97-20 Apto 402
Bogotá, DC Colombia
Tel.: (57-1) 376-0285
Email: amfernandezd@gmail.com

Angela María Gutiérrez Marín, MD
Clínica Barraquer
Avenida 100 No. 18A-51
Bogotá, DC Colombia
Tel.: (57-1) 236-6033 Fax: (57-1) 256-3305
Email: anggutie@gmail.com

Pedro Ivan Navarro Naranjo, MD
Fundación Santafé de Bogotá
Departamento de Oftalmología
Avenida 9 No. 117-20 Cons. 708
Bogotá, DC Colombia
Tel.: (57-1) 215-2300 x 21708 Fax: (57-1) 612-2382
Email: pedoivan.navarro@gmail.com

José Ramiro Prada Reyes, MD
Calle 145 A #21-20 Apto 401
Bogotá, DC Colombia
Tel./Fax: (57-1) 804-9246
Email: ramiroprada@yahoo.com

Carlos Alberto Restrepo Pelaez, MD
Clínica de Oftalmología San Diego
Carrera 43 No. 30-28 Cons. 207
Medellín, Colombia
Tel./Fax: (57-4) 381-7133
Email: carlosrestrepo@hotmail.com

PAAO Past President

Alvaro Rodríguez González, MD
Fundación Oftalmológica Nacional
Calle 50 No. 13-50
Bogotá, DC Colombia
Tel.: (57-1) 345-1753 Fax: (57-1) 217-8541
Email: arodriguez@fundonal.org.co

National Society President:

Carlos Alberto Restrepo Pelaez, MD President
Sociedad Colombiana de Oftalmología
Calle 98 No. 21-36 Of. 701
Bogotá, DC Colombia
Tel.: (57-1) 636-1592 Fax: (57-1) 635-1598
Email: socoftal@socoftal.com

Affiliated Subspecialty Society Presidents:

Angela María Fernández Delgado, MD President
Latin American Society of Pediatric Ophthalmology (SOPLA)
Carrera 8A No. 97-20 Apto. 402
Bogotá, Colombia
Tel.: (57-1) 376-0285
Email: amfernandezd@gmail.com

Hugo Hernán Ocampo Domínguez, MD President
Sociedad Panamericana de Trauma
Carrera 47 Sur No. 8 C 94 Cons. 202
Cali, Colombia
Tel.: (57-321) 759-3518 Fax: (57-2) 553-4140
Email: hhocampo@gmail.com



Costa Rica

Delegates:

Teodoro Evans MD
Apartado 2612
San Jose, 1000 Costa Rica
Email: teoevans@gmail.com

Joaquín Martínez Arguedas, MD
PO Box 16-6151
Santa Ana, Costa Rica
Email: joaqqmartinez@gmail.com

National Society President:

Claudio Orlich Dunderf, MD President
Asociación Oftalmológica de Costa Rica
PO Box 8040-1000
San José, Costa Rica
Tel.: (506) 2203-2020 Fax: (506) 2291-5784
Email: info@oftalmologiacostarica.com

Cuba

Delegates:

Ibrain Piloto Díaz, MD
Hospital Oftalmológico Ramón Pando Ferrer
Ave 31 y 76 No. 3104 Marianao
Havana, Cuba
Email: ibrainpiloto@infomed.sld.cu

Beatriz N. Rodríguez Rodríguez, MD
Hospital Oftalmológico Ramón Pando Ferrer
Ave 31 y 76 No. 3104, Marianao
Havana, 11400 Cuba
Email: beatrizrn@infomed.sld.cu

National Society President:

Armando Capote Cabrera, MD President
Sociedad Cubana de Oftalmología
Hospital Ramón Pando Ferrer
76 e/31 y 41 Marianao
Havana, 11400 Cuba
Tel.: (53-7) 260-6414 Fax: (53-7) 267-0965
Email: mrtorres@infomed.sld.cu

Dominican Republic

Delegates:

Juan Francisco Battle Pichardo, MD
Centro Microcirugía Ocular Laser
c/Fantino Falco #5 NACO
Santo Domingo, 10124 Dominican Republic
Tel.: (809) 563-1324
Email: jbattle55@gmail.com

