

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493211006436

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

► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A F	For th	ne 20	015 ca	lendar year, or tax year begin	nning 01-01-2015 , and ending 12-31-	-2015						
			lıcable	C Name of organization Pennsylvania Academy of Ophth	· · ·			D Emplo	yer ider	itification number		
- Ac	ddress	chan	nge	remissivania Academy of Ophin	аштою у			23-2	611653	3		
– _{Na}	ame cl	hang	e	Doing business as				_				
– _{In}	ııtıal re	turn										
	nal				if mail is not delivered to street address) Roor	n/suite		— E Teleph	one num	per		
re	turn/te	ermır	nated	777 East Park Drive PO Box 882	0			(717)	(717) 558-7750			
	mende oplicati		urn ending	City or town, state or province, of Harrisburg, PA 17105	country, and ZIP or foreign postal code			G Gross	receipts \$	285,594		
•		·	1	F Name and address of	nrincipal officer		11/-> -			•		
				Joanna M Fisher MD	principal officer			this a group oordinates?		Tor		
				777 East Park Drive PO Harrisburg, PA 17105	Box 8820			all subord	ınates	□Yes □No		
								luded?	a liet	(see instructions)		
[T	ax-exe	empt	status	「 501(c)(3) ▽ 501(c)(6)	◀ (insert no)			oup exemp				
J V	Vebsi	ite: l	► www	w paeyemds org			(-) 01	oup exemp	cion nan	IDCI P		
				Corporation Trust Associ	. Four b		1			G		
	rm of art I			mary	ation Other -		L Year of	formation 19	990 M	State of legal domicile PA		
F (_			*								
					sion or most significant activities the knowledge, science, and practice o	of oph	thalmolog	y in PA				
œ.				, , ,				,				
Ĭ												
aovemanice	,		eck th	us hox 🛏 if the organization	discontinued its operations or dispose	ed of i	more than	25% of its	net ass	ets		
> > K	-	U	cck in	is box F If the organization	anseonemaca its operations of disposi	24 01 1	more enam	23 70 01 103	1100 030	, c c s		
	3	Νu	mber	of voting members of the gove	erning body (Part VI, line 1a)			•	3	17		
D D	4	Νu	mber	of independent voting member	rs of the governing body (Part VI, line	1b)			4	17		
Ē	5	То	tal nur	mber of individuals employed	ın calendar year 2015 (Part V, lıne 2a) .			5	0		
Acumines &	6	Τo	tal nur	mber of volunteers (estimate	ıfnecessary)				6	17		
•	7a	То	tal unr	related business revenue from	n Part VIII, column (C), line 12				7a	900		
	b	Net	unrela	ated business taxable income	from Form 990-T, line 34				7b	C		
							Pi	rior Year		Current Year		
-					I, line 1h)			192,	463	210,662		
Ĕ	9				I, line 2g)				750	66,202		
Revenue	10				umn (A), lines 3, 4, and 7d)	•		28,	.207	8,730		
ш.	11			, , , , , , , , , , , , , , , , , , , ,	A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0	0		
	12		Totalı 12)	revenue—add lines 8 through	11 (must equal Part VIII, column (A)	, line		267,	,420	285,594		
	13			s and similar amounts paid (P	art IX, column (A), lines 1-3)				0	6,000		
	14				rt IX, column (A), line 4)				0	0		
	15				loyee benefits (Part IX, column (A), lin				0			
\$			5-10))						0		
Expenses	16				IX, column (A), line 11e)				0	0		
置	Ь			ındraısıng expenses (Part IX, columr		_						
	17				A), lines 11a–11d, 11f–24e)			212,	,789	266,703		
	18				must equal Part IX, column (A), line 2			212,		272,703		
. 09	19		Reven	ue less expenses Subtract li	ine 18 from line 12			54,	631	12,891		
Net Assets or Fund Balances							Beginning	g of Current	Year	End of Year		
1986 1986 1986	20		Totala	assets (Part X, line 16) .				482,	622	515,992		
4 P	21								623	72,406		
žĒ	_ 22		Netas	ssets or fund balances Subtra	act line 21 from line 20			438,	,999	443,586		
				ature Block								
ny k	knowl	edg	e and l	belief, it is true, correct, and o nowledge	examined this return, including accom complete Declaration of preparer (othe							
Sig	n		<u> </u>	ature of officer				Date				
Her				ufer Keeler Executive Director								
				rınt/Type preparer's name	Preparer's signature	Dat	te C	heck I if	PTIN			
Pai	id			ulius C Green CPA	Julius C Green CPA			elf-employed	P00350	393		
	par	er	F	irm's name 🕨 Baker Tilly Virchow	Krause LLP		F	ım's EIN 🟲 3	9-085991	1.0		
	e O		F	rım's address 🟲 1027 Mumma Rd			P	hone no (717	7) 761-02	11		

