Department of the Treasury

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)

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.

OMB No. 1545-1150

Open to Public Inspection

1715	1101 1704011	ide del wee			·	
A	For the	2001 calendar year,	or tax year beginning SEPT 01 , 2001, and end	ing AUGU	ST 3	1 ,2002
B (Check if	applicable: Please	C Name of organization			ntification number
	Address	s change use IRS	TEXAS JEWELERS ASSOCIATION	74-	6064	608
	Name c	change label or print or			phone nu	
Ц	Initial re	type.	504 WEST 12TH STREET	1	•	-8261
Щ	Final ref	# Specific	712	7/2	0201	
\square		ed return Instruc-	er 4-digit (0	GEN) ▶		
௶		tion pending	AUSTIN, TEXAS 78701			
	• Se		zations and 4947(a)(1) nonexempt charitable trusts must attach a npleted Schedule A (Form 990 or 990-EZ).	G Accounting m		X Cash Accrual
		COI	ipleted Scriedule A (Portit 990 of 990-E2).	Other (specif		
	Web si	ite: 🕨		H Check ► ☐ is not require		
			y one) — X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527), 990-EZ, or 990-PF).
			's gross receipts are normally not more than \$25,000. The organization nee	L		
			in the mail, it should file a return without financial data. Some states req			S; but it the organization
			e 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead		····	46,767
_	artel		penses, and Changes in Net Assets or Fund Balance			
37.5%			<u> </u>		7	dons on page 33.7
	1		s, grants, and similar amounts receivedevenue including government fees and contracts			·····
	2	•	• •		3	55,072
	3	,	and assessmentse		4	479
	4			• • • • • • • • • • • • • • • • • • • •	4	413
	5a		m sale of assets other than inventory		-	
	b		r basis and sales expenses	an achadula)	ا ۾ ا	
ē	C		d activities (attach schedule):	ich schedule) .	5c	***************************************
Revenue	6	•				
Š	a	•	ot including \$ of contributions			
œ	h		ses other than fundraising expenses			
			s) from special events and activities (line 6a less line 6b)		6c	
			entory, less returns and allowances		<u> </u>	
			ls sold			
			ss) from sales of inventory (line 7a less line 7b)	7c		
	8		scribe SEE ATTACHED	٠٠٠٠٠٠٠٠	8	(8,784)
	9		Id lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)			46,767.00
	10		r amounts paid (attach schedule)		10	10// 0/.00
	11		for members		11	
Ś	12		mpensation, and employee benefits			
JS6	13		and other payments to independent contractors		13	428
benses	14		utilities, and maintenance		14	
X	15		ons, postage, and shipping		15	
	16		lescribe ► SEE ATTACHED			43,531
	17	Total expenses (add lines 10 through 16)		17	43,959.00
Ŋ	18	Excess or (deficit)	for the year (line 9 less line 17)		18	2,808.00
set	19	Net assets or fund	balances at beginning of year (from line 27, column (A)) (mu	st agree with	- A 200 A	
As			reported on prior year's return)		19	23,524.00
Net Assets	20		net assets or fund balances (attach explanation)		20	
Z	21	Net assets or fund	balances at end of year (combine lines 18 through 20)		21	26,332.00
Pa	irt II		ets — If Total assets on line 25, column (B) are \$250,000 or m	ore, file Form 9	90 inste	ad of Form 990-EZ.
			ee Specific Instructions on page 39.)	(A) Beginning of		(B) End of year
22	Cash	h, savings, and inv	estments	23,5	24 22	26,332
23	Land	d and buildings			23	
24	Othe	er assets (describe)		24	
25				f	00 25	26,332.00
26	Tota	I liabilities (descri	be ▶)		26	
27	Net :	assets or fund ha	ances (line 27 of column (B) must agree with line 21)	23.524.	00 27	26,332,00

Pa	rt III	Statement of Program Service Accom	Inlishments (See Specific	Instructions on n	age 40)		Fyn	enses	. 090
-				mondono on p	ago +o.)	(Reg	uired for 5) and (4)
NA US	at is the	e organization's primary exempt purpose?_ It was achieved in carrying out the organization's exer	not numbers. In a clear and cond	rise manner describe	the conicoe		nizations		
provi	ded the	number of persons benefited, or other relevant inform	ript purposes. In a clear and contraction for each program title	use maintel, describe	the services	trusts	s; optionali	for othe	rs.)
