# Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2011

OMB No. 1545-1150

All other organizations with gross receipts lead to the Treasury at the end of the Internal Bevenue Service

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.

Open to Public Inspection

Α	For the	2011 calendar	r year, or tax year beginning	9 08/01	, :	2011, and e	nding	07/	'31 ,	20 12
В	Check if a	pplicable:	C Name of organization						r identification nu	
	Address	change }	OUSTON MASTERWORKS	CHORUS INC			•		76-0182765	
H	Name cha	•	Number and street (or P.O. box, i	if mail is not delivered to s	treet address)	Room	/suite	E Telephone number		
H	Initial retu Terminate	Ferminated City or town, state or country, and ZIP + 4 Fig. 3.					713-529-8900			
							F Group I	Group Exemption		
	Application	on pending H	louston, TX 77006-4964	h.				Numbe	r 🕨	
G	Account	ting Method:	☑ Cash ☐ Accrual (	Other (specify) 🕨			Н с	check ►	$\square$ if the organiza	ition is not
	Websit -		oustonmasterworks.org				- 1	-	attach Schedule	
					ert no.) 🔲 4947(a)				990-EZ, or 990-	
	Check ▶	► ☐ If the	organization is not a section 5	09(a)(3) supporting org	anization or a se	ection 527 or	ganizatior	n <b>and i</b> ts g	ross receipts are	normally
			. A Form 990-EZ or Form 990		though Form 99	0-N (e-post	ard) may	be require	ed (see instructio	ns). But if
			es to file a return, be sure to , to line 9 to determine gross re		ara \$200 000 ar	mara ar lifta	ملمحمد ام	(Dowt II		
			r) are \$500,000 or more, file Foi							
	art I		, Expenses, and Chan			lange (e			\$	94,857
	CII C I		he organization used Sci							
_	1		is, gifts, grants, and simila							
	2		vice revenue including go					2		63,341
	3	-	dues and assessments.					3		20,744 7,584
	4	Investment i					• •	4		0
	5a		nt from sale of assets oth	er than inventory		5a	•			
	b		r other basis and sales ex			5b		0		
	C		s) from sale of assets othe			rom line 5a	)	5	C .	0
	6	Gaming and	fundraising events				•			<u>-</u> _
e	a		me from gaming (attach		greater than 	6a		0		
Revenue	b	Gross incom	ne from fundraising events	s (not including \$	ι	o of cont	ibutions			
ě	1		ising events reported on I		dule G if the		.,			
_		sum of such	gross income and contrib	outions exceeds \$15	,000)	6b		о 🗓		
	С		expenses from gaming ar			6c		0		
	d		or (loss) from gaming an	nd fundraising event	s (add lines 6	a and 6b	and subt	ract		
		line 6c) .			· · · · · .			· · 60	E	0
	7a		of inventory, less returns	and allowances .	[	7a		0		
	b		•			7b		0		
	С		or (loss) from sales of inve					70	3	0
	8		ue (describe in Schedule 0					8		3,188
	9	Containeven	ue. Add lines 1, 2, 3, 4, 5c	c, 6d, 7c, and 8	<del></del>			. 🕨 9		94,857
	10 11		similar amounts paid (list i					10		0
(A)	1	Salaries oth	d to or for members er compensation, and em	nolovoo honofita				1	·	0
Expenses	13	Professional	fees and other navments	to independent con	tractore			· · <u>12</u>		45,708
ĕ	14	Occupancy	fessional fees and other payments to independent contractors				· · <u>  19</u> · · <u>  14</u>	· · · · · · · · · · · · · · · · · · ·	26,669	
X	15	Occupancy, rent, utilities, and maintenance				· · <u>  1^</u>   18		6,753		
	16		ses (describe in Schedule							1,190 9,786
	17	Total expen	ses. Add lines 10 through	116				. • 17		90,106
	18	Excess or (d	eficit) for the year (Subtra	ct line 17 from line 9	)	· · · · ·		18		4,751
Net Assets	19	Net assets of	or fund balances at begin	ning of year (from I	ine 27, columr	n (Á)) (mus	t agree	with		
Ass	}	end-of-year	figure reported on prior ye	ear's return)				19	9	27,561
let.	20		es in net assets or fund ba							0
Z	21		r fund balances at end of							32.312