Delfina Altagracia Ortiz, MD
C 10 A # 21
Santo Domingo, Dominican Republic
Tel./Fax: (809) 688-9626
Email: ortizdelfina13@hotmail.com

National Society President:

María del Carmen Matilde Soriano, MD President
Sociedad Dominicana de Oftalmología
Calle Santiago esq. Pasteur
Plaza Jardines de Gazcue 2do Planta
Santo Domingo, 10010 Dominican Republic
Tel.: (809) 616-1810 Fax: (809) 616-1812
Email: dra_matilde@hotmail.com

Affiliated Subspecialty Society President:

Delfina Ortiz, MD President
CLADE (Consejo Latino Americana de Estrabismo)
Rodríguez Urdanetta esq Mahatma Gandhi
Santo Domingo, Dominican Republic
Tel.: (809) 688-9626
Email: ortizdelfina13@gmail.com

Ecuador

Delegates:

Mario Pólit Macías, MD
Edif. CEMEDIR cd La Kennedy Vieja
c 7 Oeste 120
Guayaquil, Guayas Ecuador
Tel.: (593-4) 228-6080 Fax: (593-4) 228-8232
Email: mpolit@hotmail.com

Robin Alberto Ríos Arreaga MD
Km 2.5 Vía Samborondón
Urb Central Park Club Villa N-3
Samborondón, Ecuador
Tel.: (593-4) 603-5262
Email: robinrios@hotmail.com

National Society President:

Luis Sarrazin Moreira, MD President
Sociedad Ecuatoriana de Oftalmología
Av. Juan Tanco Marengo y Av. Joaquín
Orrantía, Edif Equilibrium Piso 3 Of 304
Guayaquil, Ecuador
Tel.: (593-4) 601-1841
Email: sociedadecuatorianadeoftalmologia@hotmail.com



El Salvador

National Society President:

Emmanuel J. Salvador Mena Méndez, MD President
Asociación Salvadoreña de Oftalmología
Centro Comercial Villa Españolas
Local D-23 Paseo Gen Escalón
San Salvador, El Salvador
Tel./Fax : (503) 2264-0371
Email: asalvoftal@yahoo.com

Guatemala

Delegate:

Cristián Rolando Acevedo Campos MD
2a Av. 13-71 Zona 1
Guatemala City, 01001 Guatemala
Tel.: (502) 5896-1544
Email: crcacevedo@gmail.com

National Society President:

Paulina Castejón, MD President
Asociación Guatemalteca de Oftalmología
9a Calle 3-69 Edif El Campo Of. A-1
Guatemala City, Guatemala
Tel.: (502) 2366-6255 Fax: (502) 2337-2531
Email: asociaciondeoftalmologia@gmail.com

Affiliated Subspecialty Society President:

Byron Polanco, MD President
Sociedad Panamericana de Baja Visión
13 Avenida 10-44
Ciudad Nueva Zona 2
Guatemala City, Guatemala
Email: byronpolanco@gmail.com

Haiti

National Society President:

Frantz Large, MD President
Haitian Society of Ophthalmology
115 Rue Capois
Port-au-Prince, Haiti
Email: franzlarge@yahoo.fr

Honduras

Delegate:

Eduardo José Flores Saucedo MD
Residencial Plaza Bloque 60 Casa 3201
Tegucigalpa, MDC Honduras
Tel.: (504) 9609-8962 Fax: (504) 2228-3992
Email: drflores.csizoe@yahoo.com

National Society President:

Erwin Ochoa, MD President
Sociedad Hondureña de Oftalmología
Oftalmocentro
Boulevard Suyapa N 4021
Tegucigalpa, DC Honduras
Tel.: (504) 2239-6656 Fax: (504) 2232-5646
Email: sochonoft@gmail.com

Mexico

Delegates:

Oscar Baca Lozada MD
Ezequiel Montes 135
Mexico City, DF 06030 Mexico
Tel.: (52-55) 5584-2922
Email: droscar_baca@hotmail.com

Anselmo Fonte Vázquez MD
Nueva York 32-303, Col. Napoles
Mexico City, DF 03810 Mexico
Tel.: (52-55) 5543-3750
Email: fontev2001@yahoo.com.mx

Enrique O. Graue Hernández, MD
Rio Lerma 268-14
Mexico City, DF 06500 Mexico
Tel.: (52-1) 554-369-1300 Fax: (52-55) 5520-6720
Email: egraueh@gmail.com

