

COPY

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For calendar year 1999 or other tax year beginning Sep 1, 1999 and ending Aug 31, 2000 OMB No. 1545-C687

A <input type="checkbox"/> Check box if address changed	Please Print or Type	Name of Organization TEXAS JEWELERS ASSOCIATION		D Employer Identification Number (Employees' trust, see instructions for Block D.) 74-6064608
		Number, Street, and Room or Suite Number (If a P.O. box, see instructions.) 504 WEST 12TH STREET		
B Exempt under Section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		City or Town AUSTIN	State ZIP Code TX 78701	E NEW Unrelated Business Activity Codes (See instructions for Block E.) 561499
	C Book Value of All Assets at End of Year 22,878	F Group exemption number (see instructions for Block F.)		
		G Check organization type... <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> 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-subsidiary 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 Assoc. Telephone number ▶ (512) 472-8261

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales... 3,200.			
b Less returns and allowances... c Balance ▶	3,200.		
2 Cost of goods sold (Schedule A, line 7).....			
3 Gross profit (subtract line 2 from line 1c).....	3,200.		3,200.
4a 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 (see instructions).....			
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 Total (combine lines 3 through 12).....	3,200.		3,200.

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.....	22a	
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	10,962.
29 Total deductions (add lines 14 through 28).....	29	10,962.
30 Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13).....	30	-7,762.
31 Net operating loss deduction.....	31	0.
32 Unrelated business taxable income before specific deduction (subtract line 31 from line 30).....	32	-7,762.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions).....	33	
34 Unrelated business taxable income (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32.....	34	-7,762.

Part III Tax Computation

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

Part IV Tax and Payments

39a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)..... **39a**
b Other credits (see instructions)..... **39b**
c General business credit — Check if from:
 Form 3800 or Form (specify) ▶ **39c**
d Credit for prior year minimum tax (attach Form 8801 or 8827)..... **39d**
e Total credits (add lines 39a through 39d)..... **39e**
40 Subtract line 39e from line 38..... **40** 0.
41 Recapture taxes. Check if from: Form 4255 Form 8611..... **41**
42 Alternative minimum tax..... **42**
43 Total tax (add lines 40, 41, and 42)..... **43** 0.
44 Payments: **a** 1998 overpayment credited to 1999..... **44a**
b 1999 estimated tax payments..... **44b**
c Tax deposited with Form 7004 or Form 2758..... **44c**
d Foreign organizations — Tax paid or withheld at source (see instructions)..... **44d**
e Backup withholding (see instructions)..... **44e**
f Other credits and payments (see instructions)..... **44f**
45 Total payments (add lines 44a through 44f)..... **45**
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached..... **46**
47 Tax due — If line 45 is less than the total of lines 43 and 46, enter amount owed..... **47**
48 Overpayment — If line 45 is larger than the total of lines 43 and 46, enter amount overpaid..... **48** 0.
49 Enter the amount of line 48 you want: **Credited to 2000 estimated tax** ▶ **Refunded** ▶ **49**

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

1 At any time during the 1999 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**
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?..... **Yes** **No**
 If 'Yes,' see the instructions for other forms the organization may have to file.
 ▶ **X**
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.

Schedule A — Cost of Goods Sold (see instructions)

Method of inventory valuation (specify) ▶

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

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 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 ▶ 1/3/01	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN 464-90-2776
Firm's Name (or yours, if self-employed) and Address ▶ Porterfield and Associates, CPAs 910 Congress Ave. Austin TX	EIN ▶ 74-2238880	ZIP Code ▶ 78701	

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

1 Description of property		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)	
(1)				
(2)				
(3)				
(4)				
Total		Total		Total deductions. 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		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))		
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)							
(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 and address of controlled organization(s)	2 Gross income from controlled organization(s)	3 Deductions of controlling organization directly connected with column 2 income (attach schedule)	4 Exempt controlled organizations			
			(a) Unrelated business taxable income	(b) Taxable income computed as though not exempt under section 501(a), or the amount in column (a), whichever is larger	(c) column (a) divided by column (b)	
(1)					%	
(2)					%	
(3)					%	
(4)					%	
5 Nonexempt controlled organizations			6 Gross income reportable (column 2 x column 4(c) or column 5(c))	7 Allowable deductions (column 3 x column 4(c) or column 5(c))		
(a) Excess taxable income	(b) Taxable income, or amount in column (a), whichever is larger	(c) Column (a) divided by column (b)				
(1)		%				
(2)		%				
(3)		%				
(4)		%				
Totals			Enter here and include on line 8, column (A), Part I, page 1.		Enter here and include 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)				
Totals	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)						
Column totals	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)						
Column totals (carry to Part II, line (5))						

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)						
(5) Totals from Part I						
Column totals, Part II	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.

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
		%	
		%	
		%	
		%	
Total – Enter here and on line 14, Part II, page 1.			

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

Other Deductions Statement

Printing	3,410.
Administrative Fee	7,500.
Telephone	52.
Total	<u>10,962.</u>

Supporting Statement of:

Form 990-T, p1/Line 31

Description	Amount
NOL Avail From Prior Years	53,487.
Current Year NOL	7,762.
Total NOL To Be Carried Forward to Future Years	-61,249.
Total	0.

