efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492311003067 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2016 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. Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 01-01-2016 and ending 12-31-2016 B Check if applicable C Name of organization D Employer identification number  $\square$  Address change Oregon Medical Group Management 93-0874801 Association ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 9144 SE 67th Avenue ☐ Final return/terminated (971) 373-1477 City or town, state or province, country, and ZIP or foreign postal code □ Amended return Portland, OR 97206 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶www omgma com **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527 ☐ Corporation ☐ Trust ☑ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 2 Program service revenue including government fees and contracts . . . . . . . . . . . . 143,723 3 Membership dues and assessments . . . . . . 3 48,970 4 4 5a Gross amount from sale of assets other than inventory . . . . . 5b b Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 8 Other revenue (describe in Schedule O) 605 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . 9 193,298 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 10,750 12 Salaries, other compensation, and employee benefits . 12 13 17,824 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 56 16 Other expenses (describe in Schedule O) 16 159,410 17 Total expenses. Add lines 10 through 16 17 188,040 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 5,258 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 215,394 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 220,652 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

Part II	Balance Sheets (see the instructions	for Part II)					rage <b>L</b>
	Check if the organization used Schedule		uestion in this F	art II			
				(A) B	eginning of year		(B) End of year
<b>22</b> Cash, sa	vings, and investments		[		215,394	22	220,652
	d buildings					23	
	sets (describe in Schedule O)					24	
	ssets				215,394		220,652
	abilities (describe in Schedule O)					26	0
27 Net ass	ets or fund balances (line 27 of column	· ,		f D	215,394	77	220,652 Expenses
Parcill	Statement of Program Service A Check if the organization used Schedule	•			🗆	(Re	quired for section 501(c)
	organization's primary exempt purpose?						and 501(c)(4) anizations, optional for
Describe the measured by	NT INFORMATION EXCHANGE e organization's program service accompli y expenses In a clear and concise manne nd other relevant information for each pro	r, describe the service					ers )
<b>28</b> See Addition	nal Data Table						
(Grants \$ )	If this amoun	t ıncludes foreign gran	ts check here		. ▶ □	28a	
29	II this difficult	t merades for eight grant	es, effect fiere			29a	
(Grants \$ )	If this amoun	t includes foreign gran	ts. check here		. ▶ □		
30						30a	
50						300	
(Grants \$ )	If this amoun	t ıncludes foreign gran	ts check here		. • 🗆		
· · ·				<u> </u>	. , .		
•	ogram services (describe in Schedule O)						
(Grants \$ )	ogram service expenses (add lines 28a	t includes foreign gran	is, check here			31a	
Part IV	List of Officers, Directors, Trustees,						tions for Part IV)
	Check if the organization used Schedule	O to respond to any q	uestion in this F	art IV.			🗵
	(a) Name and title	(b) Average	(c) Reporta	hla I	(d) Health bend	afite	(e) Estimated amount
	(a) Name and the	hours per week devoted to position	compensat (Forms W-2/) MISC) (if not enter -0-	on 1099- <b>paid,</b>		nploye and	e of other compensation
Debra Barte	I	4 00	enter -o	625		C	0
President							
Jeffrey Baird	I	2 00		250		C	0
Immediate F	Past President						
Pamela Keıl		4 00		1,881		0	0
Dragidant Ele	201						
President Ele Michelle Eldr		1 00		500			0
	iage			300			,
Secretary							
Jeffrey Stew	art	4 00		2,000		C	0
Treasurer							
Debra Hanse	en	1 00		375		C	0
Director							
Janet Mossm	nan	2 00		500		C	0
Director							
Lauren Harri	us	2 00		750			0
Director Suzanne Fox	, Cataward	1 00		375			0
Suzanne i oz	C Gatewood			3/3			,
Director							
Kerry McMul	lin	0 00		1,244		C	0
Past Preside	nt						
Susan Curtis	5	2 00		1,875		C	0
ACMPE Repr	esentative						
Jenna Wiltfo		1 00		125			0
	-						
Director							Form <b>990-F7</b> (2016)

Pai	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	•		
	Instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V ☑				
			Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	No	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business				
<b>h</b>	activities (such as those reported on lines 2, 6a, and 7a, among others)?  If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		No	
	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$	330			
	notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	Yes		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a				
b	Did the organization file Form 1120-POL for this year?	37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b				
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities				
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶, section 4912 ▶, section 4955 ▶				
b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I				
c	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 ▶				
d	Section $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations. Enter amount of tax on line 40c reimbursed by the organization.				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No	
41	transaction? If "Yes," complete Form 8886-T				
42a	The organization's books are in care of ▶ Jeff Stewart TREASURER Telephone no ▶	(541) 3	89-3300	)	
	Located at ▶ 2400 NE Neff Road Suite A Bend, OR ZIP + 4 ▶	9770	1		
L	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a				
D	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No	
	If "Yes," enter the name of the foreign country	125			
С	See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> At any time during the calendar year, did the organization maintain an office outside the U S ?	<b>42</b> c		No	
	If "Yes," enter the name of the foreign country				
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □		
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43				
			Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No	
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No	
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	747			
4E-	explanation in Schedule O  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a			
				110	
43D	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b			