Wormleysburg, PA 170431118

May the IRS discuss this return with the preparer shown above? (see instructions)

. ✓ Yes ☐ No

4e	Total program s	ervice expenses 🗠			
	(Expenses \$	including) (Revenue \$)
	Other program s	services (Describe in Schedule	0)		
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	surgery as the pract surgery in Pennsylv over 50 ophthalmol in anticipation of the were held in Pittsbu	tice of medicine This is a patient safet ania The PAO engages a lobbyist and ogists met in Harrisburg to visit their le e implementation of ICD-10 on Octobe irgh, Harrisburg, and two Philadelphia l	Ivania Activities that support this mission in y initiative that ensures only trained medica is involved with grassroots efforts to achiev gislators in support of SB 795 2 The PAO h or 1, 2016 In partnership with the American ocations 338 people attended these event- ursement, Legislative and Regulatory Updat	al and osteopathic doctors and surge ve this effort. An Advocacy Day was osted educational activities for ophth I Academy of Ophthalmology, a serie s 3. The PAO publishes four newslett	ons can perform eye held in May 2015, in which ialmologists and their staff is of CodeQuest seminars
	The PAO fulfills its m	nission by providing education for doct	ors and their staff, by advocating for ophth	almologists and their patients in the	state legislature, and
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4	Describe the orga	anızatıon's program service acc	omplishments for each of its three l inizations are required to report the program service reported		
		e these changes on Schedule O		,	,
3			significant changes in how it conduction.		_ Yes ▼No
	If "Yes," describe	e these new services on Schedu	ile O		
2			ogram services during the year whi	ch were not listed on 	_Yes ▼No
the b	penefit of the public tice of ophthalmolo	, to serve as a patient advocat	e in promoting preventive eye care,	and to advance the knowledg	e, science, and
			rated as a nonprofit organization in iia, to foster among its members the		
1	Briefly describe t	the organization's mission			
		e nt of Program Service A chedule O contains a response	or note to any line in this Part III		ন

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)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
3	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	3		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? If "Yes," complete Schedule C, Part II	4		
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? If "Yes," complete Schedule C, Part III	5	Yes	
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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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? If "Yes," complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		No
С	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? If "Yes," complete Schedule D, Part VIII	11c		No
	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? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		No
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)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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>	16		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 $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)	17		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>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? If "Yes," complete Schedule L, Part I	25b		
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? If "Yes," complete Schedule L, Part II	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36		36		
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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			1 age s
	Check if Schedule O contains a response or note to any line in this Part V			
	<u> </u>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	2		
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	o		
b	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)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
	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)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
	The rest, to fine 3a of 3b, did the organization mer of misosoc-1.	5c		
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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	to 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	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?	12a		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
b	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	13a		
_	The which the organization is incensed to issue qualified fleatth plans			
		4.4		NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
n	THE THESE DIAS IT THER A FORM 7 ZH TO FEDORETINESE DAVIMENTS ZH "NO " DROVIDE AN EXPLANATION IN SCHEDULE ()	14h		

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.