28	404, 1110	Trained of percent seriosicos, or other resources.					·		
20									
				Grants \$	·)	28a			
29									
20									
				Grants \$)	29a			
30									***************************************
••							ĺ		
			(Grants \$)	30a			
31	Other	program services (attach schedule)	(Grants \$)	31a			
32	Total p	program service expenses (add lines 28a	through 31a)			32			
Pa	rt IV	List of Officers, Directors, Trustees, and Key Emp	oloyees (List each one even if not	compensated. See S	pecific Instruction	ns on	page 40.)	
			(B) Title and average	(C) Compensation	(D) Contribution	ns to	(E)	Expens	
		(A) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit a deferred compen-	sation		ount ar allowar	
SEI	E AT	TACHED						***************************************	
	- -								
Pa	rt V	Other Information (Note the attachmen	t requirement in General Ir	struction V. page	14.)			Yes	No
33		organization engage in any activity not previously rep							Х
34	More	any changes made to the organizing or governing doc	uments but not reported to the IR	S? If "Yes " attach a c	anformed conv	of the c	hanges		X
35		organization had income from business activities, suc							1
33		190-T, attach a statement explaining your reason for I			,, but 1101 10pc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	' I		
а		organization have unrelated business gross income			xy tax requireme	ints? .		Х	
		s," has it filed a tax return on Form 990-T for						X	
36									
37a	Enter a	amount of political expenditures, direct or indirect, as	described in the instructions		37a				
		ne organization file Form 1120-POL for this							X
38a	Did th	ne organization borrow from, or make any k	oans to, any officer, directo	r, trustee, or key e	employee OR	were	any		
		loans made in a prior year and still unpaid				• • • •			X
b		attach the schedule specified in the line 38 instruction							
39		(7) organizations. Enter: a Initiation fees a						É	
		s receipts, included on line 9, for public use							
40a		(3) organizations. Enter: Amount of tax im						r Bre	
	sectio	on 4911 ▶; section 4	912	; section 4955					<u> </u>
b	507(0	(3) and (4) organizations. Did the organization e aware of an excess benefit transaction from a prior	engage in any section 4956 exce	ess denent transaction	during the year	or ala i	.		
_	Amoun	e aware of an excess benefit transaction from a prior to nt of tax imposed on organization managers or disqual	lified noreone during the year und	or 4012 4055 and 40	58		[
4	Enter	: Amount of tax on line 40c, above, reimbul	sed by the organization	CI 4012, 4000, and 40			***************************************		
41		ne states with which a copy of this return is				·····			
42	The b	ooks are in care of ► TEXAS JEWELE	RS ASSOCIATION	Telep	hone no. >	512	-472	-82	261
	Locat	ed at ▶ 504 WEST 12TH STREE	r, AUSTIN, TX		ZIP + 4 ▶	787	01		
43		on 4947(a)(1) nonexempt charitable trusts f		Form 1041 - Ch	eck here				
		nter the amount of tax-exempt interest rece	ived or accrued during the	tax year	▶ 43				
		Under penalties of perjury, I declare that I have examin	ned this return, including accompan	ying schedules and sta	tements, and to	the best	t of my kr	nowled	ge and
Ple	ase	bellef, it is true, correct, and complete. Declaration of	preparer (other than officer) is base	on all information of v	wnich preparer na	as any k	inowieagi	₽,	
Sig		Signature of officer			ate				
Her		Signature of difficer		-	oal d				
		Type or print name and title.							
