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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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

2011**Open to Public Inspection****A** For the 2011 calendar year, or tax year beginning **May 1**, 2011, and ending **Apr 30**, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Houston Junior Woman's Club		D Employer identification number 23-7045947
	Number and street (or P O box, if mail is not delivered to street address) P. O. Box 19684		E Telephone number (713) 464-9111
	City or town, state or country, and ZIP + 4 Houston TX 77224-9684		F Group Exemption Number ►

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) **►**

I Website: **► www.hjwconline.org**

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

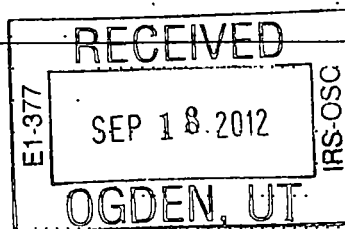
J Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) (4) (insert no) ☐ 4947(a)(1) or ☐ 527

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 **► \$ 16,300.**

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 ☒

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	16,300.
	4 Investment income	4	
	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	16,300.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	0.
	12 Salaries, other compensation, and employee benefits	12	0.
	13 Professional fees and other payments to independent contractors	13	1,200.
	14 Occupancy, rent, utilities, and maintenance	14	1,888.
	15 Printing, publications, postage, and shipping	15	2,005.
	16 Other expenses (describe in Schedule O)	16	8,137.
	17 Total expenses. Add lines 10 through 16	17	13,230.
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,070.
	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	2,969.
	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	6,039.



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

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

Form 990-EZ (2011)

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	2,738.	5,135.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O) See L-24 Stmt	852.	904.
25 Total assets	3,590.	6,039.
26 Total liabilities (describe in Schedule O) See L-26 Stmt	621.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,969.	6,039.

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 ☐

What is the organization's primary exempt purpose? Any charitable, benevolent or educational purpose
 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 and section 4947(a)(1) trusts; optional for others.)

28 Bayou Bend Collection and Gardens-17 volunteers serve as docents for four hour shifts six Sundays each year in the Hogg Mansion display of American antiques.		
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0.
29 Texas Children's Cancer Center at TX Children's Hospital 14 members serve three hour shifts monthly working the snow cone cart, art cart, information desk, etc.		
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0.
30 Houston's Ronald McDonald House-Forty members serve three hour shifts monthly to staff volunteer office, prepare lunches, register children seeking treatment, etc.		
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0.
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	0.

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 address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form 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
Rhonda Van Liew 643 Shartle Circle Houston TX 77024	President 10.00	0.	0.	847.
Donna Jackson 7603 Crescendo Houston TX 77040	President-elect 6.00	0.	0.	0.
Nancy Douglas 12030 Forest Estates Houston TX 77066	Co-First VP 4.00	0.	0.	0.
Susan Glover 12463 Woodthorpe Houston TX 77024	Co-First VP 4.00	0.	0.	0.
Jan Dunn 7607 Crescendo Houston TX 77040	Second VP 4.00	0.	0.	0.
Sandra Fox 1050 Shorewood Seabrook TX 77586	Recording Sec. 4.00	0.	0.	0.
Debbie Bauer 11306 Innisfree Houston TX 77024	Treasurer 6.00	0.	0.	0.
Nina Lambright 6249 Ella Lee Lane Houston TX 77057	Treas. Fundraising 4.00	0.	0.	0.
Mary Ellen Verbois 4712 Glenmont Bellaire TX 77401	Chair-Fundraising 4.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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		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)	X	
35a 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)?		X
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.		
35c 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.		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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b 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 outstanding at the end of the tax year covered by this return?		X
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39 Section 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 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) 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	40b	X
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	40e	X
41 List the states with which a copy of this return is filed ▶		

42a The organization's books are in care of ▶ Debbie Bauer Telephone no. ▶ (713) 932-7957
 Located at ▶ 11306 Innisfree Houston TX ZIP + 4 ▶ 77024

	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)? If 'Yes,' enter the name of the foreign country: ▶	42b	X
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: ▶	42c	X

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 ▶ **43**

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	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	44d	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	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)	45b	X

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.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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 ☐

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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 address of each employee paid more than \$100,000	(b) Title and 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

e 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

e 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 <i>Donna Jackson</i>		Date 09/04/12		
	Type or print name and title Donna Jackson		President		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>O.C. Aldrich III CPA</i>	Date 9/10/2012	Check <input type="checkbox"/> if self-employed	PTIN P00039712
	Firm's name ▶ O. C. Aldrich, Inc.				
	Firm's address ▶ 12614 Kingsride Houston TX 77024			Firm's EIN ▶ 76-0652185	Phone no (713) 464-9111

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

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.