Se	ction 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 17			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
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?	2		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? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L 5	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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	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?	16b		
Se	ection C. Disclosure			
	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)

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

 $State\ the\ name,\ address,\ and\ telephone\ number\ of\ the\ person\ who\ possesses\ the\ organization's\ books\ and\ records$ ► Annette Weaver 777 East PArk Drive PO Box 8820 HArrisburg, PA 17105 (717) 558-7750

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🔽 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h ar or/tr	offic	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) Drew J Stoken MD FACS Immediate past president	0 30	х		х				0	0	0	
(2) joanna M Fisher MD President	0 30	х		х				0	0	0	
(3) robert L Bergren MD president elect	0 30	х		х				0	0	0	
(4) Gautam Mishra MD secretary/treasurer	0 30	х		х				0	0	0	
(5) michael j azar md bylaws committee chair	0 30	х						0	0	0	
(6) Kenneth P Cheng MD secretary, Legislation & Representation	0 30	х						0	0	0	
(7) edward H Bedrossian JR MD FACS secretary, Instruction	0 30	х						0	0	0	
(8) David I Silbert MD secretary, public hEalth	0 30	х						0	0	0	
(9) Sonia Mehta MD Secretary, Membership	0 30	х						0	0	0	
(10) James b dickey Co-Secretary, Medical Prac	0 30	x						0	0	0	
(11) david m Armesto MD FACS SECRETARY, PUBLIC & PROF I	0 30	х						0	0	0	
(12) Roger p zelt md facs CHAIR, nominating committe	0 30	х						0	0	0	
(13) mark c maria md MEMBER AT LARGE	0 30	х						0	0	0	
(14) Francis J Manning MD MEMBER AT LARGE	0 30	х						0	0	0	
	•									Form 990 (2015)	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) A verage hours per week (list any hours	Average hours per week (list any hours Position (do not check more than one box, unless person is both an officer and a director/trustee)							e on n	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099 MISC)	9 -	(W- 2/1099 MISC)) -	organization and related organizations
	DAVID S PAO MD	0 30	х							0		0	0
	BER AT LARGE Thomas B Souders MD	0 30								_			
Emer	ıtus, Bylaws and Rules		×							0		0	0
·····	Joseph W Sassanı MD MHA itus, Secretary Legisl	0 30	x							0		0	0
(18)	JENNIFER KEELER UTIVE DIRECTOR	1 00			х					0		0	0
1b c d	Sub-Total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section A		· ·		* *			0		0		0
2	Total number of individuals (including b \$100,000 of reportable compensation	ut not limited to	those	liste	ed al	bove	e) who	rec	eived more th	an			
3	Did the organization list any former offi on line 1a? <i>If "Yes," complete Schedule J</i>			e, key	y em	nplo •	yee, o	r hıg	hest compens	sate •	d employee	3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations of individual										om the	4	No
5	Did any person listed on line 1a receive services rendered to the organization?									or ir •	ndıvıdual for	5	No
Se	ection B. Independent Contracto	ors											
1	Complete this table for your five highes compensation from the organization Re												tax year
		(A) usiness address					,		1		(B) on of services		(C) Compensation
												\exists	
												T	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization 🕨 0

Part V	1111	Statement o						_
		Check if Schedu	ule O contains a respon	se or note to any lin	(A)	(B)	(C)	 (D)
					(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
						exempt	business	excluded from
						function revenue	revenue	tax under sections
								512-514
s છ	1a	Federated cam	paigns 1a					
ons, Gifts, Grants Similar Amounts	b	Membership du	es 1b	185,562				
Gra mo	c	Fundraising eve	ents 1c					
S. A								
Giffs, iilar Aı	d	Related organiz						
in.	е	Government grants	s (contributions) 1e					
Contributions, and Other Sim	f	All other contribution	ons, gifts, grants, and 1f	25,100				
Contributic and Other		sımılar amounts no						
들	g	Noncash contribution 1a-1f \$	ons included in lines					
듯립	h	Total. Add lines	s 1 a - 1 f		210,662			
0				Business Code				
en:	3-	Markova Darostonko		Business Code				
ven	2a	Meeting Registration	ons	611430	65,302	65,302		
2월	b	Advertising		541800	900		900	
931	С							
ž.	d							
3	e							
er E	f	All other progra	ım service revenue					
Program Serwce Revenue		Tatal Addi			e			
	g 9		s 2a-2f		66,202			
	3		ome (including dividend ar amounts)		8,011			8,011
	4		tment of tax-exempt bond p	<u> </u>				
	5	Royalties		🕨				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	, ,	me or (loss)					
			(ı) Securities	(II) Other				
	7a			, ,				
		from sales of assets other	719					
		than inventory						
	ь	Less cost or						
		other basis and sales expenses	0					
	С	Gain or (loss)	719					
	d	Net gain or (los	s)		719			719
ψ.	8a	Gross income f	rom fundraising					
ı.		events (not inc	luding					
Other Revenue		\$	s reported on line 1c)					
Œ		See Part IV, lin						
her			a					
ნ			penses b [
	С	Net income or (loss) from fundraising e	events 🛌				
	9a		rom gaming activities					
		See Part IV, lin	e 19 a l					
	ь	less directer	penses b					
			(loss) from gaming activ	rities				
		Gross sales of	-	- p				
		returns and allo						
			a					
		_	oods sold b					
	С		(loss) from sales of inve	ntory 🛌				
		Miscellaneous	s Revenue	Business Code				
	11a							
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨				
	12		See Instructions	.}				

