

**Short Form
Return of Organization Exempt From Income Tax**

2003

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ 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.

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning , 2003, **and ending** ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> 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 14526-1714	D Employer identification number 86-0843480
		E Telephone number (585) 377-2540
		F Group Exemption Number

▶ **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) ▶

I Web site: ▶ **OPTSTD.ORG**

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. ▶ \$ **46,495.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)		
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 46,250.
	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) (attach schedule)	5c
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	
	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 ▶ OTHER INCOME)	8 245.	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 46,495.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	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 Other Expenses Statement)	16 42,680.
17 Total expenses (add lines 10 through 16)	17 42,680.	
18 Excess or (deficit) for the year (line 9 less line 17)	18 3,815.	
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 42,461.
	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 46,276.

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 Instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	42,461.	22 46,276.
23 Land and buildings	0.	23 0.
24 Other assets (describe ▶ _____)	0.	24 0.
25 Total assets	42,461.	25 46,276.
26 Total liabilities (describe ▶ _____)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	42,461.	27 46,276.

Part III Statement of Program Service Accomplishments (See Instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? SEE STATEMENT 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 U.S. TO MEET WITH OTHER OPTICAL PROFESSIONALS TO WRITE OPTICAL STANDARDS (Grants \$)	28 a
29	 (Grants \$)	29 a
30	 (Grants \$)	30 a
31	Other program services (attach schedule) (Grants \$)	31 a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)				
(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 and deferred compensation	(E) Expense account and other allowances
DAVID AIKENS P.O. BOX 448 MIDDLEFIELD, CT 06455-0448	CHAIRPERSON 1	0.	0.	0.
See List of Officers, Etc. Statement		16,800.	0.	0.

Part V Other Information (Note the attachment requirement in the instructions)		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	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	38 b	N/A
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39 a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39 b	N/A
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	
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		X
c	Amount of tax imposed on 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	ARIZONA	
42	The books are in care of	GENE KOHLENBERG	
	Located at	160 MAPLE HILL FARM ROAD, PENFIELD, NY	
	Telephone no.	(585) 377-2540	
	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.
 Signature of officer _____ Date _____ Type or print name and title _____

Paid Preparer's Use Only
 Preparer's signature: JOHN C BOTT
 Firm's name (or yours if self-employed), address, and ZIP + 4: 460 STATE ST - SUITE 303 ROCHESTER NY 14608
 Date: 03/22/04
 Check if self-employed:
 Preparer's SSN or PTIN (See General Instruction W):
 EIN:
 Phone no.: (585) 325-3140

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

CONTRACT SERVICES	20,625.
ADMINISTRATIVE EXPENSES	121.
TRAVEL	4,725.
DUES	16,250.
BOARD EXPENSES	311.
BANK CHARGES	648.
Total	<u>42,680.</u>

Form 990-EZ, Page 2, Part IV

List of Officers, Etc. Statement

(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 and deferred compensation	(E) Expense account and other allowances
GENE KOHLENBERG 160 MAPLE HILL FARM RD PENFIELD, NY 14526-1714	SECRETARY 2	16,800.	0.	0.
WILLIAM ROYALL 800 LEE RD ROCHESTER, NY 14650-3135	TREASURER 1	0.	0.	0.
RICHARD NASCA 60 O'CONNOR RD FAIRPORT, NY 14450	CHAIRPERSON ELECT 1	0.	0.	0.
HAROLD JOHNSON 1826 W 169TH ST GARDENA, CA 90247	PAST CHAIRPERSON 1	0.	0.	0.
WALTER CZAJKOWSKI 601 MONTGOMERY AVE PENNSBURGH, PA 18073	DIRECTOR 1	0.	0.	0.
LEE SHUETT 1300 W WHITMAN RD MELVILLE, NY 11747	DIRECTOR 1	0.	0.	0.
PETER TALKE 27111 ALISO CREEK RD STE 170 ALISO VIEJO, CA 92656-3365	DIRECTOR 1	0.	0.	0.
Total		<u>16,800.</u>	<u>0.</u>	<u>0.</u>