Pa	rt II Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule		nv auestion in this	Part II		
			_2	(A) Beginning of year	r <del>i - i</del>	(B) End of year
22	Cash, savings, and investments			28,361	22	32,312
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)	•		0	24	0
25	Total assets		[	28,361	25	32,312
26	Total liabilities (describe in Schedule O)		[	800	26	0
27	Net assets or fund balances (line 27 of column			27,561	27	32,312
Par						Expenses
144	Check if the organization used Schedule			Part III [	(Red	quired for section
	t is the organization's primary exempt purpose?	See Schedule O, Sta		·····		(c)(3) and 501(c)(4)
as n	ribe the organization's program service accomplineasured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe the ach program title.	e services provide	d, the number of	494	anizations and section 7(a)(1) trusts; optional others.)
28	Houston Masterworks Chorus, the city's largest ind	ependent chorus, is a	community arts org	anization		
	dedicated to the presentation of great choral music	and to the continuation	on of the choral soc	ety tradition.		
	(Continued on Schedule O, Statement 2)					
20	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	<u> ▶ U</u>	28a	71,867
29	PR					
				*******		
	(Grants \$ ) If this amount	inglishes feature				
30					29a	
00						
	(Grants \$ ) If this amount	includes foreign gra	inte check here		30a	
31	Other program services (describe in Schedule O)		· · · · · · ·		SUA	<del>                                     </del>
		includes foreign gra	nts check here	· · · · · · · · · · · · · · · · · · ·	31a	
32	Total program service expenses (add lines 28a	through 31a)	into, oncornere .	· · · · · · · · · · · · · · · · · · ·	32	71,867
Par	List of Officers, Directors, Trustees, and Ke	v Employees. List eac	h one even if not cor	nnensated (see the i		ctions for Part IV.)
	Check if the organization used Schedule	O to respond to a	ov question in this	Part IV	ioti u	
		(b) Title and average	(c) Reportable	(d) Health benefits,	Ť	<u> </u>
<u> </u>	(a) Name and address	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employe benefit plans, and deferred compensation	C	Estimated amount of other compensation
	ge Bamberg	Board Member, 1	ĺ	)	0	0
4119	Montrose Blvd Suite 260, Houston, TX 77006-4964	5 114				
	y Christopherson	Board Member, 1		)	0	0
	Montrose Blvd Suite 260, Houston, TX 77006-4964	Deand Massis 0			_	
	phen Green	Board Member, 2	(	n	0	0
	Montrose Blvd Suite 260, Houston, TX 77006-4964	Secretary, 15				
	e Hackem	Secretary, 15	į (		0	0
	Montrose Blvd Suite 260, Houston, TX 77006-4964	Board Member, 1			-	
	rah Hamilton	Board Weinber, 1	(		0	0
	Montrose Blvd Suite 260, Houston, TX 77006-4964	Board Member, 2				
	Montrees Divid Suits and Users TV 77700 4004	Bourd Member, 2	(	ı	0	0
	Montrose Blvd Suite 260, Houston, TX 77006-4964	President, 20			-	
	R La Rue Montrose Blvd Suite 260, Houston, TX 77006-4964	1 703/40/10, 20	(		0	0
	nas Plapp	Treasurer, 2			+	
	Montrose Blvd Suite 260, Houston, TX 77006-4964	, -	C	)	0	0
7113	mona 656 bive 5aite 200, nouston, 1x 77000-4964				-	
	***************************************					•
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	wa w					
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				1	+	
					1	