Part	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiz	ations must con	nplete column (A)	
	Check if Schedule O contains a response or note to any line in t	hıs Part IX			
	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21	6,000			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	80,651			
b	Legal	8,562			
с	Accounting	4,748			
d	Lobbying	53,148			
e	Professional fundraising services See Part IV, line 17	2.422			
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A)	2,132			
40	amount, list line 11g expenses on Schedule O)	40,593			
12 13	Advertising and promotion	14.622			
14	Office expenses	2,002			
15	Royalties	2,002			
16	Occupancy				
17	Travel	20,168			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,			
19	Conferences, conventions, and meetings	24,801			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	139			
23	Insurance	2,626			
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)				
а	Service Charges	4,889			
b	RESIDENT EXPENSE	2,451			
c	ATTRITION	2,406			
d	<u>A</u> wards	1,737			
e	All other expenses	1,028			
25	Total functional expenses. Add lines 1 through 24e	272,703			
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 104.814 2 2 100.754 Savings and temporary cash investments 3 4 475 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees Complete Part II of 5 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 7 7 8 8 4.522 4.462 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 1,394 Complete Part VI of Schedule D 10a b 10b 139 0 **10**c 1,255 Less accumulated depreciation 372.811 11 409.514 11 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 482.622 16 515,992 11,335 10,993 **17 17** 18 18 32.288 61,413 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 23 Secured mortgages and notes payable to unrelated third parties . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 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 25 72,406 26 43.623 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶

 and complete Balance lines 27 through 29, and lines 33 and 34. 438.999 443.586 27 27 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

ž

33

34

443,586

515.992

438.999

482.622

33

FUIIII	1990 (2013)				Page 12
Par	Reconcilliation 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		;	285,594
2	Total expenses (must equal Part IX, column (A), line 25)	2			272,703
3	Revenue less expenses Subtract line 2 from line 1	3			12,891
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		4	138,999
5	Net unrealized gains (losses) on investments	5			-8,304
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4	143,586
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	▼ Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	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?	ne	3a		No
b	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		3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493211006436

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047 2015

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

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

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Open to Public

1 2	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
oliti	ıcal expenditures	
Þ	-	
3		\$

ar	t 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	\$

┌ Yes	┌ No

Part	I-C	Complete if the organization is exempt under section 501(c), except section	501(c)(3).	
1	Entor	the amount directly expended by the filing organization for caption 527 exempt function activities		

exen	pt function activities	
 -		
		\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$
4	r	

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, se	e the instructions for Form 990 or 990	 - EZ . C:	at No 50084S Schedule C (1	orm 990 or 990-E

Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.	Cat No 50084S	Schedule C (Form 990 or 990-EZ)
--	---------------	---------------------------------

