

# 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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning** January 1, 2010, and ending December 31, 20 10

<b>B</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	<b>C</b> Name of organization <u>Houston Highway Credit Union</u> Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>8120 Washington Avenue</u> City or town, state or country, and ZIP + 4 <u>Houston, Texas 77007</u>	<b>D</b> Employer identification number <u>74-1280652</u> <b>E</b> Telephone number <u>(713) 864-44</u>
<b>F</b> Name and address of principal officer: <u>Craig Atkinson, President</u> <u>8120 Washington Avenue Houston, Texas 77007</u>		<b>G</b> Gross receipts \$ <u>2,106,490</u>
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <u>14</u> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>J</b> Website: ▶ <u>www.houstonhighwaycu.com</u>		<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <u>1952</u> <b>M</b> State of legal domicile: <u>TX</u>

### Part I Summary

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>Credit Union, Financial Coopertaive that has consumer financial products such as Savings, Checking, Certificates of Deposit, Auto Loans and other personal / consumer financial products.</u>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	5429
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	5429
<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b>	16
<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	15
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	16926
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0
<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	0	0
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	1,317,926	1,570,276
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	729,865	536,214
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	2,047,791	2,106,490
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	0	0
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	584,362	617,689
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	1,397,696	1,729,871
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	1,982,058	2,247,950
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . .	65,733	(141,460)
<b>20</b>	Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26) . . . . .	43,890,072	49,187,283
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	39,082,198	44,520,869
		4,807,874	4,666,414

### 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.

<b>Sign Here</b>	 Signature of officer <u>CRAIG ATKINSON PRESIDENT</u> Type or print name and title	Date <u>3-23-11</u>
------------------	---	------------------------

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no.	
	Firm's address ▶				

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