

Short Form Return of Organization Exempt From Income Tax

2014

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 09-01, 2014, and ending 08-31, 2015

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
Texas Jewelers Association

Number and street (for P.O. box, if mail is not delivered to street address) Room/suite
611 Congress Avenue

City or town, state or province, country, and ZIP or foreign postal code
Austin, TX 78701

D Employer identification number
74-6064608

E Telephone number
(504) 615-1191

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ <http://texasjewelers.org/>

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

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

K Form of organization: Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ **46,964**

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	42,280
	3 Membership dues and assessments	3	4,570
	4 Investment income	4	114
	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	46,964	
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	29,394
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	13,452
	16 Other expenses (describe in Schedule O)	16	14,662
	17 Total expenses. Add lines 10 through 16	17	57,508
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(10,544)
	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	101,768
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	(17,463)
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	73,761

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	159,622	75,858
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	13,118	0
25 Total assets	172,740	75,858
26 Total liabilities (describe in Schedule O)	70,972	2,097
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	101,768	73,761

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

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.

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

28 Promotion of the Jewelry Industry in the State of Texas.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	14,662
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	14,662

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
Brad Koen President	2.00	0	0	0
Peter Barr Executive Vice President	2.00	0	0	0
Robert Loving Vice President	2.00	0	0	0
Rex Solomon Secretary Treasurer	2.00	0	0	0
Robert Harrison Past President	2.00	0	0	0
Ann Glynn Executive Director	15.00	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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
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)
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)?
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
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
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
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?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 a 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
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911; section 4912; section 4955
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of Ann Glynn Telephone no. 504-615-1191
Located at 20106 Joyner Road, Covington, LA ZIP + 4 70435
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: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
c At any time during the calendar year, did the organization maintain an office outside 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 and enter the amount of tax-exempt interest received or accrued during the tax year
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
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
c Did the organization receive any payments for indoor tanning services during the year?
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
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

	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	(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 business address of each independent contractor	(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 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	<u>Ann Glynn</u> Signature of officer	Date			
	<u>Ann Glynn, Executive Director</u> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>David A Saari</u>	Preparer's signature 	Date <u>07-15-2016</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P01009592</u>
	Firm's name <u>Northshore Tax LLC</u>	Firm's EIN			
	Firm's address <u>117 West Ruelle Drive</u> <u>Mandeville LA 70471</u>	Phone no. <u>985-801-9122</u>			
	May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number
74-6064608

Texas Jewelers Association

01. Description of other expenses (Part I, line 16)

Description	Amount
Convention Costs	14,662

02. Other changes in net assets or fund balances (Part I, line 20)

Description	Amount
Other G and A Expenses	(17,463)

03. Description of other assets (Part II, line 24)

Category	Beginning of Year	End of Year
Accounts Receivable	13,118	0

04. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year
Accounts payable accrued exp	70,972	2,097

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2014, or fiscal year beginning 09-01-2014, and ending 08-31-2015

▶ **Do not send to the IRS. Keep for your records.**

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2014

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

Texas Jewelers Association

74-6064608

Name and title of officer

Ann Glynn, Executive Director

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	46,964
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Northshore Tax LLC to enter my PIN 70435 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date ▶ 07-15-2016

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

727786 98052
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date ▶ 07-15-2016

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see Instructions.

Form 8879-EO (2014)

FOR TAX YEAR 2014

TEXAS JEWELERS ASSOCIATION

Northshore Tax LLC

117 West Ruelle Drive

Mandeville, LA 70471

(985)801-9122

Northshore Tax LLC

117 West Ruelle Drive
Mandeville, LA 70471
da.saari@gmail.com
Phone: (985)801-9122 | Fax: (877)545-3464

July 15, 2016

Texas Jewelers Association
611 Congress Avenue
Austin, TX 78701

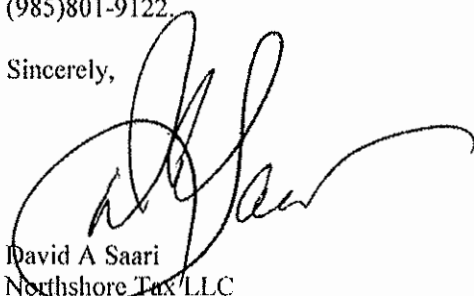
Texas Jewelers Association:

Enclosed is the 2014 federal return for a tax-exempt organization, prepared for Texas Jewelers Association from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (985)801-9122.

