

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2011 or other tax year beginning _____, 2011,
and ending _____, _____

2011

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	HOUSTON HABITAT FOR HUMANITY, INC. 3750 N. MCCARTY HOUSTON, TX 77029	<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.) 76-0207084
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)			E Unrelated business activity codes (See instructions.) 444100	

C Book value of all assets at end of year: **28,545,895.**

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity.
▶ **SALE OF BUILDING MATERIALS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ... Yes No
If 'Yes,' enter the name and identifying number of the parent corporation ...

J The books are in care of: ▶ **TRISH SANDERS** Telephone number: ▶ **713-671-9993**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales... 1,462,602.			
b	Less returns and allowances... c Balance. ▶	1 c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		449,701.
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13	449,701.	0. 449,701.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	305,489.
16	Repairs and maintenance	16	13,345.
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	22,400.
20	Charitable contributions (See instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	73,524.
22	Less depreciation claimed on Schedule A and elsewhere on return	22 a	22 b 73,524.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	4,268.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 1	28	193,898.
29	Total deductions. Add lines 14 through 28	29	612,924.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-163,223.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-163,223.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-163,223.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [] See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ [] (2) \$ [] (3) \$ [] b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ [] (2) Additional 3% tax (not more than \$100,000) \$ [] c Income tax on the amount on line 34 35 c 0. 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [] Tax rate schedule or [] Schedule D (Form 1041) 36 37 Proxy tax. See instructions. 37 38 Alternative minimum tax 38 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).... 40 a 40 b Other credits (see instructions) 40 b 40 c General business credit. Attach Form 3800 (see instructions) 40 c 40 d Credit for prior year minimum tax (attach Form 8801 or 8827) 40 d 40 e Total credits. Add lines 40a through 40d 40 e 0. 41 Subtract line 40e from line 39 41 0. 42 Other taxes. Check if from: [] Form 4255 [] Form 8611.. [] Form 8697 [] Form 8866 [] Other (attach schedule) 42 43 Total tax. Add lines 41 and 42. 43 0. 44 a Payments: A 2010 overpayment credited to 2011. 44 a 44 b 2011 estimated tax payments 44 b 44 c Tax deposited with Form 8868. 44 c 44 d Foreign organizations: Tax paid or withheld at source (see instructions) 44 d 44 e Backup withholding (see instructions) 44 e 44 f Credit for small employer health insurance premiums (Attach Form 8941) 44 f 44 g Other credits and payments: [] Form 4136 [] Form 2439 [] Other Total ... 44 g 45 Total payments. Add lines 44a through 44g 45 0. 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. [] 46 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed. 47 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 48 49 Enter the amount of line 48 you want: Credited to 2012 estimated tax [] Refunded [] 49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. [] Yes [X] No 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. [] Yes [X] No 3 Enter the amount of tax-exempt interest received or accrued during the tax year [] \$ 0.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation [] COST

1 Inventory at beginning of year 1 191,831. 2 Purchases 2 1,072,008. 3 Cost of labor 3 4a Additional section 263A costs (attach schedule) 4a 4b Other costs (attach sch) 4b 5 Total. Add lines 1 through 4b 5 1,263,839. 6 Inventory at end of year 6 250,938. 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 1,012,901. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? [] Yes [X] 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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date Title EXECUTIVE DIRECTOR May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No Print preparer's name Preparer's signature Date 11/13/12 Check [] if self-employed PTIN P00839959 Firm's name EVANS & CHASTAIN, L.L.P. Firm's EIN 76-0379066 Firm's address 14950 HEATHROW FOREST PKWY SUITE 175 HOUSTON, TX 77032 Phone no. (713) 334-1200

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

Table with 3 main columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected. Includes rows (1)-(4) and a Total row.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 main columns: 1 Description of debt-financed property, 2 Gross income, 3 Deductions, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions. Includes rows (1)-(4) and a Totals row.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 main columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income, 4 Total of specified payments, 5 Part of column 4, 6 Deductions directly connected. Includes rows (1)-(4) and a Totals row.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Includes rows (1)-(4) and a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income (loss), 5 Gross income from activity, 6 Expenses attributable, 7 Excess exempt expenses. Includes rows (1)-(4) and a Totals row.

Schedule J - Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes rows (1)-(4) and a Totals row.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes rows (1)-(4) and a Totals row.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1 Name, 2 Title, 3 Percent of time devoted to business, 4 Compensation attributable to unrelated business. Includes a Total row.

2011

FEDERAL STATEMENTS

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CLIENT H014AME

HOUSTON HABITAT FOR HUMANITY, INC.

76-0207084

11/12/12

02:21PM

STATEMENT 1
FORM 990-T, PART II, LINE 28
OTHER DEDUCTIONS

COMPUTER EXPENSE	\$	24,354.
EQUIPMENT EXPENSE		15,506.
INSURANCE		25,260.
LEGAL AND PROFESSIONAL		6,832.
OFFICE SUPPLIES		8,286.
OTHER		27,922.
PAYROLL SERVICE		294.
POSTAGE, DELIVERY, PRINTING		6,333.
PROFESSIONAL DEVELOPMENT		292.
PUBLIC RELATIONS & ADVERTISING		172.
SECURITY		7,268.
TRAVEL & AUTO EXPENSE		13,457.
UTILITIES AND TELEPHONE		57,922.
TOTAL	\$	<u>193,898.</u>