

Form **990-EZ**

**Short Form**

**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)

OMB No. 1545-1150

**2004**

**Open to Public Inspection**

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

**A For the 2004 calendar year, or tax year beginning** , 2004, and ending , 20

<b>B</b> Check if applicable: <input checked="" 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	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>OPTICS AND ELECTRO OPTICS STANDARDS COUNCIL</b>		<b>D Employer identification number</b> <b>86 ; 0843480</b>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>PO BOX 25705</b>		<b>E Telephone number</b> <b>( 585 ) 377-2540</b>
		City or town, state or country, and ZIP + 4 <b>ROCHESTER , NY 14625-0705</b>		<b>F Group Exemption Number</b> . . . ▶

• **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 Website:** ▶ **OPTSTD.ORG**

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

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

**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 .** ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 37 of the 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	40,301
	4	Investment income		4	139
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	5c	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 ▶ <b>SALE OF OPTICAL STANDARDS</b> )	8		252	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9		40,692	
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 ▶ <b>SEE ATTACHED</b> )	16		42,713
17	<b>Total expenses</b> (add lines 10 through 16)	17		42,713	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18		-2,021
	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		46,276
	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		44,255

**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 page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	46,276	44,255
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 <b>Total assets</b>	46,276	44,255
26 <b>Total liabilities</b> (describe ▶ _____)		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	46,276	44,255

<b>Part III Statement of Program Service Accomplishments</b> (See page 41 of the instructions.)		Expenses
What is the organization's primary exempt purpose? <b>SEE STATEMENT</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.		
<b>28</b>	<b>DURING THE YEAR, DELEGATES TRAVEL AROUND TO MEET WITH OTHER OPTICAL PROFESSIONALS TO WRITE OPTICAL STANDARDS.</b>	
	(Grants \$ <b>0</b> )	<b>28a</b>
<b>29</b>		
	(Grants \$ )	<b>29a</b>
<b>30</b>		
	(Grants \$ )	<b>30a</b>
<b>31</b>	Other program services (attach schedule) (Grants \$ )	<b>31a</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 41 of the 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 & deferred compensation	(E) Expense account and other allowances
<b>SEE ATTACHED</b>		<b>16,800</b>	<b>0</b>	<b>0</b>

<b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . .		<input checked="" type="checkbox"/>
<b>34</b>	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 checked="" type="checkbox"/>
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>   <b>0</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		
<b>38a</b>	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 checked="" type="checkbox"/>
<b>b</b>	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <b>38b</b>   <b>N/A</b>		
<b>39</b>	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 9 <b>39a</b>   <b>N/A</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities <b>39b</b>   <b>N/A</b>		
<b>40a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <b>N/A</b> ; section 4912 ▶ <b>N/A</b> ; section 4955 ▶ <b>N/A</b>		
<b>b</b>	<b>501(c)(3) and (4) organizations.</b> 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. . . .		
<b>c</b>	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ <b>N/A</b>		
<b>d</b>	Enter: Amount of tax on line 40c, above, reimbursed by the organization . . . . . ▶ <b>N/A</b>		
<b>41</b>	List the states with which a copy of this return is filed. ▶ <b>ARIZONA</b>		
<b>42</b>	The books are in care of ▶ <b>GENE KOHLENBERG</b> Telephone no. ▶ <b>( 585 ) 377-2540</b>		
	Located at ▶ <b>PO BOX 25705 ROCHESTER, NY</b> ZIP + 4 ▶ <b>14625-0705</b>		
<b>43</b>	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041</b> —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ <b>43</b>   <b>N/A</b>		

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.

**Please Sign Here**

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

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

**Paid Preparer's Use Only**

Preparer's signature **JOHN C BOTT** Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. W) **P00005415**

Firm's name (or yours if self-employed), address, and ZIP + 4 **460 STATE ST SUITE 303 ROCHESTER, NY 14608-1743** EIN \_\_\_\_\_ Phone no. ▶ **( 585 ) 325-3140**



OPTICS AND ELECTRO OPTICS STANDARDS COUNCIL  
 ATTACHMENT TO FORM 990-EZ 2004

PART 1 LINE 16 OTHER EXPENSES

CONTRACT SERVICES	\$21,137
ADMINISTRATIVE EXPENSES	38
TRAVEL	4,603
DUES	16,250
BOARD EXPENSES	419
BANK CHARGES	266
	<u>\$42,713</u>

PART II EXEMPT PURPOSE

THE ORGANIZATION IS THE GOVERNING BODY OF THE UNITED STATES  
 OPTICAL AND ELECTRO-OPTICAL STANDARDS WRITING EFFORT  
 RESPONSIBLE FOR CREATING AND MAINTAINING UNITED STATES  
 OPTICAL STANDARDS.