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	
34	detailed description of each activity in Schedule O	33		<b>✓</b>
J <del>4</del>	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)	34		<b>✓</b>
35 <sub>a</sub>	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)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<del>\</del>
С	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.	35c		<b>√</b>
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	36		<b>√</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a			
b	Did the organization file Form 1120-POL for this year?	37b		<b>√</b>
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?	38a		<b>/</b>
	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			
b 40=	Gross receipts, included on line 9, for public use of club facilities	_		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
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		
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		√
41	List the states with which a copy of this return is filed. ►			
42a	The organization's books are in care of ▶ Rita R La Rue Telephone no. ▶ 7	713-529	9-8900	)
_	Located at ► 4119 Montrose Blvd Suite 260, Houston, TX 77006-4964 ZIP + 4 ►	77006	-4964	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
		42b		✓_
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
•		10		
	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c		<u> </u>
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		T	
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes	No
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	44a		٧ ,
	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		<u>√</u>
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44C 44d		Υ
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	<b>/</b>
45b	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		

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							Yes	SINO
46	Did the organization engage, directly or i	ndirectly, in political o	campaign activities of	n behalf of or	in opposi	tion 🔛		
	to candidates for public office? If "Yes,"	complete Schedule (	C, Part I.,			. 46	3	✓
Part		s and section 4947	7(a)(1) nonexempt	charitable	trusts or	ily. All s	ection	1
	501(c)(3) organizations and sect	ion 4947(a)(1) none	xempt charitable tr	usts must a	nswer qu	estions	47-49	9b
	and 52, and complete the tables							
	Check if the organization used Sc			this Part VI				
			a to any quoditonin	ino i aic vi		<u>· · · · · · · · · · · · · · · · · · · </u>	Yes	s No
47	Did the organization engage in lobbying	activities or have a	section 501/h) election	on in effect o	lurina tha	tov [	- 100	3 140
••	year? If "Yes," complete Schedule C, Pai		Section 50 (ii) electr				_	,
40								
48	is the organization a school as described in	in section 170(b)(1)(A)(	ii) / if "Yes," complete	Schedule E		. 48		
49a	Did the organization make any transfers t	to an exempt non-cha	aritable related organi	ization?		. 49	a	✓
b	If "Yes," was the related organization a se	ection 527 organization	on?			. 49		
50	Complete this table for the organization's	s five highest comper	isated employees (ot	her than offic	ers, direct	tors, trus	tees a	nd ke
	employees) who each received more that	n \$100,000 of compe	nsation from the orga	inization. If th	ere is non	e, enter '	'None	."
	(a) Name and address of each employee	(b) Title and average	(c) Reportable	(d) Health				
	paid more than \$100,000	hours per week	compensation	contributions to benefit plans, a		(e) Estima	ated amo	
	•	devoted to position	(Forms W-2/1099-MISC)	compen		Out of Co	Jimpena	allon
None								
		1		1				
		-						
			<u> </u>	<del></del>				
		ł						
				ļ <u>.</u>				
	·							
						i		
						1		
f	Total number of other employees paid ov	er \$100,000	. ▶					
51	Complete this table for the organization	's five highest comp	ensated independent	contractors	who each	ı receive	d mor	e than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."					
(a)	Name and address of each independent contractor pa	aid more than \$100 000	(b) Type of ser	uiaa I			-11	
	The state of the s	ara more than \$100,000	(b) Type of ser	vice	(C)	) Compensa	HOH	
None								
				İ				
					· · · · · ·			
			<b>-</b>					
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		··· · <u>- · · · · · · · · · · · · · · · ·</u>						
		~~	-					
		<del></del>				<del></del>		
d	Total number of other independent contra	actors each receiving	over \$100,000	<b>&gt;</b>				
52	Did the organization complete Schedule	A? Note: All section 5	01(c)(3) organizations	and 4947(a)	(1)			
	nonexempt charitable trusts must attach	a completed Schedul	e A			► 🗹 Ye	s 🗆	No
Under p	enalties of perjury, I declare that I have examined this	return, including accompan	ving schedules and statem	ents, and to the				
true, cor	rrect, and complete. Declaration of preparer (other than	n officer) is based on all info	rmation of which preparer	has any knowled	ge.	iomeage a	ind bene	n, it is
					<del></del>			
Sign	Signature of officer		Date				-	
Here				Date				
. 1010	Rita R LaRue, Board President Type or print name and title							
		In.	···	<del></del>	<del></del>	<del></del>		
Paid	Print/Type preparer's name	Preparer's signature	Da	ate	Check	if PTIN		
Prep	arer				self-emplo	yed		
Use (				Firm	s ElN ▶			
	Firm's address ►			Phor				
May th	ne IRS discuss this return with the prepare	r shown above? See i	nstructions			► ☐ Ye	s $\square$	No
	· · · · · · · · · · · · · · · · · · ·							

