Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

0/01

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2010

Open to Public Inspection

A		r the 2010 calendar year, or tax year beginning 9/01 , 2010, and ending 6/31		, 2011						
В		on a approximation		er identification number						
F	===	ress change TEXAS JEWELERS ASSOCIATION	74-6064608							
=	==		Telephone number							
+		AUSTIN, TX 78757	512-454-8626							
F	☴		Group	Exemption						
	Арр	ication pending	Numbe	er						
Ģ	Acc	counting Method: Cash X Accrual Other (specify) - H Check	X if t	the organization is not						
1	We	000 000 1	o attac	ch Schedule B (Form						
J		-exempt status (ck only one) — 501(c)(3) Δ 501(c) (6) - (insert no.) 494/(a)(1) or 52/	`							
K	Che	eck ►if the organization is not a section 509(a)(3) supporting organization and its gross receipts are n	ormall	y not more than						
	\$50	\$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.								
L	Add	l lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to ets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	tai ► §	\$ 36,683.						
P	art l	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	ctions	s for Part I.)						
6.788		Check if the organization used Schedule O to respond to any question in this Part I								
	1	Contributions, gifts, grants, and similar amounts received								
	2			750.						
	3	Membership dues and assessments		35,505.						
	4	Investment income.		331.						
		a Gross amount from sale of assets other than inventory		331.						
		b Less: cost or other basis and sales expenses	\dashv							
	1	C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	- 5 c							
	6	Gaming and fundraising events								
R	-	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a								
ĕ		o Gross income from fundraising events (not including \$ of contributions	1							
REVENU	'									
Ē		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)								
		Less: direct expenses from gaming and fundraising events								
	(Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).	6 d							
	٦,	Gross sales of inventory, less returns and allowances	- Ou							
	?	Less: cost of goods sold	1							
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								
	8	Other revenue (describe in Schedule O)		97.						
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.		36,683.						
	10	Grants and similar amounts paid (list in Schedule O)	4	30,003.						
	11	Benefits paid to or for members								
Е	12	Salaries, other compensation, and employee benefits.	12							
EXPERSES	13	Professional fees and other payments to independent contractors	13	24,325.						
	14	Occupancy, rent, utilities, and maintenance	14	24,020.						
	15	Printing, publications, postage, and shipping.	15	4,292.						
S	16	Other expenses (describe in Schedule O)	16	13,980.						
	17	Total expenses. Add lines 10 through 16.	17	42,597.						
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,914.						
Δ				2/24.1.						
N S	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	109,549.						
S	20	Other changes in net assets or fund balances (explain in Schedule O)	20							
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	103,635.						

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)



Pa	Balance Sheets. (see the in Check if the organization used S	nstructions for Part II.)	guestion in this Part I			
	One of the organization about	oriodate o to respect to drift	440000	(A) Beginning of y	ear	(B) End of year
22	Cash, savings, and investments	,				
23	Land and buildings	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,		23	3
24	Other assets (describe in Schedule O)	See Schedule O)	2,42		
25	Total assets			110,61		
26	Total liabilities (describe in Schedule	O) See Schedule O) [1,06		
	Net assets or fund balances (line 27 of			109,54	9. 27	103,635
Pai	t III Statement of Program Se	ervice Accomplishment	s (see the instrs for P	art III.)		Expenses
	Check if the organization used				[Re	guired for section
What	is the organization's primary exempt purpose? Se	ee Schedule O			501	(c)(3) and 501(c)(4) anizations and section
Desc	is the organization's primary exempt purpose? Si cribe what was achieved in carrying out ribe the services provided, the number	the organization's exempt put of persons benefited, and oth	rposes. In a clear and er relevant informatio	concise manner, n for each	494	7(a)(1) trusts; optional others.)
<u>28</u>	ram title. THE ANNUAL CONVENTION UF	DATES MEMBERS ON C	יים אים מווי	ΔND	1.5.	
20	METHODOLGY IN DESIGN AND				-	
	FOR THE CUSTOMER	THURSENIED IS TO	5 74400 10 4th	1110000	4	
	(Grants \$) If	this amount includes foreign of	grants check here		28 a	
29					200	
23					1	
					1	
	(Grants \$) If t	this amount includes foreign of	rants check here		29 a	
30						
Ju					1	
					1	
	(Grants \$) If t	his amount includes foreign g	rants check here		30 a	
21	Other program services (describe in So	thadule (1)	rants, oricon ricio		1000	
		his amount includes foreign g			31 a	
	Total program service expenses (add				32	
	IV List of Officers, Directors					the instructions for Dart IV
incli.	Check if the organization used S					
	Official traces garnization doct c	(b) Title and average hours	(c) Compensation (f (d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0	employee benefit pla	as and	and other allowances
CEE	Ammacuen I Tem of Officer	to position	0	deferred compensa	0.	0.
	ATTACHED LIST OF OFFICER DIRECTORS	Ω 1 0	1	•	υ.	0.
<u> AMD</u>	DIKECTORS	1				
7 T T	SERVE WITHOUT BENEFITS		0		Ô.	0.
	OWANCES OR COMPENSATION	1 0		•	٥.	0.
בידידי.	OWANCES OF COMPENSATION .	٩ - "				
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	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			_
_	B3 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of	*****	Yes	No
	each activity in Schedule O	33		X
٠	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	34	2000-000-000	X
3	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
3	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
3	7a 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?	37b		X
3	Ba 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 outstanding at the end of the tax year covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	8		
3	Section 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		4	
40	a Section 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None	40 e		X
42	a The organization's			
	books are in care of $ ightharpoonup A.S.M.I$ Telephone no. $ ightharpoonup 512-54$	<u>5-86</u>	<u> 26</u>	
	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)?	42 b		No X
ď	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c	3	X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	►		<u>/A</u>
		14a	es N	<u> </u>
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	14b	Х	ζ
С	Did the organization receive any payments for indoor tanning services during the year?	4c		ζ
ď	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	4 d		
	· · · · · · · · · · · · · · · · · · ·			-