Sincerely,

A handwritten signature in black ink, appearing to read 'David A Saari', with a large, sweeping flourish extending to the right.

David A Saari
Northshore Tax LLC

Northshore Tax LLC

117 West Ruelle Drive
Mandeville, LA 70471
da.saari@gmail.com
Phone: (985)801-9122 | Fax: (877)545-3464

July 15, 2016

Texas Jewelers Association
611 Congress Avenue
Austin, TX 78701

Your privacy is important to us. Please read the following privacy policy.

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in this performance. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

If you have any questions about our privacy policy, please contact us.

Sincerely,

A handwritten signature in black ink, appearing to read 'David A. Saari', with a long horizontal flourish extending to the right.

David A Saari
Northshore Tax LLC

Texas Jewelers Association
Income Statement
For the Twelve Months Ending August 31, 2015

	Current Month		Year to Date	
Revenues				
Sales-Newsletter Advertising	\$ 3,005.00	6.40	\$ 3,005.00	6.40
Sales-Magazine 1/4 Page Ad	2,042.14	4.35	2,042.14	4.35
Sales-Magazine 1/2 Page	3,060.00	6.52	3,060.00	6.52
Sales-Magazine Full Page	1,487.00	3.17	1,487.00	3.17
Sales-Magazine Inside Front	0.00	0.00	0.00	0.00
Sales-Magazine Inside Back	0.00	0.00	0.00	0.00
Sales-Magazine Back Cover	10,500.00	22.36	10,500.00	22.36
Sales-Convention	13,656.13	29.08	13,656.13	29.08
Sales-Membership Retail	2,945.00	6.27	2,945.00	6.27
Sales-Membership Associate	1,625.00	3.46	1,625.00	3.46
Sales-Contributions	0.00	0.00	0.00	0.00
Sales-Program Grants	0.00	0.00	0.00	0.00
Miscellaneous Income	2,197.40	4.68	2,197.40	4.68
Interest Income	113.98	0.24	113.98	0.24
Other Income	6,332.02	13.48	6,332.02	13.48
Finance Charge Income	0.00	0.00	0.00	0.00
Shipping Charges Reimbursed	0.00	0.00	0.00	0.00
Discounts	0.00	0.00	0.00	0.00
Total Revenues	46,963.67	100.00	46,963.67	100.00
Cost of Sales				
Cost-Newsletter Creation Cost	725.00	1.54	725.00	1.54
Cost-Newsletter Commissions	1,060.60	2.26	1,060.60	2.26
Cost-Magazine Layout & Create	1,100.00	2.34	1,100.00	2.34
Cost-Magazine Content Contrib	0.00	0.00	0.00	0.00
Cost-Magazine Printing	6,470.64	13.78	6,470.64	13.78
Cost-Magazine Postage	15.24	0.03	15.24	0.03
Cost-Magazine Ad Commissions	3,654.80	7.78	3,654.80	7.78
Cost-Convention	14,662.10	31.22	14,662.10	31.22
Cost-Membership Retail Comms	45.00	0.10	45.00	0.10
Cost-Retail TRA Membership	0.00	0.00	0.00	0.00
Sales-Membership Assoc Comms	99.75	0.21	99.75	0.21
Cost of Sales-Salaries and Wag	0.00	0.00	0.00	0.00
Cost of Sales-Freight	0.00	0.00	0.00	0.00
Cost of Sales-Other	281.00	0.60	281.00	0.60
Inventory Adjustments	0.00	0.00	0.00	0.00
Total Cost of Sales	28,114.13	59.86	28,114.13	59.86
Gross Profit	18,849.54	40.14	18,849.54	40.14
Expenses				
Default Purchase Expense	0.00	0.00	0.00	0.00
Grant and Allocation Exp.	0.00	0.00	0.00	0.00
Assistance to Individuals	0.00	0.00	0.00	0.00
Member Materials	0.00	0.00	0.00	0.00
Member Material Postage	0.00	0.00	0.00	0.00
Benefits Paid to Members	0.00	0.00	0.00	0.00
Bad Debt Expense	0.00	0.00	0.00	0.00
Accounting Fees	0.00	0.00	0.00	0.00
Insurance Expense	2,134.00	4.54	2,134.00	4.54
Legal Fees	1,881.49	4.01	1,881.49	4.01
Professional Fundraising Fees	0.00	0.00	0.00	0.00
Employee Benefit Programs Exp	0.00	0.00	0.00	0.00
Other Employee Benefits	0.00	0.00	0.00	0.00
Supplies Expense	15.66	0.03	15.66	0.03

