

# Short Form Return of Organization Exempt From Income Tax

## 1999

Department of the Treasury  
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust  
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

This Form is  
Open to Public  
Inspection

**A For the 1999 calendar year, OR tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

<b>B</b> Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (required also for state reporting)	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> OPTICS AND ELECTRO OPTICS STANDARDS COUNCIL Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 160 MAPLE HILL FARM RD City or town, state or country, and ZIP code + 4 PENFIELD, NY 14526	<b>D Employer identification number</b> 86-0843480  <b>E Telephone number</b> 716-726-3503  <b>F Check</b> <input type="checkbox"/> if exemption application is pending  <b>H Enter four-digit group exemption number (GEN)</b>
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**G Accounting method:**  Cash  Accrual  Other (specify) ▶

**I Type of organization -**  Exempt under Section 501(c) ( 6 ) ▶ (insert number) OR  Section 4947(a)(1) nonexempt charitable trust  
**Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).**

**J Check**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, the organization should file a return without financial data. Some states require a complete return.

**K Enter the organization's 1999 gross receipts (add back lines 5b, 6b, and 7b, to line 9)** ▶ \$ 53,309.  
 if \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	1 Contributions, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	53,309.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b)	5c	
	6 Special events and activities (attach schedule):		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8 Other revenue (describe ▶ _____ )	8		
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	53,309.	
<b>Expenses</b>	10 Grants and similar amounts paid	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ See Statement 1 )	16	62,133.
17 Total expenses (add lines 10 through 16)	17	62,133.	
<b>Net Assets</b>	18 Excess or (deficit) for the year (line 9 less line 17)	18	-8,824.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	35,427.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	26,603.

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

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	35,427.	22	26,603.
23	Land and buildings		23	
24	Other assets (describe ▶ _____ )		24	
25	Total assets	35,427.	25	26,603.
26	Total liabilities (describe ▶ _____ )	0.	26	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,427.	27	26,603.

Part III Statement of Program Service Accomplishments		Expenses	
What is the organization's primary exempt purpose? <b>See Statement 2</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<b>DURING THE YEAR DELEGATES TRAVEL AROUND THE US TO MEET WITH OTHER OPTICAL PROFESSIONAL TO WRITE OPTICAL STANDARDS.</b> (Grants \$ )	28a	26,125.
29	(Grants \$ )	29a	
30	(Grants \$ )	30a	
31	Other program services (attach schedule) (Grants \$ )	31a	
32	<b>Total program service expenses (add lines 28a through 31a)</b>	32	<b>26,125.</b>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
TIMOTHY D. WISE 6106 OLD BROMPTON RD, BOULDER, CO	PRESIDENT AS REQUIRED	0.	0.	0.
GENE KOHLENBERG 160 MAPLE HILL FARM RD, PENFIELD, NY	TREASURER AS REQUIRED	0.	0.	0.
DANIAL TORGERSEN 801 12TH AVE, MINNEAPOLIS, MN 55411	DIRECTOR AS REQUIRED	0.	0.	0.

Part V Other Information		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		0
b	Did the organization file Form 1120-POL, for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	501(c)(3) organizations. Enter: Amount of tax imposed during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955 and 4958		N/A
d	Enter: Amount of tax in 40c, above, reimbursed by the organization		N/A
41	List the states with which a copy of this return is filed. ARIZONA		
42	The books are in care of GENE KOHLENBERG Telephone no. 716-726-3503 Located at 160 MAPLE HILL FARM RD, PENFIELD, NY ZIP + 4 14526-1714		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction U.)

Signature of officer: *[Signature]* Date: 4.27.00 Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**

Firm's name (or yours if self-employed) and address: **Heveron & Heveron, CPAs, P.C.**  
260 Plymouth Avenue South  
Rochester, New York

Preparer's signature: *[Signature]* Date: 4.27.00 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

EIN: \_\_\_\_\_ ZIP + 4: 14608

923431 01-31-00 Form 990-EZ (1999)

Form 990-EZ	Other Expenses	Statement	1
Description		Amount	
CONTRACT SERVICES		26,125.	
ADMINISTRATIVE EXPENSES		2,596.	
TRAVEL		1,983.	
DUES		30,150.	
BOARD EXPENSES		1,279.	
Total to Form 990-EZ, line 16		62,133.	

Form 990-EZ	Part III - Statement of Organization's Primary Exempt Purpose	Statement	2
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Explanation

THE ORGANIZATION IS THE GOVERNING BODY OF THE UNITED STATES OPTICAL AND ELECTRO-OPTICAL STANDARDS WRITING EFFORT. THEY CREATE AND MAINTAIN THE UNITED STATES OPTICAL STANDARDS.

For taxable year beginning \_\_\_\_\_, and ending \_\_\_\_\_

CHECK ONE  
Original  Amended

CHECK ONE  
Calendar year  Fiscal year

Federal employer ID number (FEIN) 86-0843480

AZ withholding tax number

AZ transaction privilege tax number 0794533-6

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

Please print or type	Name	OPTICS AND ELECTRO-OPTICS STANDARS COUNCIL
	Number and street	160 MAPLE HILL FARM RD
	City or town, state and ZIP code	PENFIELD, NY 14526-1714
	Business telephone number	716-726-3503

Check box if:  This is a first return  Name change  Address change

A Date Arizona operations began 12/16/1996

B Date of letter granting exemption from Arizona income tax 04/09/1998

C Nature of Arizona activities STANDARDS SETTING

D Check federal form filed:  990  990-EZ  Other, specify \_\_\_\_\_  
Attach copy of federal return.