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number HOUSTON MASTERWORKS CHORUS INC 76-0182765 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 331/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🔲 Type I b Type II c Type III-Functionally integrated d Type III-Other e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) E(N (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization in col. (i) listed in your (described on lines 1-9) he organization in organization in col. governing document? col. (i) of your above or IRC section (i) organized in the support? (see instructions)) Yes No Yes Yes (A) (B) (C) (D) (E)

Total

Schedu	ıle A (Form 990 or 990-EZ) 2011						
Pari		ations Dosor	ihad in Casti	one 170/b\/1	VAVisi) and 4	70/6\/4\/4\/	Page 2
ı en	(Complete only if you checked the	he hay an line	5 7 or 8 of	Part Lor if the	)(A)(IV) and I	vy(A)(1)(A)(v n failed to au	I) alifuundar
	Part III. If the organization fails to	o qualify unde	r the tests lis	ted helaw al	esse comple	ii ialled to qu sta Part III I	amy under
Sect	ion A. Public Support	o quanty and	7 1110 10010 110	rea bojow, p	case comple	to rait iii.)	· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	(4) 2007	(5) 2500	(0) 2000	(0) 2019	(6) 2011	(i) rotal
-	membership fees received. (Do not						
	include any "unusual grants.")	87,609	111,569	89,931	72,050	70,925	432,084
2	Tax revenues levied for the organization's benefit and either paid	0.7000	111,000	00,007	72,000	10,020	432,004
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities			·			
	furnished by a governmental unit to the						
	organization without charge	0	0	o	0	o	o
4	Total. Add lines 1 through 3	87,609	111,569	89,931	72,050	70,925	432,084
5	The portion of total contributions by		3.000		-,,	13,02	.027001
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on		Sept Section	2.0	John Weige		
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4.						432,084
	on B. Total Support						
Caler	ıdar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	87,609	111,569	89,931	72,050	70,925	432,084
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar			i i			
	sources	0	0	0	О	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
40		0	0	0	0	. 0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	0	0	0	0	0	0
12	Gross receipts from related activities, etc	(see instruction	ne)			40	432,084
13	First five years. If the Form 990 is for the			third fourth	or fifth tay yo	12	130,401
	organization, check this box and stop he			· · · · ·			
Secti	on C. Computation of Public Suppor					· · · · · · · ·	
14	Public support percentage for 2011 (line			1 column (fi)		14	100 %
15	Public support percentage from 2010 Sci					15	100 %
16a	331/3% support test-2011. If the organi	zation did not d	heck the box	on line 13. and	line 14 is 331/		heck this
	box and stop here. The organization qua	difies as a publi	cly supported	organization			. ▶ ☑
b	331/a% support test—2010. If the organ check this box and stop here. The organ	nization did no	t check a box	on line 13 or	16a, and line		or more,
<b>1</b> 7a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "f organization	011. If the orga ets the "facts-a acts-and-circu	nization did no and-circumstar mstances" tes	ot check a box nces" test, che t. The organiza	on line 13, 16a ck this box an tion qualifies a	a, or 16b, and d <b>stop here.</b> E as a publicly si	line 14 is Explain in Upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization metaplain in Part IV how the organization metapported organization	010. If the orga tion meets the neets the "facts	nization did no "facts-and-cir -and-circumst	ot check a box cumstances" t ances" test. Th	on line 13, 16: test, check thi ne organization	a, 16b, or 17a, is box and sto n qualifies as a	and line  op here.  publicly
18	Private foundation. If the organization di	d not check a h	oox on line 13		or 17h chaol	this hovend	· - 🗀
-	instructions						. ▶ □