Francisco G. Martínez Castro, MD
Insurgentes Sur 605-301, Col. Nápoles
Mexico City, DF 03810 Mexico
Tel.: (52-55) 5543-1503 Fax: (52-55) 5605-9154
Email: fmartinezcastro@prodigy.net.mx

María Elena Morales Gómez MD
Nuevo Leon 108-101, Col. Condesa
Mexico City, DF 06100 Mexico
Tel.: (52-55) 1087-2400 Fax: (52-55) 5543-5088
Email: elena_mor_oftalmo@yahoo.com.mx

Sergio Rojas Juárez, MD
Rio Pánuco 510-5, Los Volcanes
Cuernavaca, MOR 62350 Mexico
Tel.: (52-777) 316-3299 Fax: (52-777) 322-0327
Email: srojas11@yahoo.com

Valeria Sánchez Huerta MD
Av. Universidad 1409B Ste. 304
Col. Pueblo de Axotla, Alvaro Obregon
Mexico City, DF 01030 Mexico
Tel.: (52-55) 5663-3107
Email: valeriasch@gmail.com



PAAO Past President

Enrique L. Graue Wiechers, MD
Paseo de las Palmas 735-1006, Col. Lomas de Chapul
Mexico City, DF 11000 Mexico
Tel.: (52-55) 5442-1707 Fax: (52-55) 5578-9748
Email: graue@servidor.unam.mx

National Society President:

Benito Cells Suazo, MD President
Sociedad Mexicana de Oftalmología
Boston 99, Col. Nochebuena
Mexico City, DF 03720 Mexico
Tel.: (52-55) 5563-9393 Fax: (52-55) 5611-1343
Email: smo@servimed.com.mx

Affiliated Subspecialty Society President:

Eduardo Chávez Mondragón, MD President
ALACCSA-R
Antonio M. Anza 47, Col. Roma
Mexico City, DF 90640 Mexico
Tel./Fax: (52-55) 5564-3319
Email: drechavez@hotmial.com

Cecilio Francisco Velasco Barona, MD President
Latin American Ophthalmic Ultrasound Council (CLEO)
Paseo de la Reforma No. 2608 Piso 10
Col Lomas de Chapultapec
Mexico City, DF 11950 Mexico
Tel.: (52-55) 5520-1596 Fax: (52-55) 5520-5478
Email: ceciliovelascobarona@gmail.com

Nicaragua

National Society President:

Marcelo Figueroa Bravo, MD President
Sociedad Nicaragüense de Oftalmología
Ofi plaza El Retiro Edif 7 Ste 721
Managua, Nicaragua
Tel.: (505) 8520-8520
Fax: Email: dr_mfigueroa@hotmail.com

Panama

Delegate:

Samuel Boyd Lewis MD
Apartado 6-3299, El Dorado
Panama City, Panama
Tel.: (507) 317-0160 Fax: (507) 317-0156
Email: sboyd@jphmedical.com

PAAO Past President

Benjamin F. Boyd, MD
Panama City, Panama
Email: benboyd@thehighlights.net

National Society President:

Félix Emilio Ruiz Díaz, MD President
Sociedad Panameña de Oftalmología
Apartado 87-4673
Panama City, 7 Panama
Tel.: (507) 261-6962
Email: fruiz1459@gmail.com

Paraguay

Delegate:

Pablo Rubén Cibils Farrés, MD
Arquitecto Miguel Alfaro 287 entre Cap Rivas y Tte Tivas
Asunción, 1735 Paraguay
Tel.: (595-98) 549-0566 Fax: (595-21) 419-2608
Email: pablocibils@gmail.com

National Society President:

Walter Timcke Holst, MD President
Sociedad Paraguaya de Oftalmología
Av. Brasilia 1155 e/Florida y Concordia
Asunción, Paraguay
Tel.: (595-21) 28-3323 Fax: (595-21) 42-4091
Email: secretariaspo@gmail.com

Peru

Delegates:

Rocio Ardito Vega MD
Calle Los Cisnes 457 Dpto. C
Lima, 27 Peru
Tel.: (51-1) 225-6288 Fax: (51-1) 224-1603
Email: rocio_ardito@yahoo.es