For DOR use only

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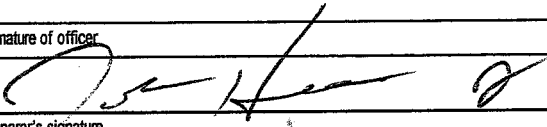
Sources of Income	1	Gross sales or receipts from business activities	1		00
	2	Less: Cost of goods sold or of operations - attach itemized statement	2		00
	3	Gross profit from business activities - subtract line 2 from line 1	3		00
	4	Interest	4		00
	5	Dividends	5		00
	6	Rents and royalties	6		00
	7	Gain or (loss) from sale of assets, excluding inventory items	7		00
	8	Dues, assessments, etc., from members	8	53,309	00
	9	Dues, assessments, etc., from affiliated organizations	9		00
	10	Contributions, gifts, grants, etc., received	10		00
	11	Other income - attach itemized statement	11		00
		12	Total income - add lines 3 through 11	12	53,309
Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	13		00
	14	Salaries and wages - other than amounts included on line 2	14		00
	15	Interest	15		00
	16	Taxes	16		00
	17	Rent expense	17		00
	18	Depreciation - attach schedule	18		00
	19	Miscellaneous expenses - attach itemized statement	19	62,133	00
	20	Total expenses - add lines 13 through 19	20	62,133	00
	Disbursements from Current Income for the Organization's Exempt Purposes	21	Dues, assessments, etc., to affiliated corporations	21	
22		Contributions, gifts, grants, etc., paid	22		00
23a		Benefit payments to or for members or their dependents: a. Death, sickness, hospitalization, disability, or pension benefits	23a		00
23b		b. Other benefits	23b		00
24		Dividends and other distributions to members, shareholders, or depositors	24		00
25		Other	25		00
26		Total - add lines 21 through 25	26		00
Disbursements from Principal for the Organization's Exempt Purposes	27	Dues, assessments, etc., to affiliated corporations	27		00
	28	Contributions, gifts, grants, etc., paid	28		00
	29a	Benefit payments to or for members or their dependents: a. Death, sickness, hospitalization, disability, or pension benefits	29a		00
	29b	b. Other benefits	29b		00
	30	Dividends and other distributions to members, shareholders, or depositors	30		00
	31	Other	31		00
	32	Total - add lines 27 through 31	32		00
Other	33	Other disbursements not itemized above - attach schedule	33		00
Accumulation of Income	34	Accumulation of income in current year - line 12 minus the sum of lines 20, 26, 32, and 33	34	(8,824)	00
	35	Accumulation of income at beginning of year	35	35,427	00
	36	Accumulation of income at end of year - add lines 34 and 35	36	26,603	00
Penalty	37	Penalty for late filing or incomplete filing (\$500.00)	37		00

THE EXEMPT ORGANIZATION IS SUBJECT TO A \$500 PENALTY IF THIS RETURN IS FILED LATE OR HAS NOT BEEN COMPLETED. ARS § 42-1125.J

Schedule A - Balance Sheet

				(a)		(b)		
				Beginning of year		End of year		
<b>Note:</b> Amounts used in attached schedules and in this column should be end of year amounts.								
<b>Assets</b>								
A1	Cash			35,427	00	A1	26,603	00
A2a	Accounts receivable	A2a			00			00
b	Less: allowance for doubtful accounts	A2b			00	A2c		00
A3a	Other notes and loans receivable - attach schedule	A3a			00			00
b	Less: allowance for doubtful accounts	A3b			00	A3c		00
A4	Inventories				00	A4		00
A5	Investments (securities) - attach schedule				00	A5		00
A6	Investments (other) - attach schedule				00	A6		00
A7a	Land, buildings, and equipment; basis	A7a			00			00
b	Less: accumulated depreciation - attach schedule	A7b			00	A7c		00
A8	Other assets - describe				00	A8		00
A9	<b>Total assets - add lines A1 through A8</b>			35,427	00	A9	26,603	00
<b>Liabilities</b>								
A10	Accounts payable and accrued expenses				00	A10		00
A11	Mortgages and other notes payable - attach schedule				00	A11		00
A12	Other liabilities - describe				00	A12		00
A13	<b>Total liabilities - add lines A10 through A12</b>				00	A13		00
<b>Net Assets</b>								
A14	Capital stock or trust principal				00	A14		00
A15	Paid-in or capital surplus				00	A15		00
A16	Retained earnings or accumulated income			35,427	00	A16	26,603	00
A17	<b>Total net assets - add lines A14 through A16</b>			35,427	00	A17	26,603	00
A18	<b>Total liabilities and net assets - add lines A13 and A17</b>			35,427	00	A18	26,603	00

**Certification** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign here	Signature of officer	Date	Title
		14-28-00	
Paid Preparer's Use Only	Preparer's signature	Date	
	HEVERON & HEVERON, CPAS, P.C.		P00023043
	260 PLYMOUTH AVENUE SOUTH ROCHESTER NY		14608
	Firm's name (or preparer's, if self-employed)		Preparer's TIN
	Firm's address		ZIP code