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-7150

1999

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

This Form is Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For 1999 calendar year, OR tax year beg. SEP 01, 1999, & end. AUG 31, 2000

- B** Check if:
- Change of address
- Initial return
- Final return
- Amended rtn. (required also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization, number and street, city, town, state, and ZIP code
TEXAS JEWELERS ASSOCIATION
504 WEST 12TH STREET
Austin TX 78701-

D Employer identification number
74-6064608

E Telephone number
512-472-8261

F Check if exemption application is pending

H Enter four-digit group exemption number (GEN)

G Accounting method: Cash Accrual Other (specify) ▶

I Type of organization -- Exempt under sec. 501(c)(6) (insert number) OR section 4947(a)(1) nonexempt charitable trust
Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Sch. A (Form 990).

J Check if organization's gross receipts are normally not more than \$25,000. Organization need not file a return with IRS; but if organization received a Form 990 Package in the mail, the organization should file a return without financial data. **Some states require a complete return.**

K Enter the organization's 1999 gross receipts (add back lines 5b, 6b, and 7b, to line 9). ▶ \$ 33,087.
If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

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

		1999	
REVENUE	1 Contributions, gifts, grants, and similar amounts received (attach schedule of contributors)	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	31,696.
	4 Investment income	4	828.
	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):		
	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 ▶ See Attached)	8	563.	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	33,087.	
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	519.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶)	16	29,461.
	17 Total expenses (add lines 10 through 16)	17	29,980.
18 Excess or (deficit) for the year (line 9 less line 17)	18	3,107.	
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	19,771.
	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	22,878.

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 Specific Instructions.)	
		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		19,771.	22 22,878.
23 Land and buildings			23
24 Other assets (describe ▶)			24
25 Total assets		19,771.	25 22,878.
26 Total liabilities (describe ▶)			26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		19,771.	27 22,878.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (1999)

Part III Statement of Program Service Accomplishments (See Specific 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? 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.

Table with 2 columns: Program Title (lines 28-31) and Expenses (lines 28a-31a). Line 28: N/A. Line 29: (Grants \$). Line 30: (Grants \$). Line 31: Other program services (attach schedule). Line 32: Total program service expenses (add lines 28a through 31a).

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions.)

Table with 5 columns: (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. Row 1: See Attached.

Part V Other Information (See Specific Instructions.)

Table with 2 columns: Question (lines 33-43) and Yes/No. Line 33: Did organization engage in any activity not previously reported to the IRS? Line 34: Were any changes made to the organizing or governing documents? Line 35: If the organization had income from business activities... Line 36: Was there a liquidation, dissolution, termination, or substantial contraction during the year? Line 37a: Enter amount of political expenditures... Line 37b: Did the organization file Form 1120-POL for this year? Line 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? Line 38b: If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. Line 39: 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. Line 40a: 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 Amt. of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, 4958. d Enter: Amount of tax on line 40c, above, reimbursed by the organization. Line 41: List the states with which a copy of this return is filed. Line 42: The books are in care of Texas Jewelers Assoc. Telephone no. 512-472-8261. Located at 504 West 12th St. Austin, Tx. ZIP + 4 78701-. Line 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.

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. (Important: See General Instruction U.)

Signature of officer, Date, Type or print name and title.

Table with 4 columns: Preparer's signature, Date (1/13/01), Check if self-employed (checked), Preparer's SSN or PTIN (464-90-2776). Firm's name (or yours if self-employed) and address: PORTERFIELD & ASSOCIATES, CPAS, 910 CONGRESS AVENUE, Austin TX. EIN: 74-2238880. ZIP + 4: 78701-

Detail Sheet

1999

Name: TEXAS JEWELERS ASSOCIATION

ID number: 74-6064608

Description: Line 16, Other Expenses

Type:

Amount

Administrative Fees	25,000.
Bank Charges	124.
Meetings and Travel	4,337.

Total 29,461.

TEXAS JEWELERS ASSOCIATION
74-6064608
1999 FORM 990EZ

Part IV - List of Officers, Directors and Key Employees

<u>Name and Address</u>	<u>Title & Ave Hrs</u>	<u>Compensation</u>	<u>Contribs to Emp Ben Plans</u>	<u>Expense Acct & Other Allows</u>
Lucinda Rogers Irving, Texas	President	0	0	0
Bill Koen Austin, Texas	President-Elect	0	0	0
Peter LeCody Lewisville, Texas	Vice President	0	0	0
Doug Jackson Paris, Texas	Sec / Treas	0	0	0
Wayne Salem Marble Falls, Texas	Director	0	0	0
Genevieve Baeza Mineral Wells, Texas	Director	0	0	0
Maurice Efuno Dallas, Texas	Director	0	0	0
Delton Hayes Houston, Texas	Director	0	0	0
Richard T. Hirsh Dallas, Texas	Director	0	0	0
Bruce Ingram La Marque, Texas	Director	0	0	0
Stan Mathews Orange, Texas	Director	0	0	0
Robert Loving Dallas, Texas	Director	0	0	0
Kent McClenahan Dallas, Texas	Director	0	0	0
Mark Priest San Angelo, Texas	Director	0	0	0

TEXAS JEWELERS ASSOCIATION
74-6064608
1999 FORM 990EZ

Part IV - List of Officers, Directors and Key Employees

<u>Name and Address</u>	<u>Title & Ave Hrs</u>	<u>Compensation</u>	<u>Contribs to Emp Ben Plans</u>	<u>Expense Acct & Other Allows</u>
Eduardo Rivera McAllen, Texas	Director	0	0	0
Jason Romberger Plano, Texas	Director	0	0	0
Becky Clarkson Austin, Texas	Executive Director	0	0	0
Michael R. Moore Austin, Texas	Exec Vice Presiden	0	0	0