Juan Carlos Corbera Gonzalo MD
Av. Juan de Aliaga 625 Dpto 603, Magdalena
Lima, 17 Peru
Tel.: (51-1) 9792-6649
Email: jccorbera@hotmail.com

Miguel Guzmán Ahumada, MD
Av. 2 de Mayo, 666, San Isidro
Lima, Peru
Email: guzmanahumada@hotmail.com

Juan Fernando Mendiola Solari, MD
Jr. José Nicolás Rodrigo 616 Dpto. 401
Urb. Los Pinos de Monterrico
33 Lima, Peru
Tel.: (51-1) 345-1157
Email: mendiolafernando@hotmail.com



Dino Fernando Natteri Marmol MD
Diego de Almagro 629, Jesús María
Lima, Peru
Tel.: (51-1) 463-6357
Email: dinonatterim@yahoo.com

PAAO Past President

Francisco Contreras Campos, MD
Monte Umbroso 247
Chacarilla - San Borja
Lima, Peru
Tel.: (51-1) 225-6288 Fax: (51-1) 224-6593
Email: fcontreras@oftalmologoscontreras.com

National Society President:

José Antonio Roca F., MD President
Sociedad Peruana de Oftalmología
Parque Luis F. Villarán 957, San Isidro
Lima, 27 Peru
Tel : (51-1) 440-2698 Fax: (51-1) 440-6740
Email: secretaria@spo.org.pe

Portugal

Delegate:

Eduardo José Gil Duarte Silva, MD PhD
Av. Dr. Manuel Gaspar de Lemos 12 4º Esq
Figueira da Foz, 3080-183 Portugal
Email: esilva2579@hotmail.com

National Society President:

Paulo Francisco Ance de Aires de S. Torres, MD President
Sociedade Portuguesa de Oftalmologia
Campo Pequeno 2-13º
Lisbon, 1000-078 Portugal
Email: socportoftalmologia@gmail.com

Puerto Rico

Delegate:

María Hortencia Berrocal, MD
6 Calle Joffre Apto. PH B
San Juan, PR 00907-1613
Tel.: (787) 724-5464 Fax: (787) 724-4654
Email: mariaherrocal@hotmail.com

National Society President:

Héctor Villarrubia, MD President
Sociedad Puertorriqueña de Oftalmología
PO Box 9924
Cotto Station
Arecibo, PR 00613-9924 Puerto Rico
Tel.: (787) 879-3892 Fax: (787) 816-7353
Email: jdelvalle@publicspr.com

Affiliated Subspecialty Society President:

María Hortencia Berrocal, MD President
Pan-American Retinal Vitreous Society (SPRV)
6 Calle Joffre Apto. PH B
San Juan, PR 00907-1613
Tel.: (787) 724-5464 Fax: (787) 724-4654
Email: mariaherrocal@hotmail.com

Spain

Delegates:

José A. Cristóbal Bescos MD
Sagasta 60 Entresuelo 1º Dcha
Zaragoza, 50006 Spain
Tel./Fax: (34-976) 252-233
Email: jcrystal22@gmail.com

Miguel A. Zato Gómez de Liaño, MD PhD
Paseo Castellana 121 esc izq 6 A
Madrid, 28046 Spain
Tel.: (34-91) 307-8942
Email: mazato@incivi.com

National Society President:

Luis Fernández Vega, MD President
Sociedad Española de Oftalmología
c/Donoso Cortés 73 1º
Madrid, 28015 Spain
Tel.: (34-91) 544-5879 Fax: (34-91) 544-1847
Email: avpm@oftalmo.com
Email: prof.luis@fernandez-vega.com

Uruguay

Delegates:

Andrea Fernández López MD
Cno Maldonado 5634
Flor de Maroñas, Montevideo Uruguay
Tel.: (598-2) 709-1804
Email: andreafernandez1975@gmail.com

Alicia Martínez de Pacheco, MD
Clínica Ponsomby
Centro de Microcirugía Ocular
Lord Ponsomby 2424
Montevideo, 11600 Uruguay
Email: ponsomby@hotmail.com

National Society President:

Martín Sánchez, MD President
Asociación Uruguaya de Oftalmólogos
Montevideo, Uruguay
Tel.: (598-2) 507-3062
Email: asuo@montevideo.com.uy



USA

Delegates:

