

Short Form Return of Organization Exempt From Income Tax

2000

Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, 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.

Open to Public
Inspection

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

A For the 2000 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable:
 Change of address
 Change of name
 Initial return
 Final return
 Amended return

C Name of organization
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 + 4
PENFIELD, NY 14526

D Employer identification number
86-0843480

E Telephone no.
716-726-3503

F Check if application pending

G Accounting method: Cash Accrual Other (specify) ▶ _____

H Enter 4-digit group exemption no. (GEN) ▶ _____

I Organization type (check only one) — 501(c) (**6**) ◀ (insert no.) 527 or 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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, it should file a return without financial data. Some states require a complete return.

K Add back lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **54,644.**

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

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

| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | | |
|--|---|----|----------------|---------|
| | 2 Program service revenue including government fees and contracts | 2 | | |
| | 3 Membership dues and assessments | 3 | | 54,644. |
| | 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 | | 54,644. | |
| Expenses | 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 | | 42,281. |
| 17 Total expenses (add lines 10 through 16) | 17 | | 42,281. | |
| 18 Excess or (deficit) for the year (line 9 less line 17) | 18 | | 12,363. | |
| Net Assets | 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 | | 26,603. |
| | 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 | | 38,966. |
| | | | | |

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 | 22 | 26,603. | 38,966. |
| 23 | Land and buildings | 23 | | |
| 24 | Other assets (describe ▶ _____) | 24 | | |
| 25 | Total assets | 25 | 26,603. | 38,966. |
| 26 | Total liabilities (describe ▶ _____) | 26 | 0. | 0. |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 27 | 26,603. | 38,966. |

| Part III Statement of Program Service Accomplishments | Expenses |
|--|---|
| What is the organization's primary exempt purpose? See Statement 2 | <small>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)</small> |
| 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 DURING THE YEAR DELEGATES TRAVEL AROUND THE US TO MEET WITH OTHER OPTICAL PROFESSIONAL TO WRITE OPTICAL STANDARDS. (Grants \$) | 28a 24,043. |
| 29 _____ (Grants \$) | 29a |
| 30 _____ (Grants \$) | 30a |
| 31 Other program services (attach schedule) (Grants \$) | 31a |
| 32 Total program service expenses (add lines 28a through 31a) | 32 24,043. |

| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Did the organization file Form 1120-POL for this year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| b Gross receipts, included on line 9, for public use of club facilities 39b N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| 40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Amount of tax imposed on the organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ N/A | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ N/A | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 41 List the states with which a copy of this return is filed. ▶ ARIZONA | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---------------------------------|---|--|
| 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 W.) | |
| | Signature of officer | Date 4-7-01 Type or print name and title. |
| Paid Preparer's Use Only | Preparer's signature | Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN |
| | Firm's name (or yours if self-employed) and address, and ZIP code | EIN ▶ Phone no. ▶ |
| 023431 12-20-00 | Heveron & Heveron, CPAs, P.C. 260 Plymouth Avenue South Rochester, New York 14608 | |

| | | | |
|-------------|----------------|-----------|---|
| Form 990-EZ | Other Expenses | Statement | 1 |
|-------------|----------------|-----------|---|

| Description | Amount |
|-------------------------------|---------|
| CONTRACT SERVICES | 21,188. |
| ADMINISTRATIVE EXPENSES | 1,158. |
| TRAVEL | 2,855. |
| DUES | 15,750. |
| BOARD EXPENSES | 1,330. |
| Total to Form 990-EZ, line 16 | 42,281. |

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

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 _____.

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

| | |
|---|--------------------------------------|
| CHECK ONE | |
| Original <input checked="" type="checkbox"/> | Amended <input type="checkbox"/> |
| CHECK ONE | |
| Calendar year <input checked="" type="checkbox"/> | Fiscal year <input type="checkbox"/> |
| Federal employer ID number (FEIN) 86-0843480 | |
| AZ withholding tax number | |
| AZ transaction privilege tax number 0794533-6 | |

| | |
|-----------------------|---|
| Please print or type. | Name OPTICS AND ELECTRO OPTICS STANDARD COUNCIL |
| | Number and street 160 MAPLE HILL FARM ROAD |
| | City or town, state and ZIP code PENFIELD, NEW YORK 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 STANDARD SETTINGS

D Check federal form filed: 990 990-EZ Other (specify) _____

Attach copy of federal return.