Additional Information For Tax Return

OPTICS AND ELECTRO OPTICS STANDARDS COUNCIL

86-0843480

Form 990-EZ: Exempt purpose

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 MM / DD / YYYY, and ending MM / DD / YYYY

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	

Please Type or Print	Name	OPTICS AND ELECTRO-OPTICS STANDARDS COUNCIL
	Number and street	160 MAPLE HILL FARM RD
	City or town, state and ZIP code	PENFIELD NY 14526-1714

Business telephone number
(585) 377-2540

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 12 / 17 / 1996
 C Nature of Arizona activities STANDARDS SETTING
 D Check federal form filed: 990 990-EZ Other (specify) _____

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Attach copy of federal return.

Sources of Income	1	Gross sales or receipts from business activities.....	1		00
	2	Less: Cost of goods sold or of operations - <i>attach itemized statement</i>	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 sales of assets, excluding inventory items.....	7		00
	8	Dues, assessments, etc., from members.....	8	46,250	00
	9	Dues, assessments, etc., from affiliated organizations.....	9		00
	10	Contributions, gifts, grants, etc., received.....	10		00
	11	Other income - <i>attach itemized statement</i>	11	245	00
	12	Total income - add lines 3 through 11.....	12	46,495	00
Administrative Expenses	13	Compensation of officers, directors, trustees, etc.....	13	16,800	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 - <i>attach schedule</i>	18		00
	19	Miscellaneous expenses - <i>attach itemized statement</i>	19	4,594	00
	20	Total expenses - add lines 13 through 19.....	20	21,394	00
	Disbursements from Current Income for the Organization's Exempt Purposes	21	Dues, assessments, etc., to affiliated corporations.....	21	16,250
22		Contributions, gifts, grants, etc., paid.....	22		00
23		Benefit payments to or for members or their dependents:			
23a		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	5,036	00	
26	Total - add lines 21 through 25.....	26	21,286	00	
Disbursements from Principal Income 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	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 - <i>attach schedule</i>	33		00
	34	Accumulation of income in current year - line 12 minus the sum of lines 20, 26, 32, and 33.....	34	3,815	00
	35	Accumulation of income at beginning of year.....	35	42,461	00
Penalty	36	Accumulation of income at end of year - <i>add lines 34 and 35</i>	36	46,276	00
	37	Penalty for late filing or incomplete filing (\$500.00).....	37		00

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			42,461	00	A1	46,276	00
A2a	Accounts receivable.....	A2a						
	b Less: allowance for doubtful accounts.....	A2b						
	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						
	b Less: allowance for doubtful accounts.....	A3b						
	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						
	b Less: accumulated depreciation - <i>attach schedule</i>	A7b						
	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			42,461	00	A9	46,276	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.....			42,461	00	A16	46,276	00
A17	Total net assets - add lines A14 through A16			42,461	00	A17	46,276	00
A18	Total liabilities and net assets - add lines A13 and A17			42,461	00	A18	46,276	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 _____

COPY

JOHN BOTT _____ P00005418
Firm's name (or preparer's, if self-employed) Preparer's TIN

460 STATE ST SUITE 303 ROCHESTER, NY _____ 14608-1743
Firm's address Zip code

OPTICS AND ELECTRO-OPTICS STANDARDS COUNCIL
86-0843480
ATTACHMENT TO ARIZONA FORM 99

LINE 11 OTHER INCOME	
SALE OF OPTICAL STANDARDS	<u>\$ 245</u>
LINE 19 MISCELLANEOUS EXPENSES	
CONTRACT SERVICES	\$ 3,825
ADMINISTRATIVE EXPENSES	121
BANK CHARGES	648
	<u>\$ 4,594</u>
LINE 35 OTHER	
TRAVEL	\$ 4,725
BOARD EXPENSES	311
	<u>\$ 5,036</u>