

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

► 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 2001 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**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 number**  
**585-726-3503**

**F Enter 4-digit (GEN) ►**

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

**G Accounting method:**  Cash  Accrual Other (specify) ►

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I Web site:** ► N/A

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

**K 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.

**L Add 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. ► \$ 45,835.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 35.)

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		10	Grants and similar amounts paid	18	Excess or (deficit) for the year (line 9 less line 17)
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	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)
3	Membership dues and assessments	3	40,450.	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	4		13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year (combine lines 18 through 20)
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b)	5c		16	Other expenses (describe ► <u>See Statement 1</u> )	16	50,272.
6	Special events and activities (attach schedule):			17	Total expenses (add lines 10 through 16)	17	50,272.
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a				18	-4,437.
6b	Less: direct expenses other than fundraising expenses	6b					
6c	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					
7b	Less: cost of goods sold	7b					
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c					
8	Other revenue (describe ► <u>OTHER INCOME</u> )	8	5,385.				
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	45,835.				

**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. (See Specific Instructions on page 39.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	38,966.	34,529.
23	Land and buildings		
24	Other assets (describe ► _____)		
25	Total assets	38,966.	34,529.
26	Total liabilities (describe ► _____)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	38,966.	34,529.

**OPTICS AND ELECTRO OPTICS  
STANDARDS COUNCIL**

Form 990-EZ (2001)

86-0843480 Page 2

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 40.)

What is the organization's primary exempt purpose? See Statement 2

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 year, delegates travel around the U.S. to meet with other optical professionals to write optical standards. (Grants \$ ) 28a

29 \_\_\_\_\_ (Grants \$ ) 29a

30 \_\_\_\_\_ (Grants \$ ) 30a

31 Other program services (attach schedule) \_\_\_\_\_ (Grants \$ ) 31a

32 **Total program service expenses** (add lines 28a through 31a) **27,470.**

**Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See Specific Instructions on page 40.)

(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
<b>SEE ATTACHED LISTING</b>				
		0.	0.	0.

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.)

	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 on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
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 Amount of tax imposed on the organization managers or disqualified persons during the year under 4912, 4955, and 4958		N/A
d Enter: Amount of tax on line 40c, above, reimbursed by the organization		N/A
41 List the states with which a copy of this return is filed. <u>ARIZONA</u>		
42 The books are in care of <u>GENE KOHLENBERG</u> Telephone no. <u>716-726-3503</u> Located at <u>160 MAPLE HILL FARM RD, PENFIELD, NY</u> ZIP + 4 <u>14526-1714</u>		
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.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

Paid Preparer's Use Only

Preparer's signature [Signature] Date 3-1-02 Check if self-employed  Preparer's SSN or PTIN \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 Heveron & Heveron, CPAs, P.C.  
260 Plymouth Avenue South  
Rochester, New York 14608

EIN \_\_\_\_\_ Phone no. \_\_\_\_\_

Form 990-EZ	Other Expenses	Statement	1
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Description	Amount
CONTRACT SERVICES	22,500.
ADMINISTRATIVE EXPENSES	1,375.
TRAVEL	4,970.
DUES	16,000.
BOARD EXPENSES	5,427.
Total to Form 990-EZ, line 16	50,272.

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.

FORM 990-EZ

Information Regarding Transfers  
Associated with Personal Benefit Contracts

Statement 3

A) Did the organization, during the year, receive any funds,  
directly or indirectly, to pay premiums on a personal  
benefit contract? . . . . . [ ] Yes [X] No

B) Did the organization, during the year, pay premiums,  
directly or indirectly, on a personal benefit contract? . . [ ] Yes [X] No