

**Short Form
Return of Organization Exempt From Income Tax**

2007

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the **2007** calendar year, or tax year beginning **9/01**, 2007, and ending **8/31**, 2008

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. TEXAS JEWELERS ASSOCIATION 1306-A WEST ANDERSON LANE AUSTIN, TX 78757	D Employer identification number 74-6064608
		E Telephone number 512-454-8626
		F Group Exemption Number

• 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 Website: ▶ TEXASJEWELERS.ORG

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 is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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. ▶ \$ 40,573.

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

		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														40,212.																	
	2	Program service revenue including government fees and contracts														60.																	
	3	Membership dues and assessments																															
	4	Investment income															109.																
	5a	Gross amount from sale of assets other than inventory																															
	b	Less: cost or other basis and sales expenses																															
	c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach sched.)																															
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																															
	a	Gross revenue (not including \$ of contributions reported on line 1)																															
	b	Less: direct expenses other than fundraising expenses																															
c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a																																
7a	Gross sales of inventory, less returns and allowances																																
b	Less: cost of goods sold																																
c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a																																
8	Other revenue (describe ▶ See Statement 1)															192.																	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)															40,573.																	
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															19,150.																
	14	Occupancy, rent, utilities, and maintenance															973.																
	15	Printing, publications, postage, and shipping															819.																
	16	Other expenses (describe ▶ See Statement 2)															7,673.																
17	Total expenses (add lines 10 through 16)															28,615.																	
18	Excess or (deficit) for the year. Subtract line 17 from line 9															11,958.																	
NET 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)														90,570.																	
	20	Other changes in net assets or fund balances (attach explanation) See Statement 3														-186.																	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														102,342.																	

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 Instructions)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	92,302.	114,139.
23	Land and buildings		
24	Other assets (describe ▶ See Statement 4)	6,220.	7,528.
25	Total assets	98,522.	121,667.
26	Total liabilities (describe ▶ See Statement 5)	7,952.	19,325.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	90,570.	102,342.

COPY

Part III Statement of Program Service Accomplishments (See the instructions.)		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	THE ANNUAL CONVENTION UPDATES MEMBERS ON CURRENT TRENDS AND METHODOLGY IN DESIGN AND FABRICATION TO ADD VALUE TO THE PRODUCT FOR THE CUSTOMER (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule). (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
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 Instructions.)

(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 and deferred compensation	(E) Expense account and other allowances
SEE ATTACHED LIST OF OFFICERS AND DIRECTORS	0	0.	0.	0.
ALL SERVE WITHOUT BENEFITS ALLOWANCES OR COMPENSATION	0	0.	0.	0.

Part V Other Information (Note the statement requirement in the instructions.) See Statement 6 Yes No

33	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	33		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.	34		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?	35 a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.	
b	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	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?	38 a		X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38 b	N/A	
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39 a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	39 b	N/A	

Part V Other Information (Note the statement requirement in the instructions.) (Continued)

40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A

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

	Yes	No
40b	<u>N/A</u>	
40c		
40e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.

d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed ▶ None

42 a The books are in care of ▶ A. S. M. I Telephone no. ▶ 512-545-8626
 Located at ▶ 1306-A WEST ANDERSON LANE AUSTIN TX ZIP + 4 ▶ 78757

b At any time during the 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,' enter the name of the foreign country: .. ▶

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country: .. ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

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: [Signature] Date: 11/11/08 Check if self-employed: Preparer's SSN or PTIN (See General Instruction X): N/A

Firm's name (or yours if self-employed): R. LAWRENCE MECK & CO. CPAS EIN: N/A

address, and ZIP + 4: 7718 WOOD HOLLOW DR STE G18 AUSTIN, TX 78731 Phone no.: (512) 346-9522

Client 1

TEXAS JEWELERS ASSOCIATION

74-6064608

10/15/08

11:00AM

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

.....	\$	192.
Total	\$	<u>192.</u>

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

CREDIT CARD & BANK FEES.....	\$	842.
INSURANCE.....		964.
JA MEETING.....		1,138.
MEMBERSHIP PROCESSING.....		287.
MEMBERSHIP PROMOTION.....		1.
MIDAS SHOW.....		17.
MISCELLANEOUS.....		2,814.
TAX PREPARATION FEE.....		300.
Telephone.....		891.
Travel.....		419.
Total	\$	<u>7,673.</u>

Statement 3
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

PRIOR PERIOD ADJUSTMENT.....	\$	-186.
Total	\$	<u>-186.</u>

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
PREPAIDS AND RECEIVABLES.....	\$ 6,220.	\$ 7,528.
Total	<u>\$ 6,220.</u>	<u>\$ 7,528.</u>

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
ACCOUNTS PAYABLE.....	\$ 7,952.	\$ 19,325.
Total	<u>\$ 7,952.</u>	<u>\$ 19,325.</u>

Statement 6
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No