		<u>www.irs.go</u>	<u>v/torm990</u> .		Inspectio
◆ Section 501(c)(3) or	ganizations Complete	orm 990, Part IV, Line 3, or Parts I-A and B Do not con	nplete Part I-C	·	
, , ,		3)) organizations Complete	e Parts I-A and C belo	ow Do not complete Part I	-B
	ations Complete Part I-	-A only orm 990, Part IV, Line 4, c	or Form 990-F7 Pai	rt VI line 47 (Lobbying	Δctivities) then
		filed Form 5768 (election ui			
		NOT filed Form 5768 (election			
		orm 990, Part IV, Line 5 (F	Proxy Tax) (see se	parate instructions) or	Form 990-EZ, Part \
line 35c (Proxy Tax) (s	see separate instruc 5), or (6) organizations	•			
Name of the organizat	<u> </u>	o complete rart III		Employer ide	ntification number
Pennsylvania Academy of	Ophthalmology				
Part I-A Complet	e if the organiza	tion is exempt unde	r section 501(c	23-2611653 or is a section 52 7	
_	-	-	<u> </u>	-	
	tion of the organizatio	n's direct and indirect poli	itical campaign activ	rities in Part IV	
2					
Political expenditures					
▶					
_					\$
3					
Volunteer hours					
	-	tion is exempt unde	-)(3).	
1 Enter the amount	of any excise tax inci	urred by the organization u	ınder section 4955 ►		\$
2 Enter the amount	of any excise tax inci	urred by organization mana	agers under section	4955	\$
3 If the organizatio	n incurred a section 4	₱ 955 tax, did it file Form 47	720 for this year?		┌ Yes ┌ No
4a					
Was a correction made	>				
┌ Yes ┌ No					
b If "Yes," describe	e in Part IV				
		tion is exempt unde	r section 501(c), except section 50)1(c)(3).
1 Enter the amount	directly expended by	the filing organization for	section 527 exempt	function activities	\$
▶					
2					
Enter the amount of the exempt function activit		unds contributed to other	organizations for sec	ction 527	
exempt function activit	ies				
F					
					\$
3 Total exempt fund	ction expenditures Ac	dd lines 1 and 2 Enter her	e and on Form 1120	-POL, line 17b	\$
4	•				
4 D.d.th.: floor:	61. F 4420 POL	6 blue			
Did the filing organization	on file rorm 1120-POL	for this year?			
┌ Yes ┌ No					
5 Enter the names,	addresses and emplo	yer identification number ((EIN) of all section 5	527 political organization	s to which the filing
		organization listed, enter t ed that were promptly and			
		action committee (PAC)			
			1 ()=	I .n	T
(a) Name		(b) Address	(c) EIN	(d) A mount paid from filing organization's	(e) A mount of policontributions rece
				funds If none, enter -0-	and promptly a
					directly delivered separate politic
					organization If n
-					enter - 0 -
2					1
					+
,	ı				

Schedule C (F	Pag	je ∡
Part II-A	Complete if the organization is exempt under section $501(c)(3)$ and filed Form 5768 (election under section $501(h)$).	ī

A Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" means amounts paid or incurred.)	organization's totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$ Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$ O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

