

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

**2002**

Open to Public Inspection

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.

**A** For the 2002 calendar year, or tax year beginning , 2002, and ending ,

<b>B</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	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>OPTICS AND ELECTRO OPTICS STANDARDS COUNCIL</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>160 MAPLE HILL FARM RD</b> City or town, state or country, and ZIP + 4 <b>PENFIELD NY 14526-1714</b>	<b>D</b> Employer identification number <b>86-0843480</b>  <b>E</b> Telephone number <b>(585) 377-2540</b>  <b>F</b> Enter 4-digit (GEN) ▶
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• 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: ▶ 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 ▶ \$ **53,594.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

	1 Contributions, gifts, grants, and similar amounts received						
	2 Program service revenue including government fees and contracts						
	3 Membership dues and assessments					50,564.	
	4 Investment income						
REVENUE	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):						
	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 ▶ <u>OTHER INCOME</u> )	8				3,030.	
	9 <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶	9				53,594.	
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 ▶ <u>See Other Expenses Statement</u> )	16					45,662.
	17 <b>Total expenses</b> (add lines 10 through 16) ▶	17				45,662.	
	18 Excess or (deficit) for the year (line 9 less line 17)	18				7,932.	
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				34,529.	
	20 Other changes in net assets or fund balances (attach explanation)	20					
	21 <b>Total net assets or fund balances</b> at end of year (combine lines 18 through 20) ▶	21					42,461.

**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	34,529.	22	42,461.
23 Land and buildings	0.	23	0.
24 Other assets (describe ▶ _____)	0.	24	0.
25 <b>Total assets</b>	34,529.	25	42,461.
26 <b>Total liabilities</b> (describe ▶ _____)	0.	26	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	34,529.	27	42,461.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments (See Instructions)		Expenses	
What is the organization's primary exempt purpose? SEE STATEMENT		(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	DURING THE YEAR, DELEGATES TRAVEL AROUND THE U.S. TO MEET WITH OTHER OPTICAL PROFESSIONALS TO WRITE OPTICAL STANDARDS (Grants \$ 0.)	28a	24,217.
29		29a	
30		30a	
31	Other program services (attach schedule) (Grants \$ )	31a	
32	Total program service expenses (add lines 28a through 31a)	32	24,217.

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
HAROLD R. JOHNSON 1826 W 169TH ST GARDENA, CA 900247	CHAIRPERSON 1	0.	0.	0.
See List of Officers, Etc. Statement		15,378.	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	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 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 Telephone no. (585) 377-2540 Located at 160 MAPLE HILL FARM ROAD, 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.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Type or print name and title \_\_\_\_\_

Paid Preparer's Use Only	Preparer's signature	JOHN C BOTT <i>John C. Bott</i>	Date	03/06/03	Check if self-employed	<input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction 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		

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)	
CONTRACT SERVICES	19,628.
ADMINISTRATIVE EXPENSES	1,182.
TRAVEL	4,117.
DUES	18,870.
BOARD EXPENSES	1,230.
BANK CHARGES	635.
Total	<u>45,662.</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	15,378.	0.	0.
WILLIAM ROYALL 800 LEE RD ROCHESTER, NY 14650-3135	TREASURER 1	0.	0.	0.
DAVID AIKENS 35 GILBERT HILL RD CHESTER, CT 06412	CHAIRPERSON ELECT 1	0.	0.	0.
JOSEPH H. OBERHEUSER 6126 UNION CHAPEL RD FT WAYNE, IN 46845-9211	PAST CHAIRPERSON 1	0.	0.	0.
WALTER CZAJKOWSKI 800 LEE RD ROCHESTER, NY 14653-3135	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 922656	DIRECTOR 1	0.	0.	0.
Total		<u>15,378.</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 01/01/2002, and ending 12/31/2002

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 <b>OPTICS AND ELECTRO OPTICS STANDARDS COUNCIL</b>
	Number and street <b>160 MAPLE HILL FARM RD</b>
Business telephone number <b>(585) 377-2540</b>	City or town, state and ZIP code <b>PENFIELD, NY 14526-1714</b>

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

FOR DOR USE ONLY

- A Date Arizona operations began 01/01/2002
- B Date of letter granting exemption from Arizona income tax 04/08/2002
- C Nature of Arizona activities STANDARDS SETTING
- D Check federal form filed:  990  990-EZ  Other (specify) \_\_\_\_\_

Attach copy of federal return.

**81** **86**

Sources of Income	1	Gross sales or receipts from business activities.....	1		00	12	53,594 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	50,564	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	3,030	00					
	12	Total income - <i>add lines 3 through 11</i> .....								
Administrative Expenses	13	Compensation of officers, directors, trustees, etc.....	13	15,378	00	20	21,445 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	6,067	00					
	20	Total expenses - <i>add lines 13 through 19</i> .....								
	Disbursements from Current Income for the Organization's Exempt Purposes	21	Dues, assessments, etc., to affiliated corporations.....	21	18,870			00	26	24,217 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	5,347	00					
26	Total - <i>add lines 21 through 25</i> .....									
Disbursements from Principal Income for the Organization's Exempt Purposes	27	Dues, assessments, etc., to affiliated corporations.....	27		00	32	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 - <i>add lines 27 through 31</i> .....									
Other	33	Other disbursements not itemized above - <i>attach schedule</i> .....	33		00	34	7,932 00			
Accumulation of Income	34	Accumulation of income in current year - <i>line 12 minus the sum of lines 20, 26, 32, and 33</i> .....	34			35	34,529 00			
	35	Accumulation of income at beginning of year.....	35			36	42,461 00			
	36	Accumulation of income at end of year - <i>add lines 34 and 35</i> .....	36			37	00			
Penalty	37	Penalty for late filing or incomplete filing (\$500.00).....	37							

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
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**Assets**

A1	Cash .....		34,529	00	A1	42,461	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 - attach schedule..	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) - attach schedule.....			00	A5		00
A6	Investments (other) - attach schedule.....			00	A6		00
A7a	Land, buildings, and equipment; basis .....	A7a		00			
	b Less: accumulated depreciation - attach schedule	A7b		00			
	c Line A7a less line A7b. Enter difference in column (b).....			00	A7c		00
A8	Other assets - describe .....			00	A8		00
A9	<b>Total assets - add lines A1 through A8</b> .....		34,529	00	A9	42,461	00

**Liabilities**

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

**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.....		34,529	00	A16	42,461	00
A17	<b>Total net assets - add lines A14 through A16</b> .....			00	A17		00
A18	<b>Total liabilities and net assets - add lines A13 and A17</b> .....		34,529	00	A18	42,461	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
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Paid

Preparer's

Use Only

*John C. Bott*  
Preparer's signature

3/6/03  
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

14608-1743  
Zip code

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

LINE 11 OTHER INCOME	
SALE OF OPTICAL STANDARDS	<u>\$3,030</u>

LINE 19 MISCELLANEOUS EXPENSES	
CONTRACT SERVICES	\$ 4,250
ADMINISTRATIVE EXPENSES	1,182
BANK CHARGES	635
	<u>\$ 6,067</u>

LINE 25 OTHER	
TRAVEL	\$ 4,117
BOARD EXPENSES	1,230
	<u>\$ 5,347</u>