| For DOR use only | |
|------------------|-----------|
| 81 | 66 |

| | | | | | | |
|--|---|--|---|--------|--------|----|
| 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 | 54,644 | 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 | 54,644 | 00 |
| 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 | 42,281 | 00 | |
| | | 20 | Total expenses - add lines 13 through 19 | 20 | 42,281 | 00 |
| | Disbursements from Current Income for the Organization's Exempt Purposes | 21 | Dues, assessments, etc., to affiliated corporations | 21 | | 00 |
| | | 22 | Contributions, gifts, grants, etc., paid | 22 | | 00 |
| 23 | | Benefit payments to or for members or their dependents: | 23a | | 00 | |
| | | | 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 | |
| | 29 | Benefit payments to or for members or their dependents: | 29a | | 00 | |
| | | | 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 | 12,363 | 00 | |
| | 35 | Accumulation of income at beginning of year | 35 | 26,603 | 00 | |
| | 36 | Accumulation of income at end of year - add lines 34 and 35 | 36 | 38,966 | 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

Note: Amounts used in attached schedules and in this column should be end of year amounts.

| (a) Beginning of year | | (b) End of year | |
|--------------------------|--|--------------------|--|
|--------------------------|--|--------------------|--|

Assets

| | | | | | | | | | |
|-----|---|-----|--|--------|----|-----|--|--------|----|
| A1 | Cash | | | 26,603 | 00 | A1 | | 38,966 | 00 |
| A2a | Accounts receivable | A2a | | | 00 | | | | |
| b | Less: allowance for doubtful accounts | A2b | | | 00 | | | | |
| c | Line A2a less line A2b. Enter difference in column (b) | | | | 00 | A2c | | | 00 |
| A3a | Other notes and loans receivable - <i>attach schedule</i> | A3a | | | 00 | | | | |
| b | Less: allowance for doubtful accounts | A3b | | | 00 | | | | |
| c | Line A3a less line A3b. Enter difference in column (b) | | | | 00 | A3c | | | 00 |
| A4 | Inventories | | | | 00 | A4 | | | 00 |
| A5 | Investments (securities) - <i>attach schedule</i> | | | | 00 | A5 | | | 00 |
| A6 | Investments (other) - <i>attach schedule</i> | | | | 00 | A6 | | | 00 |
| A7a | Land, buildings, and equipment; basis | A7a | | | 00 | | | | |
| b | Less: accumulated depreciation - <i>attach schedule</i> | A7b | | | 00 | | | | |
| c | Line A7a less line A7b. Enter difference in column (b) | | | | 00 | A7c | | | 00 |
| A8 | Other assets - <i>describe</i> | | | | 00 | A8 | | | 00 |
| A9 | Total assets - add lines A1 through A8 | | | 26,603 | 00 | A9 | | 38,966 | 00 |

Liabilities

| | | | | | | | | | |
|-----|--|--|--|--|----|-----|--|--|----|
| A10 | Accounts payable and accrued expenses | | | | 00 | A10 | | | 00 |
| A11 | Mortgages and other notes payable - <i>attach schedule</i> | | | | 00 | A11 | | | 00 |
| A12 | Other liabilities - <i>describe</i> | | | | 00 | A12 | | | 00 |
| A13 | Total liabilities - add lines A10 through A12 | | | | 00 | A13 | | | 00 |

Net Assets

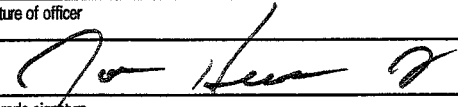
| | | | | | | | | | |
|-----|---|--|--|--------|----|-----|--|--------|----|
| A14 | Capital stock or trust principal | | | | 00 | A14 | | | 00 |
| A15 | Paid-in or capital surplus | | | | 00 | A15 | | | 00 |
| A16 | Retained earnings or accumulated income | | | 26,603 | 00 | A16 | | 38,966 | 00 |
| A17 | Total net assets - add lines A14 through A16 | | | 26,603 | 00 | A17 | | 38,966 | 00 |
| A18 | Total liabilities and net assets - add lines A13 and A17 | | | 26,603 | 00 | A18 | | 38,966 | 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 _____

Paid Preparer's Use Only

Preparer's signature  Date 4-7-01

HEVERON & HEVERON, CPAs, P.C. | P00023043
 Firm's name (or preparer's, if self-employed) | Preparer's TIN

260 PLYMOUTH AVENUE SOUTH ROCHESTER, NY | 14608
 Firm's address | ZIP code