Cynthia Ann Bradford MD
DMEI-Oklahoma Health Center
608 Stanton L Young Blvd
Oklahoma City, OK 73104 USA
Tel.: (405) 271-1819 Fax: (405) 271-7873
Email: cynthia-bradford@dmel.org

Daniel J. Briceland MD
PO Box 2960
Carefree, AZ 85377 USA
Tel.: (602) 769-3099 Fax: (623) 546-2399
Email: dsbriceland@cox.net

R.V. Paul Chan, MD
Weill Medical College of Cornell Univ
1305 York Avenue 11th Floor
New York, NY 10021 USA
Tel.: (212) 746-1734 Fax: (212) 746-2480
Email: rvpchan@gmail.com

Zélia M. Correa, MD PhD,
705 Miami Avenue
Terrace Park, OH 45174 USA
Tel.: (513) 475-7300
Email: correazm@uc.edu

Lynn K. Gordon MD PhD,
Jules Stein Eye Institute
100 Stein Plaza UCLA
Los Angeles, CA 91356 USA
Tel.: (310) 794-2095 Fax: (310) 794-7906
Email: LGordon@ucla.edu

Mildred M.G. Olivier MD
1575 N Barrington Road #105
Hoffman Estates, IL 60189 USA
Tel.: (847) 882-5848 Fax: (847) 882-3060
Email: molivier@midwestglaucoma.com

Victor L. Pérez, MD
Bascom Palmer Eye Institute
900 NW 17th Street
Miami, FL 33136 USA
Tel.: (305) 326-6302 Fax: (305) 326-6417
Email: vperez4@med.miami.edu

Peter A. Quiros MD
Doheny Eye Institute
1450 San Pablo Street
Los Angeles, CA 90033 USA
Tel.: (323) 442-6488 Fax: (323) 442-6407
Email: pquiros@usc.edu

Paul Sternberg, Jr., MD Professor & Chair
Vanderbilt Univ. Medical Center, Dept. of Ophthalmology
8000 Medical Center East
Nashville, TN 37232-8808 USA
Tel.: (615) 936-1453 Fax: (615) 936-3497
Email: paul.sternberg@vanderbilt.edu

PAAO Past Presidents

Richard L. Abbott, MD
UC San Francisco
Beckman Vision Center
10 Kirkham Street K301
San Francisco, CA 94143-0730 USA
Tel.: (415) 502-6265 Fax: (415) 502-7418
Email: richard.abbott@ucsf.edu

J. Bronwyn Bateman, MD
1133 Race Street 17N
Denver, CO 80206 USA
Tel.: (303) 916-1888
Email: bronwyn.bateman@comcast.net

Robert C. Drews, MD
9512 Red Bud Tree Lane
St. Louis, MO 63122 USA
Email: rcdrewsmd@prodigy.net

Paul R. Lichter, MD
W.K. Kellogg Eye Center
1000 Wall Street
Ann Arbor, MI 48105-1912 USA
Tel.: (734) 764-6468 Fax: (734) 647-0247
Email: plichter@umich.edu

Mark J. Mannis, MD
UC Davis, Dept of Ophthalmology
4860 Y Street #2400
Sacramento, CA 95817-2307 USA
Tel.: (916) 734-6957 Fax: (916) 703-5076
Email: mjmannis@ucdavis.edu

Alice R. McPherson, MD
Baylor Eye Clinic
7200B Cambridge
Mail Stop BCM 633
Houston, TX 77030 USA
Tel.: (713) 798-3276 Fax: (713) 798-4231
Email: alicem@bcm.tmc.edu

Bradley R. Straatsma, MD JD
Jules Stein Eye Institute
UCLA Medical Center, 100 Stein Plaza
Los Angeles, CA 90095-7065 USA
Tel.: (310) 825-5051 Fax: (310) 206-4293
Email: straatsma@jsei.ucla.edu



National Society President:

Gregory L. Skuta, MD President
American Academy of Ophthalmology
PO Box 7424
San Francisco, CA 94120-7424 USA
Tel: (415) 561-8500 Fax: (415) 561-8567
Email: paul.sternberg@vanderbilt.edu

Affiliated Subspecialty Society Presidents:

