

Form **990-T** Department of the Treasury Internal Revenue Service **2000**  
**Exempt Organization Business**  
**Income Tax Return** (and proxy tax under Section 6033(e))

OMB No. 1545-0687  
 For calendar year 2000 or other tax year beginning **Sep 1, 2000** 2000, and ending **Aug 31, 2001**

**A**  Check box if address changed

**B** Exempt under Section  
 501(c)(6)  220(e)  408A  530(a)  529(a)

**C** Book Value of All Assets at End of Year: **27,245**

**D** Employer Identification Number (Employees' trust, see instructions for Block D.): **74-6064608**

**E** New Unrelated Business Activity Codes (See instructions for Block E.): **561499**

Name of Organization (  check box if name changed and see instructions): **TEXAS JEWELERS ASSOCIATION**

Number, Street, and Room or Suite Number (If a P.O. box, see instructions.): **504 WEST 12TH STREET**

City or Town: **AUSTIN** State: **TX** ZIP Code: **78701**

**F** Group exemption number (see instructions for Block F) . . . ▶

**G** Check organization type . . . . .  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity.  
 ▶ **INCOME FROM ASSOCIATION HANDBOOK**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsi- diary controlled group? . . . . .  Yes  No  
 If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

**J** The books are in care of ▶ **TEXAS JEWELERS ASSOCIATION** Telephone number ▶ **(512) 472-8261**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales . . . . . <b>1,900.</b>			
b	Less returns and allowances . . . . . c Balance ▶	<b>1,900.</b>		
2	Cost of goods sold (Schedule A, line 7) . . . . .			
3	Gross profit (subtract line 2 from line 1c) . . . . .	<b>1,900.</b>		<b>1,900.</b>
4 a	Capital gain net income (attach Schedule D) . . . . .			
b	Net gain (loss) (Form 4797, Part II, line 18) (attach Form 4797) . . . . .			
c	Capital loss deduction for trusts . . . . .			
5	Income (loss) from partnerships and S corporations (attach statement) . . . . .			
6	Rent income (Schedule C) . . . . .			
7	Unrelated debt-financed income (Schedule E) . . . . .			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . .			
9	Investment income of a Section 501(c)(7), (9), or (17) organization (Sch G) . . . . .			
10	Exploited exempt activity income (Schedule I) . . . . .			
11	Advertising income (Schedule J) . . . . .			
12	Other income (see instructions - attach schedule) . . . . .			
13	<b>Total</b> (combine lines 3 through 12) . . . . .	<b>1,900.</b>		<b>1,900.</b>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K) . . . . .	14	
15	Salaries and wages . . . . .	15	
16	Repairs and maintenance . . . . .	16	
17	Bad debts . . . . .	17	
18	Interest (attach schedule) . . . . .	18	
19	Taxes and licenses . . . . .	19	
20	Charitable contributions (see instructions for limitation rules) . . . . .	20	
21	Depreciation (attach Form 4562) . . . . .	21	
22	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	22 a	
23	Depletion . . . . .	23	
24	Contributions to deferred compensation plans . . . . .	24	
25	Employee benefit programs . . . . .	25	
26	Excess exempt expenses (Schedule I) . . . . .	26	
27	Excess readership costs (Schedule J) . . . . .	27	
28	Other deductions (attach schedule) . . . . . See Other Deductions Statement . . . . .	28	<b>12,279.</b>
29	<b>Total deductions</b> (add lines 14 through 28) . . . . .	29	<b>12,279.</b>
30	Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13) . . . . .	30	<b>-10,379.</b>
31	Net operating loss deduction . . . . .	31	<b>0.</b>
32	Unrelated business taxable income before specific deduction (subtract line 31 from line 30) . . . . .	32	<b>-10,379.</b>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .	33	
34	<b>Unrelated business taxable income</b> (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	34	<b>-10,379.</b>

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations</b> (see instructions for tax computation) Controlled group members (Sections 1561 and 1563) — check here <input type="checkbox"/> . See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) additional 5% tax (not more than \$11,750) ..... \$ _____ (2) additional 3% tax (not more than \$100,000) ..... \$ _____ <b>c</b> Income tax on the amount on line 34 .....	35c	0.
<b>36 Trusts Taxable at Trust Rates</b> (see instructions for tax computation) Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	36	
<b>37 Proxy tax</b> (see instructions) .....	37	
<b>38 Alternative minimum tax</b> .....	38	
<b>39 Total</b> (add lines 37 and 38 to line 35c or 36, whichever applies) .....	39	0.

