

Short Form

COPY OMB No. 1545-1150
2001

Form **990-EZ**

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2001 calendar year, or tax year beginning **SEPT 01**, 2001, and ending **AUGUST 31**, 2002

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 TEXAS JEWELERS ASSOCIATION		D Employer identification number 74-6064608
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 504 WEST 12TH STREET		E Telephone number 512-472-8261
		City or town, state or country, and ZIP + 4 AUSTIN, TEXAS 78701		F Enter 4-digit (GEN) ▶

• 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 Web site: ▶ _____
H Check if the organization is not required to attach Schedule 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 . . ▶ \$ **46,767**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 35.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																										
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																										
	4	Investment income																										
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less: cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																										
	6	Special events and activities (attach schedule):																										
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																										
	6b	Less: direct expenses other than fundraising expenses																										
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																											
7a	Gross sales of inventory, less returns and allowances																											
7b	Less: cost of goods sold																											
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																											
8	Other revenue (describe ▶ SEE ATTACHED)																											
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶																											
Expenses	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors																										
	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe ▶ SEE ATTACHED)																										
	17	Total expenses (add lines 10 through 16) ▶																										
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																										
	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)																										
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶																										

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 39.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	23,524	22	26,332	
23	Land and buildings		23		
24	Other assets (describe ▶ _____)		24		
25	Total assets	23,524.00	25	26,332.00	
26	Total liabilities (describe ▶ _____)		26		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,524.00	27	26,332.00	

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40.)	Expenses
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.	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28 _____ _____ (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 40.)				
(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 (Note the attachment requirement in General Instruction V, 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.)		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
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		

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.

Please Sign Here	Signature of officer _____	Date _____
	Type or print name and title. _____	

Paid Preparer's Use Only	Preparer's signature	Date 12/31/04	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) 464-90-2776
	Firm's name (or yours if self-employed), address, and ZIP + 4	PORTERFIELD & ASSOCIATES, CPA'S 910 CONGRESS AVE, AUSTIN, TX 78701		EIN ▶ 74-2238880
				Phone no. ▶ 512-479-7070

Texas Jewelers Association
 74-6064608
 2001 Form 990EZ

Part IV – List of Officers, Directors and Key Employees

<u>Name & Address</u>	<u>Title & Average Hours</u>	<u>Compensation</u>	<u>Contrib Benefit Plans</u>	<u>Exp Acc & Allow</u>
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)

<u>Name & Address</u>	<u>Title & Average Hours</u>	<u>Compensation</u>	<u>Contrib Benefit Plans</u>	<u>Exp Acc & 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

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Part 1, Line 8: Other Revenue:

<u>Description</u>	<u>Amount</u>
Handbook	<u>(\$8,784)</u>
Total Other Revenue	<u><u>(\$8,784)</u></u>

Part 1, Line 16: Other Expenses:

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

Exempt Organization Business Income Tax Return (and proxy tax under Section 6033(e))

For calendar year 2001 or other tax year beginning Sep 1 and ending Aug 31, 2002

2001 COPY 2001

See separate instructions.

Department of the Treasury Internal Revenue Service

Form header section containing: A Check box if address changed; B Exempt under Section 501(c)(6); C Book Value of All Assets at End of Year; D Employer Identification Number; E New Unrelated Business Activity Codes; F Group exemption number; G Check organization type.

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?

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

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales (350), 2 Cost of goods sold, 3 Gross profit (350), 4a-4c Capital gain/loss, 5-12 Other income, 13 Total (350).

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.)

Table with 2 columns: Line number, Amount. Rows include: 14-28 Various deductions, 29 Total deductions (9,134), 30-34 Unrelated business taxable income calculations ending at -8,784.

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 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 here and indicate which forms are attached:
 Form 3800 Form(s) (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 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866
 Other (attach schedule)..... **42**
43 Total tax (add lines 41 and 42)..... **43** 0.
44 Payments: **a** 2000 overpayment credited to 2001..... **44a**
b 2001 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 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 2002 estimated tax** ▶ **Refunded** ▶ **49**

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

1 At any time during the 2001 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 ▶ \$ _____

Schedule A - Cost of Goods Sold (see instructions)

Method of inventory valuation (specify) ▶

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

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.

Sign Here	Signature of Officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Preparer's Signature	Date 12/31/02	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN 464-90-2776
Paid Preparer's Use Only	Firm's Name (or yours if self-employed) Address, and ZIP Code	EIN	Phone Number	
	Porterfield & Associates CPA 910 Congress Avenue, 1ST Floor Austin TX 78701	74-2238880	(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	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		
		(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)				
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	<u>1,508.</u>
ADMINISTRATIVE FEES	<u>7,511.</u>
TELEPHONE	<u>67.</u>
ACCOUNTING	<u>48.</u>
Total	<u><u>9,134.</u></u>