	~~~		Date,	Check if	Preparer	's SSN c	or PTIN (Se	e Gen.	Inst. W)
Paid	i	Preparer's	12/31	o self- employed	X 46	54-9	0-27	176	
	arer's	signature Firm's name (or yours PORTERFIEX			1221		3888		
Use	Only	if celf-employed)	SS AVE, AUSTIN,		hone no. >51				$\overline{}$
		address, and ZIP+4 7 910 CONGRE	OO MAE' MOSITH'	TV 1010T   P	none no. > 01	4-4	1 5-1		<u></u>

Texas Jewelers Association 74-6064608 2001 Form 990EZ

### Part IV - List of Officers, Directors and Key Employees

Name & Address	Title & Averag	e Hours	Compensation	Contrib Benefit Plans	Exp Acc & Allow
Bill Koen 611 Congress Ave Austin, Tx 78701	President	0	0	0	0
Peter LaCody 777 S. Central Expwy. Suite1, Bldg. 1 Richardson, Tx 75081	Pres. Elect	0	0	0	0
Doug Jackson 3665 Lamar Paris, Tx 75462	Vice Pres.	0	0	0	0
Mark Priest 18 E. Concho San Angelo, Tx 76903	Sec. Treasurer	0	0	0	0
Lucinda Rogers 2315 W. Airport Frwy #155 Irving, Tx 75062	Past Pres.	0	0	0	0
Genevieve Baeza 1215 S.E. 1 st . St Mineral Wells, Tx 76067	Director	0	0	0	0
Robert Harrison 3409 Executive Center Dr., #100 Austin, Texas 78731	Director	0	0	0	0
Delton Hayes 455 Uvalde Houston, Tx 77015	Director	0	0	0	0
Alan Lodinger 9550 Meyer Forrest Dr. #1721 Houston, Tx 77096	Director	0	0	0	0
Stan Matthews 2670 MacArthur Dr. Orange, Tx 77630	Director	0	0	0	0
Kent McClenahan 12222 Merit Dr., Suite 600 Dallas, Tx 75251-2231	Director	0	0	0	0

Part IV - List of Officers, Directors and Key Employees (Continued)

Name & Address	Title & Averag	e Hours	Compensation	Contrib Benefit Plans	Exp Acc <u>&amp; Allow</u>
Ziad Noshie 2510 University Blvd. Houston, Tx 77005	Director	0	0	0	0
Ted Resnick 11850 Wurzbach Rd. San Antonio, Tx 78230	Director	0	0	0	0
Curt Vinson 610 Highway 377 East Granbury, Tx 76048	Director	0	0	0	0
Eric Wright 5333 Forest Lane Dallas, Texas 75244	Director	0	0	0	0
Rebecca M. Clarkson 504 W. 12 th Street Austin, Texas 78701	Exec Director	0	0	0	0

Texas Jewelers Association 74-6064608 2001 Form 990EZ

#### Part 1, Line 8: Other Revenue:

Description	Amount
Handbook	(\$8,784)
Total Other Revenue	(\$8,784)

### Part 1, Line 16: Other Expenses:

Description	Amount
Administrative Bank Charges Telephone Meetings & Travel Convention Expenses Contributions Miscellaneous	\$17,527 310 603 19,174 3,312 420 2,185
Total Other Expenses	\$43,531

# Form **990-T**

# **Exempt Organization Business**

		••••	· 7	~. 5.	· · · · · · · · · · · · · · · · · · ·			
Income	еT	`ax	R	eturn	(and proxy	tax under	Section	6033(e))
			• • •		(and brox)	tax unaci		****

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OMB No. 1545-0687

		For	calendar year 2001 or other ta	x year	beginningSep	1	2001,	Water Town		กกา
Deo	artment of the Treasury		and ending Aug	31	, 20	002	(( , )			UPI
Inter	nai Revenue Service	<u> </u>	·		nstructions.	**********	Andrew Section	1		i.i
Α	Check box if address changed		1		e changed and see ir	structions	)	D	Employer ide (Employees)	ntification Number
В	Exempt under Section		TEXAS JEWELERS ASS					_	instructions fo	or Block (0.)
	$\times$ 501( c )(6 )	Print or	Number, Street, and Room or Suite Nu		a P.O. box, see instr	uctions.)			74-606	4608
	408(e) 220	` '	504 WEST 12TH STRE	ET		State Z	SD Code	_ E	New Unrelate Activity Code	ts (See
	408A 530	(a)	'					İ	instructions fo	or Block E.)