	016)								Page
								Yes	No
6 Did the org	ganization engage, directly or indirec s for public office? If "Yes," complete	tly, in political campaid	in activities on behalf						
					• •	•	46		No
All	ection 501(c)(3) organization section 501(c)(3) organizations eck if the organization used Schedule	must answer quest	ons 47-49b and 52 uestion in this Part VI	and o	omplete t	he table	s for lu	nes 50	and 5 ⊐
								Yes	No
' Did the ord	ganızatıon engage ın lobbyıng actıvıtı	es or have a section 50	01(h) election in effec	t durına	the tax vea	ar?			
	omplete Schedule C, Part II		· · · · · ·		· · ·		47		
Is the orga	ganization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						48		
a Did the org	d the organization make any transfers to an exempt non-charitable related organization?						49a		
<b>b</b> If "Yes," w	as the related organization a section	527 organization? .					49b		
	this table for the organization's five here						and key	employ	ees)
	ne and title of each employee	(b) Average	(c) Reportable		) Health be		(e) Es	tımated	amour
		hours per week devoted to position	compensation (Forms W-2/1099- MISC)	b	butions to e enefit plans erred compe	, and	of othe	er comp	ensatio
							1		
<b>.</b>		100.000				_			
	mber of other employees paid over \$	,				<b>-</b>			
Complete f	mber of other employees paid over \$ this table for the organization's five h tion from the organization If there is	nighest compensated in		s who e	· · ·	d more ti	nan \$10	0,000 o	-
Complete to compensation	this table for the organization's five h	nighest compensated in none, enter "None "			ach receive			0,000 o	
Complete to compensate	this table for the organization's five h tion from the organization If there is	nighest compensated in none, enter "None "							
Complete to compensate	this table for the organization's five h tion from the organization If there is	nighest compensated in none, enter "None "							
Complete to compensate	this table for the organization's five h tion from the organization If there is	nighest compensated in none, enter "None "							
Complete to compensation	this table for the organization's five h tion from the organization If there is	nighest compensated in none, enter "None "							
Complete to compensate	this table for the organization's five h tion from the organization If there is	nighest compensated in none, enter "None "							
Complete to compensation	this table for the organization's five h tion from the organization If there is	nighest compensated in none, enter "None "							
Complete to compensation	this table for the organization's five h tion from the organization If there is	nighest compensated in none, enter "None "							
Complete to compensation	this table for the organization's five h tion from the organization If there is	nighest compensated in none, enter "None "							
Complete s	this table for the organization's five h tion from the organization. If there is (a) Name and business address of e	nighest compensated in inone, enter "None " ach independent contri	actor						
Complete s	this table for the organization's five h tion from the organization If there is	nighest compensated in inone, enter "None " ach independent contri	actor						
Complete to compensation of the compensation o	this table for the organization's five had been took took from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A?	ach independent control  s each receiving over the control over the	\$100,000	(b) Ty	rpe of servi	ce (c	) Compo	ensation	
Complete to compensation of the compensation o	this table for the organization's five had toon from the organization. If there is (a) Name and business address of each of the contractor of other independent contractors.	ach independent control  s each receiving over the control over the	\$100,000	(b) Ty	rpe of servi	ce (c	) Compo		
Complete of compensation of the complete of th	this table for the organization's five hation from the organization. If there is  (a) Name and business address of each organization complete schedule A? Noted Schedule A	ach independent control seach receiving over a seach receiving over a seach this return, including the return this return, including this	\$100,000 c)(3) organizations m	(b) Ty	vpe of servi	ce (c	) Composition	ensation  es	
Complete of compensation of the complete of th	this table for the organization's five hation from the organization. If there is  (a) Name and business address of each organization complete schedule A? Noted Schedule A	ach independent control seach receiving over a seach receiving over a seach this return, including the return this return, including this	\$100,000 c)(3) organizations m	(b) Ty	vpe of servi	ce (c	) Composition	ensation  es	
d Total nur  Did the complete er penalties owledge and be any knowled	this table for the organization's five hation from the organization. If there is  (a) Name and business address of each organization complete schedule A? Noted Schedule A	ach independent control seach receiving over a seach receiving over a seach this return, including the return this return, including this	\$100,000 c)(3) organizations m	(b) Ty	pe of servi	ce (c	) Composition	ensation  es	
Complete of compensation of the complete of th	mber of other independent contractor organization complete Schedule A	ach independent control seach receiving over a seach receiving over a seach this return, including the return this return, including this	\$100,000 c)(3) organizations m	(b) Ty	rpe of servi	ce (c	) Composition	ensation  es	
Total nur  Did the complete er penalties owledge and bany knowled	mber of other independent contractor organization complete Schedule A? Need Schedule A	ach independent control seach receiving over a seach receiving over a seach this return, including the return this return, including this	\$100,000	ust attachedules	ch a and statemed on all info	enents, and ormation	Yed to the of whice	ensation  es	
Total nur  Did the complete er penalties of whedge and be any knowled  n  e  jef Tyl  id	this table for the organization's five hation from the organization. If there is  (a) Name and business address of each of the contractor organization complete Schedule A? Need Schedule A	ach independent control ach independent control ach receiving over the seach receiving over the	\$100,000	ust attachedules	ch a	enents, and ormation	Yed to the of whice	ensation  es	
Complete of compensation of the compensation of the complete o	this table for the organization's five in tion from the organization. If there is  (a) Name and business address of experience of other independent contractor organization complete. Schedule A? Noted Schedule A	rs each receiving over stated the property of	\$100,000	ust attachedules	ch a and statemed on all info	pents, and ormation  PTIN P0044  91-0189	Yed to the of whice	ensation  es	
d Total nur  Did the complete wiedge and be any knowled in re  iid eparer	mber of other independent contractor organization complete Schedule A?  of perjury, I declare that I have example items, it is true, correct, and complete ge  **** gnature of officer if Stewart Treasurer pe or print name and title  Print/Type preparer's name Wendy Campos  Firm's name  Moss Adams LLP  Firm's address  805 SW Broadway Ste	rs each receiving over stated the property of	\$100,000	ust attachedules	ch a	pents, and ormation  PTIN P0044  91-0189	Yed to the of whice	ensation  es	
d Total nur Did the complete of the complete o	this table for the organization's five in tion from the organization. If there is  (a) Name and business address of experience of other independent contractor organization complete. Schedule A? Noted Schedule A	rs each receiving over stated the property of	\$100,000	ust attachedules	ch a and statemed on all info	pents, and ormation  PTIN P0044  91-0189	Yed to the of whice	ensation  es	

