

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2000 calendar year, or tax year beginning SEPT 01, 2000, and ending AUG 31, 20 01

- B** Check if applicable:
- Change of address
 - Change of name
 - Initial return
 - Final return
 - Amended return

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

C Name of organization
TEXAS JEWELERS ASSOCIATION

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
504 WEST 12TH STREET

City or town, state or country, and ZIP + 4
AUSTIN, TX 78701

D Employer identification number
74-6064608

E Telephone number
512-472-8261

F Check if application pending

G Accounting method: Cash Accrual Other (specify) ▶

H Enter 4-digit group exemption no. (GEN) ▶

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

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J 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.

K 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. ▶ \$ 35,609

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 34.)

	Description	Code	Amount
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	33,167
	4 Investment income	4	1,090
	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>See Attached</u>)	8	(2,368)	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶	9	31,889	
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	900
	14 Occupancy, rent, utilities, and maintenance	14	678
	15 Printing, publications, postage, and shipping	15	264
	16 Other expenses (describe ▶ <u>SEE ATTACHED</u>)	16	29,401
17 Total expenses (add lines 10 through 16) ▶	17	31,243	
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)	18	646
	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	22,878
	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	23,524

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 on page 37.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	22,878	22	23,524
23 Land and buildings		23	
24 Other assets (describe ▶ _____)		24	
25 Total assets	22,878	25	23,524
26 Total liabilities (describe ▶ _____)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,878	27	23,524

Part III	Statement of Program Service Accomplishments (See Specific Instructions on page 38.)	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.		
28	N/A ----- ----- (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 Specific Instructions on page 38.)			
(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
SEE ATTACHED				

Part V	Other Information (See Specific Instructions on page 38 and General Instruction V on page 14.)	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?	X	
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		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
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	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		
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 ▶ TEXAS JEWELERS ASSOCIATION Telephone no. ▶ 512-472-8261 Located at ▶ 504 WEST 12TH STREET, AUSTIN, TX ZIP + 4 ▶ 78701		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> 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. (Important: See General Instruction W, page 14.)			
	Signature of officer	Date	Type or print name and title.	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed) and address, and ZIP code		EIN	
			Phone no.	

TX Jewelers Association
74-6064608
2000 Form 990EZ

Part I, Line 8: Other Revenue:

<u>Description</u>	<u>Amount</u>
Handbook	(1,821)
Convention	<u>(547)</u>
Total Other Revenue	<u><u>(2,368)</u></u>

Part I, Line 16: Other Expenses

<u>Description</u>	<u>Amount</u>
Administrative Fees	28,000
Bank Charges	244
Meetings & Travel	<u>1,157</u>
Total Other Expenses	<u><u>29,401</u></u>

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

A <input type="checkbox"/> Check box if address changed 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)	Please Print or Type	Name of Organization (<input type="checkbox"/> 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 State ZIP Code AUSTIN TX 78701	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
C Book Value of All Assets at End of Year 27,245		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 ASSOCIATION** Telephone number ▶ **(512) 472-8261**

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

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			12,279.
29 Total deductions (add lines 14 through 28) 29			12,279.
30 Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13) 30			-10,379.
31 Net operating loss deduction 31			0.
32 Unrelated business taxable income before specific deduction (subtract line 31 from line 30) 32			-10,379.
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			-10,379.

Part III Tax Computation

35 Organizations Taxable as Corporations (see instructions for tax computation) Controlled group members (Sections 1561 and 1563) – check here <input type="checkbox"/> . 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: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶	36	
37 Proxy tax (see instructions) ▶	37	
38 Alternative minimum tax ▶	38	
39 Total (add lines 37 and 38 to line 35c or 36, whichever applies) ▶	39	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ▶	40a	
b Other credits (see instructions) ▶	40b	
c General business credit – Check if from: <input type="checkbox"/> Form 3800 or <input type="checkbox"/> Form (specify) _____ ▶	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) ▶	40d	
e Total credits (add lines 40a through 40d) ▶	40e	
41 Subtract line 40e from line 39 ▶	41	0.
42 Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 ▶	42	
43 Total tax (add lines 41 and 42) ▶	43	0.
44 Payments: a 1999 overpayment credited to 2000 ▶	44a	
b 2000 estimated tax payments ▶	44b	
c Tax deposited with Form 8868 ▶	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 <input type="checkbox"/> 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 2001 estimated tax ▶ Refunded ▶	49	

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

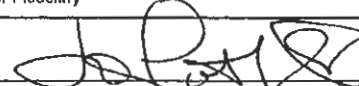
1 At any time during the 2000 calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ▶ If 'Yes,' the organization may have to file Form TD F 90-22.1.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

Schedule A – Cost of Goods Sold (see instructions)

Method of inventory valuation (specify) ▶			
1 Inventory at beginning of year ▶	1		
2 Purchases ▶	2		
3 Cost of labor ▶	3		
4a Additional Section 263A costs (attach schedule) ▶	4a		
b Other costs (attach sch) ▶	4b		
5 Total – Add lines 1 through 4b ▶	5		
6 Inventory at end of year ▶	6		
7 Cost of goods sold. Subtract line 6 from line 5. (Enter here and on line 2, Part I.) ▶	7		
8 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.

Please Sign Here
Signature of Officer or Fiduciary _____ Date _____ Title _____

Paid Preparer's Use Only
Preparer's Signature:  Date: 1/14/02
Firm's Name (or yours, if self-employed), Address, and ZIP Code: PORTERFIELD & ASSOCIATES, CPAS
910 CONGRESS AVE., 1ST FLOOR
AUSTIN TX 78701
Check if self-employed Preparer's SSN or PTIN: 464-90-2776
EIN: 74-2238880
Phone Number: (512) 479-7070

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	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.
Column totals, Part II						

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	3,721.
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	0.