Yes 🗆

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 separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	f the organization is exempt under section 501(c)(3) and has 5768 (election under section 501(h)).	NOT	
each "Yes" response on lines	s 1a through 11 below, provide in Part IV a detailed description of the lobbying	(a)	(b)
	filing organization attempt to influence foreign, national, state or local y attempt to influence public opinion on a legislative matter or referendum,	Yes N	o Amount
unteers?		l l	I
Paid staff or managemen	nt (include compensation in expenses reported on lines 1c through 1i)?		
dia advertisements?			
	<u> </u>		
lings to members, legislate	ors, or the public?		
	<u> </u>		
Publications, or publishe	ed or broadcast statements?		
Grants to other organiza	ations for lobbying purposes?		
Direct contact with legis	slators, their staffs, government officials, or a legislative body?	l l	1
Rallies, demonstrations	, seminars, conventions, speeches, lectures, or any similar means?		
or potavition 2		I	
er activities?			
al Add lines 1c through 1i	-		
Add lines 10 through 11			
	1 cause the organization to be not described in section 501(c)(3)? unt of any tax incurred under section 4912		
If "Yes," enter the amou	unt of any tax incurred by organization managers under section 4912		
<u> </u>	incurred a section 4912 tax, did it file Form 4720 for this year?		
t III-A Complete i 501(c)(6).	f the organization is exempt under section 501(c)(4), section	501(c)(5	
Were substantially all (9	90% or more) dues received nondeductible by members?		Yes No
Did the organization ma	ke only in-house lobbying expenditures of \$2,000 or less?		2 No
_Dıd the organızatıon agr	ree to carry over lobbying and political expenditures from the prior year?		3 Yes
501(c)(6) a	f the organization is exempt under section 501(c)(4), section and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'nswered "Yes."		
es, assessments and simila	ar amounts from members		
185,562	ctible lobbying and political expenditures (do not include amounts of political	1 1	
	section 527(f) tax was paid).		
rent year			
	<u> </u>		
116,519			
116,519			
ryover from last year			
ryover from last year			
ryover from last year -7,986 al = 108,533	<u> </u>	2	22.72
ryover from last year -7,986 al -108,533 Aggregate amount repo	rted in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	92,78
ryover from last year -7,986 al 108,533 Aggregate amount repor	rted in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues mount on line 2c exceeds the amount on line 3, what portion of the excess o carryover to the reasonable estimate of nondeductible lobbying and	3	92,78
ryover from last year -7,986 al 108,533 Aggregate amount report otices were sent and the all s the organization agree to tical expenditure next year	rted in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues mount on line 2c exceeds the amount on line 3, what portion of the excess c carryover to the reasonable estimate of nondeductible lobbying and r?	3	92,78
ryover from last year -7,986 al 108,533 Aggregate amount report otices were sent and the all street organization agree to tical expenditure next year	rted in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues mount on line 2c exceeds the amount on line 3, what portion of the excess c carryover to the reasonable estimate of nondeductible lobbying and r?	5	92,78
ryover from last year -7,986 al 108,533 Aggregate amount report otices were sent and the all s the organization agree to tical expenditure next year 15,752 Taxable amount of lobby	rted in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues mount on line 2c exceeds the amount on line 3, what portion of the excess c carryover to the reasonable estimate of nondeductible lobbying and r?		92,78
ryover from last year -7,986 al 108,533 Aggregate amount report otices were sent and the all sthe organization agree to cical expenditure next year 15,752 Taxable amount of lobby art IV Supplement ovide the descriptions req	rted in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues mount on line 2c exceeds the amount on line 3, what portion of the excess c carryover to the reasonable estimate of nondeductible lobbying and r?	5	•

Schedule C (Form 990 or 990EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493211006436

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

ame of the orga ennsylvania Acaden	I nization ny of Ophthalmology		Empl	oyer identification number
				611653
		r Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.	unds d	or Accounts.
		(a) Donor advised funds	(b)	Funds and other accounts
Total num	ber at end of year			
A ggregate year)	value of contributions to (during			
Aggregate	value of grants from (during year)			
Aggregate	value at end of year			
		advisors in writing that the assets held in doi the organization's exclusive legal control?	nor advis	sed Yes No
used only for		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a		purpose Yes No
t III Cons	ervation Easements. Compl	ete if the organization answered "Yes" (on Forn	n 990, Part IV, line 7.
Preserva Protectio Preserva Complete lin	tion of land for public use (e g , recre n of natural habitat tion of open space es 2a through 2d if the organization	ne organization (check all that apply) eation or education)	certified	historic structure
easement on	the last day of the tax year			Held at the End of the Yea
Total numbe	r of conservation easements		2a	Held at the End of the Yea
	e restricted by conservation easem	ents	2b	
	onservation easements on a certified		2c	
	onservation easements included in (cture listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
	onservation easements modified, tra	nsferred, released, extinguished, or terminat	ed by the	e organization during the
, <u> </u>	ates where property subject to cons	ervation easement is located 🕨		
Does the org		ding the periodic monitoring, inspection, han	dling of	┌ Yes
year	-	inspecting, handling of violations, and enforc	ing cons	ervation easements during the
<u> </u>				
Amount of ex	penses incurred in monitoring, insp	ecting, handling of violations, and enforcing c	onserva	tion easements during the yea
	onservation easement reported on li ction 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4)
balance shee		ts conservation easements in its revenue an : of the footnote to the organization's financia isements		
		ctions of Art, Historical Treasures,	or Oth	er Similar Assets.
		ed "Yes" on Form 990, Part IV, line 8.		
works of art,	historical treasures, or other similar	FAS 116 (ASC 958), not to report in its rever assets held for public exhibition, education, note to its financial statements that describe	or resea	arch in furtherance of public
works of art,		FAS 116 (ASC 958), to report in its revenue rassets held for public exhibition, education, othese items		
i) _{Revenue inc}	cluded on Form 990, Part VIII, line	1	► \$_	
) Assets incli	ıded ın Form 990, Part X		> \$	
If the organiz	zation received or held works of art,	historical treasures, or other similar assets f SFAS 116 (ASC 958) relating to these items		
Revenue incl	uded on Form 990, Part VIII, line 1			► \$