For Management Purposes Only

> 4570

Cost of Sales
28,114
- 14,662

13,452

Texas Jewelers Association
Income Statement
For the Twelve Months Ending August 31, 2015

	Current Month		Year to Date	
Telephone Expense	0.00	0.00	0.00	0.00
Postage and Shipping Expense	976.47	2.08	976.47	2.08
Occupancy Expense	0.00	0.00	0.00	0.00
Equipment Rental Expense	0.00	0.00	0.00	0.00
Maintenance Expense	0.00	0.00	0.00	0.00
Printing Expense	169.35	0.36	169.35	0.36
Publications	210.00	0.45	210.00	0.45
Travel Expense	3,647.81	7.77	3,647.81	7.77
Paypal Fees	0.00	0.00	0.00	0.00
Bank Fees	0.00	0.00	0.00	0.00
Web Conference etc Graphics	0.00	0.00	0.00	0.00
Website Software, Coding Graph	0.00	0.00	0.00	0.00
Website Graphics	410.00	0.87	410.00	0.87
Website Hardware	0.00	0.00	0.00	0.00
Website Updates, Changes etc	0.00	0.00	0.00	0.00
Web Hosting	0.00	0.00	0.00	0.00
Dues & Subscriptions	28.00	0.06	28.00	0.06
Conferences Expense	6,862.52	14.61	6,862.52	14.61
Meetings Expense	1,125.91	2.40	1,125.91	2.40
Interest Expense	0.00	0.00	0.00	0.00
Payroll Tax Expense	0.00	0.00	0.00	0.00
Depreciation Expense	0.00	0.00	0.00	0.00
Compensation of Officers	0.00	0.00	0.00	0.00
Salaries Expense	0.00	0.00	0.00	0.00
Contract Labor	29,394.45	62.59	29,394.45	62.59
Other Expense	0.00	0.00	0.00	0.00
Purchase Disc-Expense Items	0.00	0.00	0.00	0.00
Gain/Loss on Sale of Assets	0.00	0.00	0.00	0.00
Total Expenses	46,855.66	99.77	46,855.66	99.77
Net Income	\$ (28,006.12)	(59.63)	\$ (28,006.12)	(59.63)

46856
- 29394

17,462

Texas Jewelers Association
Balance Sheet
August 31, 2015

ASSETS

Current Assets		
Business Checking Account	\$	4,866.23
Chase Savings Account		43,351.53
Investments - CD		27,640.55
		75,858.31
Total Current Assets		
Property and Equipment		
		0.00
Total Property and Equipment		
Other Assets		
		0.00
Total Other Assets		
	\$	75,858.31

LIABILITIES AND CAPITAL

Current Liabilities		
Accounts Payable	\$	1,097.00
Fund Deposits		1,000.00
		2,097.00
Total Current Liabilities		
Long-Term Liabilities		
		0.00
Total Long-Term Liabilities		
Total Liabilities		
		2,097.00
Capital		
Retained Earnings		101,767.43
Net Income		(28,006.12)
		73,761.31
Total Capital		
	\$	75,858.31

Unaudited - For Management Purposes Only