55(100)	3077 P 05111 000 01 000 E27 E011						Page 3
Part		ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked the	ne box on line	e 9 of Part I c	or if the orgar	nization failed	to qualify ur	nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please c	omplete Part	II.)	
	ion A. Public Support	γ					
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified					1	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						<u> </u>
8	Public support (Subtract line 7c from					ar, and a figure	
	line 6.)	3.000	10000	10000	term injection		
Secti	ion B. Total Support						
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6				, ,	, , , , , , , , , , , , , , , , , , , ,	3.7
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						1
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						<del>- [</del>
	section 511 taxes) from businesses			]			
	acquired after June 30, 1975						
С	Add lines 10a and 10b		.,-				<del>- </del>
11	Net income from unrelated business						
	activities not included in line 10b, whether	•					
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	,					
	and 12.)						
14	First five years. If the Form 990 is for the	e organization	's first, secon	d, third, fourth	n, or fifth tax ve	ear as a sect	ion 501(c)(3)
	organization, check this box and stop her				·		
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2011 (line 8			3. column (f))		15	%
16	Public support percentage from 2010 Sch	edule A. Part	III. line 15			16	%
	on D. Computation of Investment Inc				<u> </u>	<u> </u>	
17	Investment income percentage for 2011 (I			v line 13. colu	mn (f))	17	%
18	Investment income percentage from 2010	Schedule A	Part III. line 17	,		18	%
19a	331/3% support tests—2011. If the organi	ization did not	check the ho	con line 14. a	 nd line 15 is m		
	17 is not more than 331/3%, check this box	and stop here.	The organizati	on qualifies as	a publiciv supp	orted organiza	tion . ► 🗆
b	331/3% support tests-2010. If the organiz						
	line 18 is not more than 331/3%, check this b	oox and stop h	ere. The organ	ization qualifies	s as a publicly s	upported orga	nization ► □
			· · · · ·	,			

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

	Form 990 or 990-EZ) 2011	Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	·
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#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

es to specific questions on 201

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

OMB No. 1545-0047

Name of the organization Employer identification number HOUSTON MASTERWORKS CHORUS INC 76-0182765 Form 990-EZ, Part I, Line 8 - Misc Chorus Income Form 990-EZ, Part I, Line 16 - Chorus Expenses, Office Expenses, Music Costs, Internet/Email

Schedule O, Statement 1

Form: 990-EZ

Page; 2

Line Number: Part III

#### HOUSTON MASTERWORKS CHORUS INC 76-0182765

#### **Primary Exempt Purpose**

#### **Primary Exempt Purpose**

Houston Masterworks Chorus, the city's largest independent chorus, is a community arts organization dedicated to the presentation of great choral music and to the continuation of the choral society tradition. According to a national study published in 2003 by Chorus America, more people in the United States sing in choral groups than participate in any other performing art. These choirs range from children's choruses to church choirs, symphonic choirs to chamber singers, high school choirs to senior barbershop groups. We provide valuable performance opportunities for people of all ages, and musical experiences of outstanding artistic quality. We provide a unique opportunity for talented volunteer singers of all ages, backgrounds and experiences to perform the choral masters with professional orchestras, continuing a tradition that stretches across the ages. We believe that music has the power to change the lives of those who sing and those who listen.

Schedule O, Statement 2

Form: 990-EZ

Page: 2

Line Number: Part III Line 28

HOUSTON MASTERWORKS CHORUS INC 76-0182765

#### First Program Service Accomplishments Description

#### Description

According to a national study published in 2003 by Chorus America, more people in the United States sing in choral groups than participate in any other performing art. These choirs range from children's choruses to church choirs, symphonic choirs to chamber singers, high school choirs to senior barbershop groups. We provide valuable performance opportunities for people of all ages, and musical experiences of outstanding artistic quality. We provide a unique opportunity for talented volunteer singers of all ages, backgrounds and experiences to perform the choral masters with professional orchestras, continuing a tradition that stretches across the ages. We believe that music has the power to change the lives of those who sing and those who listen.