b Assets included in Form 990, Part X

Part		Organizations Maintaining (continued)	Collections of A	rt, Hi	stori	cal T	reasure	s, or O	ther S	imilar A	ssets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other rec	ords, c	hecka					nıfıcant us	e of its	
а	ГР	ublic exhibition		d	Γ	Loan	or exchan	ge progr	ams			
b	┌ s	cholarly research		е	Γ	Othe	r					
c	ГР	reservation for future generations										
4	Provid Part X	de a description of the organization's IIII	s collections and exp	olaın ho	w they	/ furthe	er the orga	ınızatıon	's exem _l	pt purpose	ın	
5		g the year, did the organization solid									_	
Dor		s to be sold to raise funds rather the		as part	of the	organ	zation's c	ollection	1?	☐ Yes	☐ No	
Раг	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part 1	V, line 9	, or rep	orted a	an amour	nt on For	m 990,
1a		organization an agent, trustee, cus ed on Form 990, Part X?	todian or other inter	mediary	y for c	ontribu	itions or o	ther ass	ets not	┌ Yes	┌ No	
b	If"	Yes," explain the arrangement in Pa	art XIII and complet	e the fo	llowin	g table				Am	ount	
С	Beg	ıınnıng balance						1c				
d	Add	ditions during the year						1d				
e	Dıs	tributions during the year						1e				
f	Enc	ling balance						1 f				
2a	Dıd th	e organization include an amount o	n Form 990, Part X, I	line 21,	, for es	crow	rcustodia	al accou	nt lıabılı	ty? ┌ Yes	┌ No	
		s," explain the arrangement in Part										
Pai	rt V	Endowment Funds. Comple	te if the organizat (a)Current year		swere nor yea					years back	(e)Four y	oars back
	Regin	ning of year balance	(a)Current year	(U)P	nor yea	<u>'' '</u>	(C)TWO yea	als back	(a)Tillee	years back	(e)Four y	ears back
b	=	ibutions										
	•											
C	Net ır losse	nvestment earnings, gains, and s										
d		s or scholarships										
e		r expenditures for facilities rograms • • • • • • • •										
f	A dmı	nistrative expenses										
g		fyear balance										
2	Provid	de the estimated percentage of the (current year end bala	ance (lı	ne 1g,	colum	n (a)) held	d as				
а	Board	designated or quasi-endowment 🕨										
b	Perma	anent endowment ►										
c	•	orarily restricted endowment Feercentages on lines 2a, 2b, and 2c	should equal 100%									
За	Are th	nere endowment funds not in the pos ization by	ssession of the orgar				d and adm	ınıstered	d for the		Yes	No
		related organizations								_	(i)	
b		lated organizations s s" on 3a(ii), are the related organiza								<u> </u>	(ii) Bb	<u> </u>
4		ribe in Part XIII the intended uses of							• •		,	
Par	t VI	Land, Buildings, and Equip										
		Complete if the organization a	answered 'Yes' to I		Cost	Part I\ or other ovestme	basis nt) Cost o	a.See for other based on the second of the s		90, Part X Accumulated depreciation	(d) Bo	ook value
	Land							(Julie)			+	
		gs		⊢							+	
		- · · · ·	- ·	· -					-		-	
•	Leaseh	old improvements										
		old improvements		: ├				1,3	94	:	139	1,255
d i	Equipm	nent		: : -				1,3	94	<u> </u>	139	1,255