С	529(a)  Book Value of All Assets : End of Year	at F Crown	AUSTIN	ti o	a for Diagle EV		78701	<u> </u>	561499	****
C			o exemption number (see instr k organization type ► X			*************	(a) truet	401/-	\	1 0 1 1
u				1001(0	corporation	501	(c) trust	#UT(a	) trust	Other trust
	INCOME FROM A		y unrelated business activity.							
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	oration a subsidiary in an affilia	ted ar	oun or a parent	-enheidi	ary controlled or	oun?	<b>P</b> ()	res X No
			fying number of the parent cor	_	. ,	- รนบรเนเ	ary controlled gr	oup:		ies VIII0
			S JEWELERS ASSOCIAT			T	elephone numbe	r► (512) 4	72-8261
	rt I Unrelated				(A) Incom		(B) Expens			
*****	a Gross receipts or sa		······································	T			(-)			.0) (101
	b Less returns and allowan	ices	c Balance >	1 c		350.				
		***************************************	line 7)	2						
	*	•	line 1c)			350.				350.
			Schedule D)	$\overline{}$						
	b Net gain (loss) (Form 47	97, Part II, line I	8) (attach Form 4797)	4b						
			****	4c						
5	Income (loss) from	partnerships	and S corporations	_	, , , , , , , , , , , , , , , , , , ,					
6				5					<u> </u>	
7	-		(Schedule E)	7						.
8			rents from controlled	-						
	organizations (Sche	edule F)		8	***************************************					
9			, (9), or (17) organization (Sch G)	,						
10		-	(Schedule I)	10						
11	•			11						· · · · · · · · · · · · · · · · · · ·
12	Other income (see i	instructions –	- attach schedule)							
				12		350			<u> </u>	
			2)	13	::k-ki	350.	- \			350.
æ.		ontributions,	n Elsewhere (See instruction deductions must be directly con	ns for i	d with the unrel	ated bu	is.) siness income.)			-
14	Compensation of of	ficers directo	ors, and trustees (Schedule K).					14	1	
15								15	-	
16	_									
17			·····					17		
18			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					18	-	
19		-						19		
20			tructions for limitation rules)					20	1	
21										
22			hedule A and elsewhere on ret					221	5	
23								23		
24	Contributions to def	erred comper	nsation plans		<i></i>			24		
25	Employee benefit p	rograms						25		
26	Excess exempt exp	enses (Sched	lule I)			<i>.</i>		26		
27	•	•	ile J)					27		
28	,		e) See Other (28		9,134.
29	,		nrough 28)					29		9,134.
30			ne before net operating loss de		•		•			-8,784.
31								31		
32			ne before specific deduction (s			-		32		-8,784.
33			,000, but see line 33 instruction					33	-	
34	Unrelated business the smaller of zero	taxable inco or line 32	me (subtract line 33 from line 3	32). If	line 33 is greate	er than I	ine 32, enter	34		-8,784.

Part III	ax compatation							
35 Organi	zations Taxable as C	orporations (see in	structions for ta	computation)				
Control	led group members (Sections 1561 and	1563) - check h	ere 🗌 . See in	structions an	d:		
a Enter v	our share of the \$50,	.000, \$25,000, and \$	\$9,925,000 taxat	ole income brack	ets (in that o	rder):	İ	
(1) \$		(2) \$		(3) \$	•	1		
b Enter o	rganization's share o	f: (1) additional 5%	tax (not more th		\\$	<u></u> .		
(2) add	itional 3% tax (not m	ore than \$100,000)		+ , ,	\$		1	
	tax on the amount of					<u> </u>	35 c	. 0.
