

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)



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 2003 calendar year, or tax year beginning **SEP 01, 2003**, and ending **AUG 31, 2004**

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	C Name of organization, number and street, city, town, street, and ZIP code		D Employer identification number	
		TEXAS JEWELERS ASSOCIATION		74-6064608	
		8317 CROSS PARK DRIVE STE 150		E Telephone number	
		AUSTIN TX 78754-		512-454-8626	
				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 Website: ▶
H Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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. ▶ \$ **83,680.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	41,986.
	2 Program service revenue including government fees and contracts	2	41,171.
	3 Membership dues and assessments	3	
	4 Investment income	4	223.
	5 a 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 her <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		
7 a 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	83,680.	
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	20,000.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	23,046.
	16 Other expenses (describe ▶ SEE ATTACHMENT)	16	30,577.
17 Total expenses (add lines 10 through 16)	17	73,623.	
18 Excess or (deficit) for the year (line 9 less line 17)	18	10,057.	
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	8,850.
	20 Other changes in net assets or fund balances (attach explanation)	20	28,823.
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	47,730.

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	8,391.	44,401.
23	Land and buildings		
24	Other assets (describe ▶ PREPAIDS)	1,552.	3,929.
25	Total assets	9,943.	48,330.
26	Total liabilities (describe ▶ PREPAID DUES)	1,093.	600.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	8,850.	47,730.

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2003)

Part III Statement of Program Service Accomplishments (See instructions.)		Expenses
What is the organization's primary exempt purpose? EDUCATION AND INFORMATION		(Required for 501(c)(3) & (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 table.		
28	THE ANNUAL CONVENTION UPDATES MEMBERS ON CURRENT TRENDS AND METHODOLOGY IN DESIGN AND FABRICATION TO ADD VALUE TO THE PRODUCT FOR THE CUSTOMER (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)	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 & average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred comp.	(E) Expense account and other allowances
SEE ATTACHED LIST OF OFFICERS AND DIRECTORS ALL SERVE WITHOUT BENEFITS ALLOWANCES OR COMPENSATION		0		
		0		
		0		

Part V Other Information (Note the attachment requirement in General Instruction V.)		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 confirmed 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) 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, & proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37 a	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
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee any such loans made in a prior year are 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	
39 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
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		
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, & 4998		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization		
41	List the states with which a copy of this return is filed		
42	The books are in care of A. S. M. I. Telephone no. 512-545-8626 Located at 8317 CROSS PARK DR, STE. 150, AUSTIN TX ZIP + 4 78754-		
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	

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: *R. Lawrence Meck* Date: 04/30/2005 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): _____

Firm's name (or yours if self-employed): R. LAWRENCE MECK & CO., CPAS EIN: 74-2320099

address, and ZIP + 4: 7718 WOOD HOLLOW DR STE G-18 AUSTIN TX 78731- Phone no.: 512-346-9522

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print	Name of Exempt Organization TEXAS JEWELERS ASSOCIATION	Employer identification number 74 6064608
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 8317 CROSS PARK DRIVE, STE 150	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78754	

Check type of return to be filed (File a separate application for each return):

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A
- Form 4720
- Form 5227
- Form 6069
- Form 8870

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **A.S.M.I., 8317 CROSS PARK DRIVE, STE 150, AUSTIN, TX 78754**
Telephone No. **(512) 454-8626** FAX No. **()**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the **whole group**, check this box . If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **JULY 15**, 20**05**.
- 5 For calendar year **2004**, or other tax year beginning **_____**, 20**_____**, and ending **_____**, 20**_____**.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension **TAXPAYER HAS NOT BEEN ABLE TO OBTAIN ALL THE NECESSARY INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ **_____**
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ **_____**
- c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using **EFTPS (Electronic Federal Tax Payment System)**. See instructions. \$ **0**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Chico S. Garcia** Title **C.P.A.** Date **4-11-05**

Notice to Applicant—To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other **_____**

Director _____ By: _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name R. LAWRENCE MECK & CO CPAS
	Number and street (include suite, room, or apt. no.) or a P.O. box number 7718 WOOD HOLLOW DRIVE, STE G-18
	City or town, province or state, and country (including postal or ZIP code) AUSTIN, TX 78731

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- * If you are filing for an AUTOMATIC 3-MONTH EXTENSION, COMPLETE ONLY PART I and check this box [X]
* If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION, COMPLETE ONLY PART II (on page 2 of this form).
NOTE: DO NOT COMPLETE PART II UNLESS YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868.

PART I AUTOMATIC 3-MONTH EXTENSION OF TIME - Only submit original (no copies needed)

NOTE: FORM 990-T CORPORATIONS requesting an automatic 6-month extension - check this box and complete Part I only [X]
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Form fields: TYPE OR PRINT, Name of Exempt Organization (TEXAS JEWELERS ASSOCIATION), EMPLOYER IDENTIFICATION NUMBER (74-6064608), Number, street, and room or suite no. (8317 CROSS PARK DRIVE, STE 150), City, town or post office, state, and ZIP code (AUSTIN, TX 78754)

CHECK TYPE OF RETURN TO BE FILED (file a separate application for each return):

- Form 990, Form 990-BL, [X] Form 990-EZ, Form 990-PF, Form 990-T (corporation), Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

- * If the organization does NOT have an office or place of business in the United States, check this box []
* If this is for a GROUP RETURN, enter the organization's four digit Group Exemption Number (GEN) [] . If this is for the WHOLE group, check this box [] . If it is for part of the group, check this box [] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T CORPORATION) extension of time until 4/15/2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for: [] calendar year or [X] tax year beginning 9/1/2003 and ending 8/31/2004

2 If this tax year is for less than 12 months, check reason: [] Initial return [] Final return [] Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0
c BALANCE DUE. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0

SIGNATURE AND VERIFICATION

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Grace A. Gerace] Title CPA Date
For Paperwork Reduction Act Notice, see Instruction (111A) Form 8868 (12-2000)