Open to Public
Inspection

Name of the organization

Houston Junior Woman's Club

Employer identification number

23-7045947

Pt V, Line 34 Bylaws amended

C - Name This Form 990-EZ is unable to be filed electronically

because the name on the return does not match

that of the Internal Revenue Service. The name

discrepancy is due to Texas Federation of Women's

Clubs inadvertently including Houston Junior Woman's

Club as an affiliated women's club on its list

that is submitted annually to Internal Revenue

Service.

Attached is a copy of a letter from Texas Federation

of Women's Clubs which acknowledges that it will

remove Houston Junior Woman's Club from its list

of affiliated women's clubs when it next files

its annual list with Internal Revenue Service.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

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

Other expenses (describe in Schedule O)

Activities	3,394.
Insurance	969.
President's Expenses	847.
Service Chairman's Expenses	1,493.
Yearbook	1,135.
Office Expense	299.
Total	8,137.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compen- sation
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Marjanne Gillick 606 Rancho Bauer Houston TX 77079 Foreign City Foreign Country	Title Asst chair-Fundra Hours/Week 4.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Susie Meischen 3817 Browning Houston TX 77005 Foreign City Foreign Country	Title Service Chairman Hours/Week 4.00	0.	0.	1,493.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Ellen Del Franco 12802 Secret Forest Ct Cypress TX 77429 Foreign City Foreign Country	Title Bayou Bend Chair Hours/Week 4.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Sandy Jarnigan 40 Meadow Way Richmond TX 77469 Foreign City Foreign Country	Title Crafts Chair Hours/Week 4.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Evelyn Owens 8830 Winningham Houston TX 77055 Foreign City Foreign Country	Title Ronald McDonald C Hours/Week 4.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Dianne Demny 1997 FM 949 Alleyton TX 78935 Foreign City Foreign Country	Title Activities Chair Hours/Week 4.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compen- sation
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
<u>Carolyn Klevenhagen</u>	Title			
<u>11934 Cobblestone</u>	Representative-at			
<u>Houston TX 77024</u>	Hours/Week			
<u>Foreign City</u>	4.00	0.	0.	0.
<u>Foreign Country</u>				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
<u>Edith Odom</u>	Title			
<u>606 Hallie</u>	Advisor			
<u>Houston TX 77024</u>	Hours/Week			
<u>Foreign City</u>	4.00	0.	0.	0.
<u>Foreign Country</u>				

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
<u>Prepaid Expense</u>	852.	904.
Total	<u>852.</u>	<u>904.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
<u>Accounts Payable</u>	621.	0.
Total	<u>621.</u>	<u>0.</u>

The Texas Federation of Women's Clubs

Organized 1897
Admitted to GFWC 1899
Incorporated 1914

A Member of General Federation of Women's Clubs

2312 San Gabriel
Austin, Texas 78705
512-472-1456



March 23, 2012

Mrs. Rhonda Van Liew
President
Houston Junior Woman's Club
P. O. Box 19684
Houston, TX 77224-9684

Dear Mrs. Van Liew,

We have been made aware that Houston Junior Woman's Club has inadvertently been included in our list of affiliated women's clubs that is submitted annually to Internal Revenue Service. Since you have not been affiliated with Texas Federation of Women's Clubs since the early 1970s, and have not paid dues to our organization since that time, we will remove your organization from the list.

This letter is our acknowledgment that Texas Federation of Women's Clubs will remove Houston Junior Woman's Club from its list of affiliates that is submitted annually to Internal Revenue Service. This removal will be completed with the list that is scheduled to be submitted (for the fiscal year ending June 30, 2012) or (for our next fiscal year, which begins July 1, 2012).

Please let us know if you have any questions.

Yours truly,

Melisa Araiza Hayes
TFWC Office Manager