	Taxable at Trust Rate						350	<u></u>
	P*****	•	· · · · · · · · · · · · · · · · · · ·					
	34 from: Tax						36	
	ax (see instructions)						37	
	tive minimum tax						38	
39 Total (add lines 37 and 38 t	o line 35c or 36, wh	ichever applies)				39	1 0.
Part IV	Tax and Payment	S						
40a Foreign	tax credit (corporati	ons attach Form 11	18; trusts attach	Form 1116)	40a		Ī	
-	redits (see instruction				40b		1	
	ıl business credit - C				130		1	
Lt _					40-			
_ ∐ For	m 3800 Form(s	s) (specify)			40 c		·	
d Credit 1	or prior year minimu	m tax (attach Form	8801 or 8827)		40 d			
e Total c	redits (add lines 40a	through 40d)	. <i></i>			· · · · · · · · · · · · · · · · · · ·	40 e	
	ct line 40e from line 3						41	0.
42 Other t	axes. Check if from:	Form 4255	Form 8611	Form 8697	Form 88	66		
	er (attach schedule)						42	
	x (add lines 41 and						43	0.
					1 1		75	V.
	nts: a 2000 overpa						-	
	stimated tax payment							
	posited with Form 886						.]	
d Foreigr	organizations - Tax	t paid or withheld at	t source (see ins	tructions)	44d			
e Backup	withholding (see ins	tructions)			44e		ĺ	
	redits and payments							
	ayments (add lines 4						45	
	ted tax penalty (see i							
47 T			- 10 16	tar amazımt alıra		•	17	1
	e - If line 45 is less t							
48 Overpa	yment - If line 45 is	larger than the tota	al of lines 43 and	46, enter amou			48	0.
48 Overpa 49 Enter t	yment – If line 45 is ne amount of line 48	larger than the tota you want: Credited	al of lines 43 and to 2002 estimate	46, enter amou ed tax ►	nt overpaid		48	0.
48 Overpa 49 Enter to Part V	yment – If line 45 is ne amount of line 48 Statements Regar	larger than the tota you want: Credited rding Certain Ac	of fines 43 and to 2002 estimate tivities and O	46, enter amou ed tax ► ther Informat	nt overpaid ion (see ins	Refunded F	48 49	
48 Overpa 49 Enter the Part V S	yment — If line 45 is ne amount of line 48 Statements Regar time during the 2001	larger than the tota you want: Credited rding Certain Ac calendar year, did t	of lines 43 and to 2002 estimate tivities and Other organization	46, enter amou ed tax ► ther Informat have an interest	nt overpaid ion (see inst in or a signa	Refunded tructions)	48 49 hority	over a Yes No
48 Overpa 49 Enter the Part V S	yment — If line 45 is ne amount of line 48 Statements Regar time during the 2001	larger than the tota you want: Credited rding Certain Ac calendar year, did t	of lines 43 and to 2002 estimate tivities and Other organization	46, enter amou ed tax ► ther Informat have an interest	nt overpaid ion (see inst in or a signa	Refunded tructions)	48 49 hority	over a Yes No
48 Overpa 49 Enter the Part V S 1 At any financia	yment — If line 45 is ne amount of line 48 Statements Regar time during the 2001 al account in a foreign	larger than the tota you want: Credited rding Certain Ac calendar year, did to n country (such as a	at of lines 43 and to 2002 estimate tivities and O the organization a bank account,	46, enter amou ed tax ► ther Informat have an interest securities accou	nt overpaid ion (see insin or a signant, or other fi	Refunded tructions) ature or other authonancial account)	48 49 hority	over a Yes No
48 Overpa 49 Enter the Part V S 1 At any financia	yment — If line 45 is ne amount of line 48 Statements Regar time during the 2001	larger than the tota you want: Credited rding Certain Ac calendar year, did to n country (such as a	at of lines 43 and to 2002 estimate tivities and O the organization a bank account,	46, enter amou ed tax ► ther Informat have an interest securities accou	nt overpaid ion (see insin or a signant, or other fi	Refunded tructions) ature or other authonancial account)	48 49 hority	over a Yes No
48 Overpa 49 Enter the Part V Standard In Part V Standard In Part In P	yment — If line 45 is ne amount of line 48 Statements Regaretime during the 2001 at account in a foreign the organization ma	larger than the tota you want: Credited rding Certain Ac calendar year, did to n country (such as a sy have to file Form	of lines 43 and to 2002 estimate tivities and O the organization a bank account, TD F 90-22.1. If	46, enter amound tax ► ther Informat have an interest securities accountyes, enter the	ion (see instinction in or a signant, or other finame of the	Refunded hature or other autonancial accounty foreign country hature or other autonancial accountry hature foreign country hature for incommentation fo	48 49 hority ?ere	over a Yes No X
