

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

C Name of organization: NOAH'S HOUSE
Doing Business As: _____
Number and street (or P O box if mail is not delivered to street address): 176 FELLOWS ROAD
Room/suite: _____
City or town, state or country, and ZIP + 4: HOUSTON, TX 77047

D Employer identification number: 76-0590599

E Telephone number: (713) 436-2162

G Gross receipts \$ 531,298

F Name and address of principal officer: DONALD R RAY, 176 FELLOWS ROAD, HOUSTON, TX 77047

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)
H(c) Group exemption number ▶ _____

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

J Website: ▶ www.noahshousetexas.com

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1999
M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Community Based Rehab Facility		
	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)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 338,994	Current Year: 62,385
	9 Program service revenue (Part VIII, line 2g)	387,285	468,912
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	869	1
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	727,148	531,298
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		191,263	205,862
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		343,522	360,642
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	534,785	566,504	
19 Revenue less expenses Subtract line 18 from line 12	192,363	-35,206	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 1,646,452	End of Year: 1,581,366
	21 Total liabilities (Part X, line 26)	766,549	736,669
	22 Net assets or fund balances Subtract line 21 from line 20	879,903	844,697

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: _____ Date: 2011-08-25
DONALD R RAY PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MARK S PANZERCPA Preparer's signature: MARK S PANZERCPA Date: 2011-09-09 Check if self-employed PTIN: _____
Firm's name: MARK S PANZER PC Firm's EIN: _____
Firm's address: 5555 WEST LOOP SOUTH SUITE 555 BELLAIRE, TX 77401 Phone no: (713) 529-2222

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