**Part IV Tax and Payments**

<b>40a Foreign tax credit</b> (corporations attach Form 1118; trusts attach Form 1116) .....	40a	
<b>b Other credits</b> (see instructions) .....	40b	
<b>c General business credit</b> — Check if from: <input type="checkbox"/> Form 3800 or <input type="checkbox"/> Form (specify) ▶ .....	40c	
<b>d Credit for prior year minimum tax</b> (attach Form 8801 or 8827) .....	40d	
<b>e Total credits</b> (add lines 40a through 40d) .....	40e	
<b>41 Subtract line 40e from line 39</b> .....	41	0.
<b>42 Recapture taxes</b> . Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 .....	42	
<b>43 Total tax</b> (add lines 41 and 42) .....	43	0.
<b>44 Payments:</b> <b>a</b> 1999 overpayment credited to 2000 .....	44a	
<b>b</b> 2000 estimated tax payments .....	44b	
<b>c</b> Tax deposited with Form 8868 .....	44c	
<b>d</b> Foreign organizations — Tax paid or withheld at source (see instructions) .....	44d	
<b>e</b> Backup withholding (see instructions) .....	44e	
<b>f</b> Other credits and payments (see instructions) .....	44f	
<b>45 Total payments</b> (add lines 44a through 44f) .....	45	
<b>46 Estimated tax penalty</b> (see instructions). Check <input type="checkbox"/> if Form 2220 is attached .....	46	
<b>47 Tax due</b> — If line 45 is less than the total of lines 43 and 46, enter amount owed .....	47	
<b>48 Overpayment</b> — If line 45 is larger than the total of lines 43 and 46, enter amount overpaid .....	48	0.
<b>49 Enter the amount of line 48 you want:</b> Credited to 2001 estimated tax ▶   Refunded ▶	49	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2000 calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	Yes	No
If 'Yes,' the organization may have to file Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country here ▶ .....		X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ...		X
If 'Yes,' see the instructions for other forms the organization may have to file.		
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

**Schedule A — Cost of Goods Sold** (see instructions)

Method of inventory valuation (specify) ▶			
<b>1</b> Inventory at beginning of year .....	1		
<b>2</b> Purchases .....	2		
<b>3</b> Cost of labor .....	3		
<b>4a</b> Additional Section 263A costs (attach schedule) .....	4a		
<b>b</b> Other costs (attach sch) .....	4b		
<b>5</b> Total — Add lines 1 through 4b .....	5		
<b>6</b> Inventory at end of year .....	6		
<b>7</b> Cost of goods sold. Subtract line 6 from line 5. (Enter here and on line 2, Part I.) .....	7		
<b>8</b> Do the rules of Section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes	No
			X

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of Officer or Fiduciary \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN: 464-90-2776

Firm's Name (or yours, if self-employed): PORTERFIELD & ASSOCIATES, CPAS  
Address and ZIP Code: 910 CONGRESS AVE., 1ST FLOOR AUSTIN TX 78701  
EIN: 74-2238880  
Phone Number: (512) 479-7070

**Schedule C – Rent Income (from Real Property and Personal Property Leased with Real Property)** (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	<b>Total deductions.</b> Enter here and on line 6, column (B), Part I, page 1
Total income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.)		

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on line 7, column (A), Part I, page 1	Enter here and on line 7, column (B), Part I, page 1
Total dividends-received deductions included in column 8				

**Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
12 Totals			Add columns 5 and 10. Enter here and on line 8, column (A), Part I, page 1.	Add columns 6 and 11. Enter here and on line 8, column (B), Part I, page 1.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (See instructions.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	Enter here and on line 9, column (A), Part I, page 1.			Enter here and on line 9, column (B), Part I, page 1.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (See instructions.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Column totals</b>	Enter here and on line 10, column (A), Part I, page 1.	Enter here and on line 10, column (B), Part I, page 1.				Enter here and on line 26, Part II, page 1.

**Schedule J - Advertising Income** (See instructions.)

**Part I Income from Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Column totals (carry to Part II, line (5))</b>						

**Part II Income from Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
<b>(5) Totals from Part I</b>	Enter here and on line 11, column (A), Part I, page 1.	Enter here and on line 11, column (B), Part I, page 1.				Enter here and on line 27, Part II, page 1.
<b>Column totals, Part II</b>						

**Schedule K - Compensation of Officers, Directors, and Trustees** (See instructions.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total - Enter here and on line 14, Part II, page 1</b>			

Form 990-T, Page 1, Part II, Line 28

**Other Deductions Statement**

PRINTING	3,721.
ADMINISTRATIVE FEES	8,400.
TELEPHONE	68.
ACCOUNTING	90.
Total	<u>12,279.</u>

## Supporting Statement of:

Form 990-T, p1/Line 31

Description	Amount
NOL AVAIL FROM PRIOR YEARS	61,249.
CURRENT YEAR NOL	10,379.
TOTAL NOL TO BE CARRIED FORWARD TO FUTURE YEARS	-71,628.
Total	<u>0.</u>