PART IV LIST OF OFFICERS

(A) NAME AND ADDRESS	(B) TITLE AND HOURS	(C) COMPENSATION	(D) EMPLOYEE BENEFIT	(E) EXPENSE ACCOUNT
DAVID AIKENS PO BOX 448 MIDDLEFIELD, CT 06455-0448	CHAIRPERSON 1	0	0	0
HAL JOHNSON 1826 W 169TH ST GARDENA, CA 90247	PAST CHAIRPERSON 1	0	0	0
RICHARD NASCA 60 O'CONNOR RD FAIRPORT, NY 14450	CHAIRPERSON ELECT 1	0	0	0
GENE KOHLENBERG PO BOX 25705 ROCHESTER, NY 14625-0705	SECRETARY 2	16,800	0	0
WILLIAM E. ROYAL 800 LEE ROAD ROCHESTER, NY 14650-3135	TREASURER 1	0	0	0
PETER TALKE 1733 KERSLEY CIRCLE HEATHROW, FL 32746	DIRECTOR 1	0	0	0
LEE SHUETT 1300 WALT WHITMAN RD MELVILLE, NY 11717-3064	DIRECTOR 1	0	0	0
WALTER CZAJKOWSKI 601 MONTGOMERY AVE PENNSBURG, PA 18073	DIRECTOR 1	0	0	0

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"/>
Employer identification number (EIN) 86-0843480	
AZ withholding tax number	
AZ transaction privilege tax number	

Please Type or Print	Name <b>OPTICS AND ELECTRO-OPTICS STANDARDS COUNCIL</b>
	Number and street or PO Box <b>PO BOX 25705</b>
	City or town, state and ZIP code <b>ROCHESTER, NY 14625-0705</b>

Business telephone number  
**(585) 377-2540**

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

A Date Arizona operations began **12/16/96**

B Nature of Arizona activities **STANDARD SETTING**

C Check federal form filed:  990  990-EZ  Other (specify) \_\_\_\_\_

Attach copy of federal return.

FOR DOR USE ONLY

<b>81</b>	<b>66</b>
-----------	-----------

<b>Sources of Income</b>	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	139	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	40,301	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	252	00	
	12	<b>Total income - add lines 3 through 11.....</b>	12	<b>40,692</b>	<b>00</b>	
<b>Administrative Expenses</b>	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	4,641	00	
	20	<b>Total expenses - add lines 13 through 19.....</b>	20	<b>21,441</b>	<b>00</b>	
	<b>Disbursements from Current Income for the Organization's Exempt Purposes</b>	21	Dues, assessments, etc., to affiliated corporations.....	21	16,250	00
		22	Contributions, gifts, grants, etc., paid.....	22		00
23		Benefit payments to or for members or their dependents:				
		a. Death, sickness, hospitalization, disability, or pension benefits.....	23a		00	
		b. Other benefits.....	23b		00	
24		Dividends and other distributions to members, shareholders, or depositors.....	24		00	
25	Other.....	25	5,022	00		
26	<b>Total - add lines 21 through 25.....</b>	26	<b>21,272</b>	<b>00</b>		
<b>Disbursements from Principal for the Organization's Exempt Purposes</b>	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:				
		a. Death, sickness, hospitalization, disability, or pension benefits.....	29a		00	
		b. Other benefits.....	29b		00	
	30	Dividends and other distributions to members, shareholders, or depositors.....	30		00	
31	Other.....	31		00		
32	<b>Total - add lines 27 through 31.....</b>	32		<b>00</b>		
<b>Other</b>	33	Other disbursements not itemized above - <i>attach schedule</i> .....	33		00	
<b>Accumulation of Income</b>	34	Accumulation of income in current year - <i>line 12 minus the sum of lines 20, 26, 32, and 33</i> .....	34	-2,021	00	
	35	Accumulation of income at beginning of year.....	35	46,276	00	
	36	Accumulation of income at end of year - <i>add lines 34 and 35</i> .....	36	44,255	00	
<b>Penalty</b>	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 .....		46,276	00	A1	44,255	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	<b>Total assets - add lines A1 through A8</b> .....		46,276	00	A9	44,255	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	<b>Total liabilities - add lines A10 through A12</b> .....			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.....		46,276	00	A16	44,255	00
A17	<b>Total net assets - add lines A14 through A16</b> .....		46,276	00	A17	44,255	00
A18	<b>Total liabilities and net assets - add lines A13 and A17</b> .....		46,276	00	A18	44,255	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

JOHN C BOTT

Firm's name (or preparer's, if self-employed)

P00005415

Preparer's TIN

460 STATE ST SUITE 303 ROCHESTER, NY

Firm's address

14608

Zip code

COPY

OPTICS AND ELECTRO-OPTICS STANDARDS COUNCIL

86-0843480

ATTACHMENT TO ARIZONA FORM 99

LINE 11 OTHER INCOME

SALE OF OPTICAL STANDARDS

\$252

LINE 19 MISCELLANEOUS EXPENSES

CONTRACT SERVICES

\$4,337

ADMINISTRATIVE EXPENSES

38

BANK CHARGES

266

TOTAL

\$4,641