

Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 10/1/2011, and ending 9/30/2012

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

C Name of organization Houston's Charity for Children, Inc.
 Doing Business As _____

D Employer identification number 76-0135741

E Telephone number (713) 524-2878

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
230 Westcott St. 202

City or town, state or country, and ZIP + 4
Houston TX 77007

F Name and address of principal officer:
Laura Ward, Executive Director

G Gross receipts \$ 3,204,382

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: _____

M State of legal domicile: TX

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The purpose of the Organization is to support causes related to children. This includes providing vehicles and other types of support to other organizations who provide direct support to children.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>16</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>16</u>
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<u>5</u>	<u>0</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>0</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>1,972,830</u>	<u>2,786,062</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>2,077</u>	<u>475</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0</u>	<u>0</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,974,907</u>	<u>2,786,537</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>1,438,871</u>	<u>1,819,208</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>333,522</u>	<u>400,840</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>154,895</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>203,374</u>	<u>186,188</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>1,975,767</u>	<u>2,406,236</u>
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	<u>-860</u>	<u>380,301</u>
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>571,456</u>	<u>951,629</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>3,735</u>	<u>3,607</u>
		<u>567,721</u>	<u>948,022</u>

Part II Signature Block

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: GARY BECKER Date: 11-15-12

Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name: Ken Skrabanek Preparer's signature: [Signature] Date: 10/30/2012 Check if self-employed PTIN: P00181395

Firm's name ▶ Ken Skrabanek, CPA Firm's EIN ▶ 467-86-5881

Firm's address ▶ P.O. Box 1246 Crosby, Texas 77532 Phone no. (281) 328-4412

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No