CLIENT 1

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

September 19, 2013

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

Dear Client:

Enclosed is your 2012 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 15, 2014 to:

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

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

Sincerely,

LARRY MECK, CPA

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

► 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.*

OMB No. 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 9/01, 2012, and ending 8/31, 2013

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C
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 ►

G Accounting Method: [ ] Cash [X] Accrual Other (specify) ►

H Check ► [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ► WWW.TEXASJEWELERS.ORG

J Tax-exempt status (check only one) – [ ] 501(c)(3) [X] 501(c) (6) ◄(insert no.) [ ] 4947(a)(1) or [ ] 527

K Check ► [ ] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $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 lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 51,569.

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

REVENUE	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	5,665.
	3	Membership dues and assessments			3	44,919.
	4	Investment income			4	985.
	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 (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b			
	c	Less: direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	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 (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►			9	51,569.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)			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	24,675.
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	3,050.
	16	Other expenses (describe in Schedule O) See Schedule O			16	16,020.
	17	**Total expenses.** Add lines 10 through 16 ►			17	43,745.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	7,824.
	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	97,777.
	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	105,601.

COPY

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2012)

Part II **Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	91,802.	22	101,167.
23	Land and buildings		23	
24	Other assets (describe in Schedule O) See Schedule O	6,754.	24	6,172.
25	**Total assets**	98,556.	25	107,339.
26	**Total liabilities** (describe in Schedule O) See Schedule O	779.	26	1,738.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	97,777.	27	105,601.

Part III **Statement of Program Service Accomplishments** (see the instrs for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III [X]

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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 [ ]	28a	5,620.
29	(Grants $) If this amount includes foreign grants, check here [ ]	29a	
30	(Grants $) If this amount includes foreign grants, check here [ ]	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here [ ]	31a	
32	**Total program service expenses** (add lines 28a through 31a)	32	5,620.

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV [ ]

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHED LIST OF OFFICERS	0	0.	0.	0.
ALL SERVE WITHOUT BENEFITS	0	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	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		X
35 a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
b	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
36	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		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 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 38 b N/A			
39	Section 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			
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 ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. 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? If 'Yes,' complete Form 8886-T	40 e		X

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

42 a The organization's 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

			Yes	No
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		X
	If 'Yes,' enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	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

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
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	44 b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44 d		
45 a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If 'Yes,' was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee paid more than $100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► ☐ Yes ☐ No

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.

Sign Here

► Signature of officer — Date

► Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LARRY MECK, CPA	[signature]	9/15/13		P00445654
Firm's name ► MECK NOONAN & CO., LLC			Firm's EIN ► 45-3359814	
Firm's address ► 7718 WOOD HOLLOW DR STE G18 AUSTIN, TX 78731			Phone no. (512) 346-9522	

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
TEXAS JEWELERS ASSOCIATION	74-6064608

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

PROMOTE THE GENERAL WELFARE, STANDING AND PROSPERITY OF THE JEWELRY INDUSTRY.

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

AWARDS	$	330.
CONTESTS		1,077.
CREDIT CARD & BANK FEES		611.
EXPOSITION & EXHIBIT		1,216.
FED MGMT COMMISSION		2,925.
HI-TECH COMMISSIONS		1,499.
Insurance		933.
LEGISLATIVE EXPENSE		551.
MEMBERSHIP PROCESSING		1,263.
MISC		48.
NETWORK SETUP EXPENSE		150.
RECEPTION EXPENSE		1,787.
RENTAL EXPENSE		462.
STORAGE		615.
TELEPHONE		1,146.
Travel		277.
WEBSITE		1,130.
Total	$	16,020.

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

	Beginning	Ending
PREPAIDS AND RECEIVABLES	$ 6,754.	$ 6,172.
Total	$ 6,754.	$ 6,172.

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

	Beginning	Ending
ASMI EXPENSES PAYABLE	$ 779.	$ 1,738.
Total	$ 779.	$ 1,738.