Part VII	Investments—Other Securities. Co See Form 990, Part X, line 12.	omplete if the or	ganızatıon answered	d 'Yes' on Form	990, Part IV, line 11b.
	(a) Description of security or categor (including name of security)	у	(b)Book value)Method of valuation rend-of-year market value
(1)Financia	al derivatives			335.0	end of year market value
	-held equity interests				
(3)0 ther					
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)		•		
	Investments—Program Related				
	Complete if the organization answere	d 'Yes' on Form '	990, Part IV, line 11	^{.C.} See Form 99	0, Part X, line 13.
	(a) Description of investment		(b) Book value		Method of valuation end-of-year market value
					,
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)		<u> </u>		
	Other Assets. Complete if the organization			line 11d See For	m 990, Part X, line 15
	(a) Desc	cription			(b) Book value
	mn (b) must equal Form 990, Part X, col.(B) line				
Part X	Other Liabilities. Complete if the org See Form 990, Part X, line 25.	ganization answe	red 'Yes' on Form 9	90, Part IV, lın	e 11e or 11f.
1.	(a) Description of liability	(b) Book va	lue		
Federal inc	ome taxes				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	<u>* </u>			

Par		evenue per Audited Financial Sta Ization answered 'Yes' on Form 990,			per R	eturn
1		r support per audited financial statements		•	1	
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) o	on investments	2a			
b	Donated services and use of fa	icilities	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 ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990	O, Part VIII, line 12, but not on line 1				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4 c	
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	12)		5	
Part		rpenses per Audited Financial Starzation answered 'Yes' on Form 990,			es per	Return.
1		audited financial statements			1	
2	Amounts included on line 1 but	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	icilities	2a			
b	Prior year adjustments		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990	O, Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	uded 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 ar	nd 4c. (This must equal Form 990, Part I, li	ne 18)	5	
Pari	XIII Supplemental Info	ormation			·	
		Part II, lines 3, 5, and 9, Part III, lines 1a	and 4	Part IV Junes 1 h and	2 h	
Part	V, line 4, Part X, line 2, Part XI,	lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
Intor	mation	T				
	Return Reference	Explanation				

Part XIII Supplemental Information (continued)						
Return Reference	Explanation					

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
Schedule I

DLN: 93493211006436OMB No 1545-0047

2015

Open to Public Inspection

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization Pennsylvania Academy of Ophthalmology Employer identification number

emisyrvama Academy of Ophtha	aiiiiology					23-2611653	
Part I General Informa	ation on Grants	and Assistance				•	
	to award the grants anızatıon's procedui sistance to Domesti	or assistance? res for monitoring the u ic Organizations and Do	se of grant funds in the	United States Complete if the organi	ibility for the grants or as		Yes N
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ACADEMY OF (1) OPHTHALMOLOGY 655 BEACH STREET SAN FRANCISCO, CA 94109	41-1336784	501(C)(6)	6,000				ADVOCACY PURPOSES NATIONALLY
2 Enter total number of section	on 501(c)(3) and go	ı vernment organizations	s listed in the line 1 tab	le			

Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental Info	rmation. Provide the info	ormation required in P	Part I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.

Return Reference Explanation

Part I, Line 2

THE GRANT IS PROVIDED ANNUALLY AND THE USE IS LIMITED BY THE DONEE FOR THE PURPOSE OF THE SURGICAL SCOPE FUND, WHICH IS USED FOR ADVOCACY PURPOSES NATIONALLY THE ACADEMY MONITORS THE ACTIVITIES AND RECEIVES INFORMATION REGARDING ITS EFFORTS ROUTINELY

Schedule I (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493211006436

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 990-EZ 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

2015

Open to Public Inspection

Name of the organization Pennsylvania Academy of Ophthalmology	Employer identification number
	23-2611653

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The organization is a member driven organization, each person that pays annual dues becomes a member
Form 990, Part VI, Section A, line 7a	The members of the organization have a vote which decides the governing body
Form 990, Part VI, Section A, line 7b	There are times throughout the year in which items for discussion require the entire memberships' vote for approval
Form 990, Part VI, Section B, line 11	The secretary/treasurer and executive committee review the financial statement and 990 pri or to filing. Officers are provided the draft of the return when it has been prepared, for review prior to filing.
Form 990, Part VI, Section B, line 12c	Disclosure of conflicts of interest is required by the conflict policy for all board membe rs and key employees. Disclosures are updated annually. The executive director and preside nt review the forms. Any conflicts are brought to the attention of the board for consideration.
Form 990, Part VI, Section C, line 19	The organization makes its governing documents, conflict of interest policies, and financial statements available to public inspection upon request
Form 990, Part IX, line 11g	OTHER OUTSIDE SERVICES 40,593