48 Overpa 49 Enter ti Part V S 1 At any financia If 'Yes, L 2 During	yment — If line 45 is the amount of line 48 statements Regard time during the 2001 at account in a foreign the organization matthe tax year, did the	larger than the tota you want: Credited rding Certain Accalendar year, did to country (such as a sy have to file Form organization receive	at of lines 43 and to 2002 estimate tivities and O the organization a bank account, TD F 90-22.1. If	46, enter amound tax ► ther Informat have an interest securities accountyes, enter the term, or was it the	ion (see instinction in or a signant, or other finame of the	Refunded hature or other autonancial accounty foreign country hature or other autonancial accountry hature foreign country hature for incommentation fo	48 49 hority ?ere	over a Yes No X
48 Overpa 49 Enter the Part V S 1 At any financia of 'Yes, During of 'Yes,	yment — If line 45 is the amount of line 48. Statements Regard time during the 2001 at account in a foreign the organization matthe tax year, did the see the instructions	larger than the tota you want: Credited rding Certain Accalendar year, did to country (such as a y have to file Form organization receives for other forms the	at of lines 43 and to 2002 estimate stivities and O the organization a bank account, TD F 90-22.1. If e a distribution frorganization ma	46, enter amound tax ► ther Informath have an interest securities accountyes, enter the torm, or was it they have to file.	ion (see institution in or a signant, or other finame of the	Refunded hature or other autonancial accounty foreign country hature or other autonancial accountry hature foreign country hature for incommentation fo	48 49 hority ?ere	over a Yes No X
48 Overpa 49 Enter ti Part V S 1 At any financia If 'Yes, During If 'Yes, 3 Enter ti	yment — If line 45 is the amount of line 48. Statements Regard time during the 2001 at account in a foreign the organization matthe tax year, did the see the instructions the amount of tax-exe	larger than the tota you want: Credited rding Certain Accalendar year, did to country (such as a y have to file Form organization receives for other forms the empt interest receives	at of lines 43 and to 2002 estimate stivities and O the organization a bank account, TD F 90-22.1. If e a distribution frorganization maded or accrued du	46, enter amound tax ► ther Informath have an interest securities accountyes, enter the torm, or was it they have to file.	ion (see institution in or a signant, or other finame of the	Refunded hature or other autonancial accounty foreign country hature or other autonancial accountry hature foreign country hature for incommentation fo	48 49 hority ?ere	over a Yes No X
48 Overpa 49 Enter the part V S 1 At any financia if 'Yes, 2 During if 'Yes, 3 Enter the Schedule of the second se	yment — If line 45 is the amount of line 48 Statements Regard time during the 2001 at account in a foreign the organization matthe tax year, did the see the instructions the amount of tax-exe A — Cost of Good	larger than the tota you want: Credited reding Certain Ac calendar year, did to country (such as a sy have to file Form organization receive for other forms the empt interest received is Sold (see instru	at of lines 43 and to 2002 estimate stivities and O the organization a bank account, TD F 90-22.1. If e a distribution frorganization maded or accrued du	46, enter amound tax ► ther Informath have an interest securities accountyes, enter the torm, or was it they have to file.	ion (see institution in or a signant, or other finame of the	Refunded hature or other autonancial accounty foreign country hature or other autonancial accountry hature foreign country hature for incommentation fo	48 49 hority ?ere	over a Yes No X
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Schedule C - Rent Incom	e (from Real Pro	perty and	Persona	Property Le	<u>eased</u>	with Real F	roper	ty) (see instructions)		
1 Description of property										
(1)		***************************************								
(2)										
(3)										
(4)										
	2 Rent received	or accrued				ې ۲۰ م				
(a) From personal pro (if the percentage of rent f property is more than 1 not more than 50%	operty or personal 0% but %)	(b) From re (if the personal p if the rent is						ductions directly connected scome in columns 2(a) and 2(b) (attach schedule)		
(1)										
(2)										
(3)										
(4)										
Total	Tot	al	***************************************			T - 4 - 1 - 1 - 1 - 1 12		.		