## **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 93-0874801

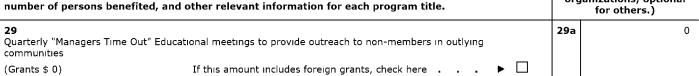
Name: Oregon Medical Group Management

Association

Form 990EZ, Part III	- Statement of Program Service Accomplishments		
services, as measured	ion's program service accomplishments for each of its three largest program by expenses. In a clear and concise manner, describe the services provided, the refited, and other relevant information for each program title.	` (c	Expenses quired for section 501 ()(3) and 501(c)(4) panizations; optional for others.)
28 SEMI-ANNUAL STATE MEE MEDICAL GROUP MANAGE	ETINGS AND SEMINARS TO PROVIDE MEMBERS WITH INFORMATION REGARDING EMENT	28a	0
(Grants \$ 0)	If this amount includes foreign grants, check here $\cdot$ . $\cdot$ $\blacktriangleright$ $\Box$		

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the

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



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 9349231100306 TY 2016 Transfers Personal Benefits **Contracts Declaration** Name: Oregon Medical Group Management Association **EIN:** 93-0874801 **Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit

contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

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## **Political Campaign and Lobbying Activities**

**Employer identification number** 

☐ Yes

☐ Yes

(e) Amount of political

contributions received

and promptly and

directly delivered to a separate political organization If none, enter -0-

Schedule C (Form 990 or 990-EZ) 2016

□ No

93-0874801

(d) Amount paid from

filing organization's

funds If none, enter

-0-

Cat No 50084S

OMB No 1545-0047

DLN: 93492311003067

Open to Public Inspection

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

Did the filing organization fileForm 1120-POL for this year?

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

SCHEDULE C (Form 990 or 990-

Name of the organization

Association

Part I-A

Part I-B

1 2

3

h

1

2

3

4

5

3

5

Oregon Medical Group Management

Political expenditures Volunteer hours

Was a correction made?

function activities

If "Yes," describe in Part IV

(a) Name

For Organizations Exempt From Income Tax Under section 501(c) and section 527 EZ) ▶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 Department of the Treasury www.irs.gov/form990.

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Complete if the organization is exempt under section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(b) Address

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

Enter the amount of any excise tax incurred by the organization under section 4955

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Enter the amount of any excise tax incurred by organization managers under section 4955

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

- Section 527 organizations Complete Part I-A only

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Internal Revenue Service

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

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

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

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

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

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

(c) EIN

- If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

## Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPH	IC print - DO NO	T PROCESS	As Filed Data -		DLN	l: 93492311003067	
(Form 990 or 990- EZ) Complete to pro Form 990 of Department of the Treasury ► Information about			al Information to Form 990 or 990-E2 vide information for responses to specific questions on r 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) and its instructions is www.irs.gov/form990.		ions on on.	2016 Open to Public Inspection	
Name of the org Oregon Medical Gro Association		al Informatio	n		93-0874801	tification number	
Return Reference				Explanation			
Form 990- EZ, Part I, Line 8 - Other Revenue	Description Miscell	laneous Income	Amount 605				

990 Schedule O, Supplemental Information

Return Reference	<b>Explanation</b>
Form 990- EZ, Part I, Line 16 - Other Expenses	Description Conference and Meetings Amount 141,377 Description Office Expenses Amount 7,183 Description IT Expenses Amount 5,343 Description Travel Amount 4,356 Description Insurance Amount 1,151 Total to Form 990-EZ, line 16 159,410