Form 99	90-EZ (2010) TEXAS JEWELERS ASS	OCIATION			74-60	64608	F	⊃age
	144						Yes	
	any related organization a controlled entity		-	•	. , , ,	A CONTRACTOR OF THE PARTY OF TH	>>000000000000000000000000000000000000	X
	d the organization receive any payment fro section 512(b)(13)? If 'Yes,' Form 990 and							X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition candidates for public office? If 'Yes,' complete Schedule C, Part I.					in opposition to	46	e sicolità (il	X
Part V		s and section 4947 ction 4947(a)(1) no	(a)(1) nonexenexenexe	empt chari	table trusts or	າ ly. All sed	tion s	
	Check if the organization used Schedu	le O to respond to any	question in this	Part VI	<u></u>			[
							Yes	No
	d the organizati o n engage in lobbying activi							
	the organization a school as described in s	, , , , , , ,				[
	the organization make any transfers to an		-					
	Yes,' was the related organization a section	_				h		
em	mplete this table for the organization's five iployees) who each received more than \$10	nignest compensated (employees (otne from the organi	r than oπicer ization, If the	s, airectors, truste re is none, enter '	es and key None.		
		(b) Title and average	(c) Compensat	tion (d) Co	ntributions to employee benefit plans and	(e) Exp		
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		def	erred compensation	accour other allo		•
~								
						 		
		ļ			1			
	al number of other employees paid over \$1			······				
51 Con	nplete this table for the organization's five lapensation from the organization. If there is	nighest compensated in	dependent conti	ractors who	each received mor	e than \$100	,000 (of
COII	(a) Name and address of each independent contra		1	(b) Tvo	e of service	(c) Compe	nsation	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(-7,-3)	0.20	(-) compo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					·			
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			}					
						· · · · · ·		
d Tota	I number of other independent contractors	each receiving over \$1		▶				
52 Did f	the organization complete Schedule A? Not	te: All section 501(c)(3)	organizations a	nd 4947(a)(1) nonexempt			
chari	itable trusts must attach a completed Sche	dule A	<u></u>	<u> </u>		► Yes		No
Under penalt true, correct,	ies of perjury, I declare that I have examined this return, i and complete. Declaration of preparer (other than officer)	ncluding accompanying schedu is based on all information of	lles and statements, a which preparer has ar	and to the best of ny knowledge.	my knowledge and belie	ef, it is		
Sign	Signature of officer	•		Date	•			
Here	-							
	Type or print name and title.	Description of the second seco	I Date		(
		reparer's signature	Date	15/10	Check X if PTII			
Paid	LARRY MECK, CPA	CDAC		12/11	self-employed P0	0445654		
Preparer Use Only	Firm's name R. LAWRENCE MECK Firm's address 7718 WOOD HOLLOW	& 20. CPAS DR STE G18			Firmle FIN - 7	4-23200	20	
200 01117	Firm's address T718 WOOD HOLLOW AUSTIN, TX 78731	DIC SIE GTO			Phone no. (512			
May the IR	S discuss this return with the preparer sho	wn above? See instruct	ions		I	/ 340-95 ►X Yes	No)
BAA						Form 990-E		_

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization 74-6064608 TEXAS JEWELERS ASSOCIATION Form 990-EZ, Part III - Organization's Primary Exempt Purpose PROMOTE THE GENERAL WELFARE, STANDING AND PROSPERITY OF THE JEWELRY INDUSTRY.

2010	Schedule O - Supplemental Information		Page 2
Client 1	TEXAS JEWELERS ASSOCIATION		74-6064608
11/15/11		<u>"' </u>	08:15AN
Form 990-EZ, Other Revenu	Part I, Line 8 e		
ROYALTY/GE.	Total	\$	97. 97.
Form 990-EZ, Other Expense	Part I, Line 16 es		
CREDIT CARD FED MGMT CO. Insurance MEETING EXP. MEMBERSHIP I Payments of PLAQUES/BAND PROMOTIONS STORAGE	& BANK FEES MMISSION ENSE PROCESSING Travel or Entertainment for Public Officials NER/AWARDS Total	\$	400. 951. 2,400. 926. 4,497. 1,030. 244. 372. 3. 450. 1,481. 1,226. 13,980.
Form 990-EZ, F Other Assets			
PREPAIDS AND	RECEIVABLES. \$ 2,422 Total \$ 2,422	: \$: :	4,805. 4,805.
Form 990-EZ, P Total Liabilities	Part II, Line 26		
		. \$	Ending 0. 0.

R. LAWRENCE MECK & CO. CPAS 7718 WOOD HOLLOW DR STE G18 AUSTIN, TX 78731 (512) 346-9522

November 15, 2011

TEXAS JEWELERS ASSOCIATION 1306-A WEST ANDERSON LANE AUSTIN, TX 78757

Dear Client:

Enclosed is your 2010 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail your Federal return on or before January 17, 2012 to:

DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0027

Please be sure to call us if you have any questions.

Sincerely,

LARRÝ MECK, CPA