Total income (Add totals of colu here and on line 6, column (A),	ımns 2(a) and 2(b). Part I, page 1.)	Enter ►			ŀ	Total deducti here and on li umn (B), Part	ne 6, co	ol-		
Schedule E — Unrelated D	ebt-Financed In	come (see i	nstructions	5)	····					
1 Description of de	bt-financed propert	· v		income from	3 De		ected with or allocable to ed property			
, becampion or do	,	debt-financed property			a) Straight line ciation (attack		(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)		di\	column 4 vided by olumn 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				, >		here and on I n (A), Part I, p		Enter here and on line 7, column (B), Part I, page 1		
Schedule F — Interest, An					rganiz	zations (see	instruct	ions)		
		Exempt Cont					١	,		
1 Name of controlled organization	2 Employer identification number	3 Net unr income ((see instru	(loss)	4 Total of spe payments m	ecified nade	5 Part of column that is included in the controllin organization's gross income		6 Deductions directly connected with income in column 5		
(1)										
(2)						_				
(3)										
(4)										
Nonexempt Controlled Organiza				100		0.11. 1.7.		1 O a bankana Para II		
7 Taxable income	8 Net unrelated income (loss) (see instructions)		f specified nts made	included	in the	n 9 that is controlling oss income	CO	11 Deductions directly connected with income in column 10		
(1)										
(2)						····				
(3)										
(4)	<u> </u>	<u> </u>		Add columns here and on Part I, page	line 8,	10. Enter column (A),	here a	olumns 6 and 11. Enter and on line 8, column (B), page 1.		
12 Totals				, are it page			,	- F → 3 = · ·		

Schedule G - Investment Incom	ne of a Section	501(c)(7), (9),	or (17) Organi	zation (See inst	ructions	.)	
1 Description of income	2 Amount of inc		3 dire	Deductions ctly connected ach schedule)	4 Set-asid (attach sched	es	5 Tota set-as	deductions and sides (column 3 us column 4)
(1)							[
(2)								
(3)								
(4)							<u> </u>	
	Enter here and or column (A), Pa page 1.	line 9, art I,					Enter hi colur	ere and on line 9, nn (B), Part I, page 1.
Totals								
Schedule I - Exploited Exempt	Activity Incom	e, Oth	er Ihan		come (See instr	uctions.)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dir coni with pi of un bus	penses rectly nected roduction related siness come	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	attribu	penses utable to umn 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.	on li colur	here and ine 10, nn (B), page 1.					Enter here and on line 26, Part II, page 1.
Schedule J - Advertising Incom	ne (See instruction	ns.)					************	,
Part I Income from Periodic			nsolidat	ed Basis				
manual manual and an an an an an an an an an an an an an			10011.44	4 Advertising				
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Circulation income		dership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				3				,
(2)		***************************************				*******		
(3)								
(4)								
Column totals (carry to Part II,			***************************************					
Part I Income from Periodic. 7 on a line-by-line basis.)	als Reported or	ı a Sep	parate B	asis (For each p	eriodical listed in	Part II;	fill in colu	mns 2 through
(1)								
(2)								
(3)								
(4)								
(5)Totals from Part I								
	Enter here and on line 11, column (A), Part I, page 1.	on li	nere and ne 11, nn (B), page 1.					Enter here and on line 27, Part II, page 1.
Column totals, Part II	•							
Schedule K — Compensation of	Officers Direc	tors a	nd True	tees (See instru	etions)	***********		
1 Name	Omocis, phoc			2 Title	3 Percent of time devote to business	d 40		ition attributable
						%		
						%		
						%		
					1	%		
Total - Enter here and on line 14, Par	t II, page 1					>		

TEXAS JEWELERS ASSOCIATION	74-6064608	1
Form 990-T, Page 1, Part II, Line 28 Other Deductions Statement		
PRINTING	1,508.	
ADMINISTRATIVE FEES	7,511.	
TELEPHONE	67.	
ACCOUNTING	48.	

9,134.

Total