Lynn D. Anderson, PhD, CEO/Secretary
JCAHPO
2025 Woodlane Drive
St. Paul, MN 55125-2995 USA
Tel.: (651) 731-7250 Fax: (651) 731-0410
Email: landerson@jcahpo.org

Arun D. Singh, MD President
Pan-American Society of Ocular Oncology
Cole Eye Institute (i-329)
9500 Euclid Avenue
Cleveland, OH 44195 USA
Tel.: (216) 445-9479 Fax: (216) 445-2226
Email: singha@ccf.org

Robert Weinreb, MD President
Pan-American Glaucoma Society
PO Box 8955
Rancho Santa Fe, CA 92067 USA
Tel.: (858) 534-8824
Email: h11op@aol.com

Venezuela

Delegates:

Dr. Oscar Vicente Beaujón Balbi, MD
Av. Sur 10 Qta 22-19, Los Naranjos
Caracas, Miranda 1061 Venezuela
Tel./Fax: (58-212) 571-0424
Email: obeaujon@gmail.com

María Angélica Cortez Bernal, MD
Av Fco. Miranda Torre Cavendes
Los Palos Grandes
Caracas, Miranda 1061 Venezuela
Tel./Fax: (58-212) 285-0524
Email: cortez_ma@gmail.com

Claudia Luz Pabón Bejarano, MD
Av Sur 10, Qta 22-19, Los Naranjos
Caracas, Miranda 1061 Venezuela
Tel./Fax: (58-212) 571-0424
Email: clopabon@excite.com

José Luis Rincón Rosales, MD
Instituto Oftalmológico IUMO
Calle San José, La Trinidad
Caracas, DF 1080 Venezuela
Tel.: (58-212) 903-4811 Fax: (58-212) 903-4814
Email: jrincon@iumo.com

National Society President:

Morayma Acevedo Sorondo, MD President
Sociedad Venezolana de Oftalmología
Av. Principal de los Ruices P5 Of. 507
Centro Empresarial Los Ruices
Caracas, 1071 Venezuela
Tel./Fax: (58-212) 239-8127
Email: secretaria@svo.org.ve

Affiliated Subspecialty Society President:

Fernando L. Colombo Rengel, MD President
Sociedad Panamericana de Oculoplastia
Centro Médico Docente La Trinidad, Intercomunal
Caracas, 1080A Venezuela
Tel.: (58-212) 949-6401
Email: colombofer@gmail.com

West Indies

Delegate:

Sonja E. Johnston, BSc MB BS FRCS
Caribbean Eye Institute Ltda
2 Lukuni Road
Valsayn, South Trinidad and Tobago
Tel.: (868) 662-1226 Fax: (868) 645-2363
Email: sej34@hotmail.com

National Society President:

Lizette Mowatt, MB BS MMedSci, President
Ophthalmological Society of the West Indies
University Hospital of the West Indies
Mona Institute of Medical Sciences
Mona, Kingston 7 Jamaica
Tel.: (876) 383-3318 Fax: (876) 702-4432
Email: lizette.mowatt@yahoo.com



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* Denotes deceased

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
PAN AMERICAN ASSOCIATION OF OPHTHALMOLOGY		62-0564302
Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)	
GREENE & RUGGEBERG, P.C. 2261 BROOKHOLLOW PLAZA DRIVE SUITE 100		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
ARLINGTON, TX 76006		

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

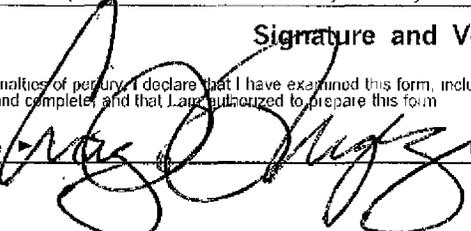
- The books are in care of ▶ TERESA BRADSHAW
Telephone No ▶ (817) 275-7553 Fax No ▶ (817) 275-3961
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . 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 is for

- I request an additional 3-month extension of time until 11/15, 2014.
- For calendar year 2013, or other tax year beginning _____, 20____, and ending _____, 20____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension THE AUDIT HAS RECENTLY BEEN COMPLETED AND ADDITIONAL TIME IS NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form.

Signature ▶  Title ▶ CPA Date ▶ 8/10/14
BAA F1F20502L 12/31/13 Form 8868 (Rev 1-2014)