

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)

OMB No. 1545-1150

2011

Department of the Treasury
Internal Revenue 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

A For the 2011 calendar year, or tax year beginning 8/01, 2011, and ending 7/31, 2012

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	Houston Grand Opera Guild, Inc.	74-0016764
<input type="checkbox"/> Name change	510 Preston	E Telephone number
<input type="checkbox"/> Initial return	Houston, TX 77002-1504	713-546-0200
<input type="checkbox"/> Terminated		F Group Exemption Number.....▶
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

G Accounting Method: Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.hgoguild.org

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 190,353.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I.

	1 Contributions, gifts, grants, and similar amounts received.....	1	38,546.
	2 Program service revenue including government fees and contracts.....	2	1,947.
	3 Membership dues and assessments.....	3	
	4 Investment income.....	4	
	5a Gross amount from sale of assets other than inventory.....	5a	
	b Less: cost or other basis and sales expenses.....	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	5c	
REVENUE	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)....	6a	
	b Gross income from fundraising events (not including \$ 13,950. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).....	6b	48,515.
	c Less: direct expenses from gaming and fundraising events.....	6c	27,150.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6d	21,365.
	7a Gross sales of inventory, less returns and allowances.....	7a	101,345.
	b Less: cost of goods sold.....	7b	75,766.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7c	25,579.
	8 Other revenue (describe in Schedule O).....	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.....▶	9	87,437.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)..... See Schedule O.....	10	51,795.
	11 Benefits paid to or for members.....	11	
	12 Salaries, other compensation, and employee benefits.....	12	
	13 Professional fees and other payments to independent contractors.....	13	12,694.
	14 Occupancy, rent, utilities, and maintenance.....	14	3,522.
	15 Printing, publications, postage, and shipping.....	15	19,169.
	16 Other expenses (describe in Schedule O)..... See Schedule O.....	16	23,751.
	17 Total expenses. Add lines 10 through 16.....▶	17	110,931.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	-23,494.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	19	140,959.
	20 Other changes in net assets or fund balances (explain in Schedule O).....	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20.....▶	21	117,465.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,500.	1,500.
23 Land and buildings		
24 Other assets (describe in Schedule O) See Schedule O	140,030.	119,266.
25 Total assets	141,530.	120,766.
26 Total liabilities (describe in Schedule O) See Schedule O	571.	3,301.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	140,959.	117,465.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <u>See Schedule O</u> ----- ----- (Grants \$ <u>51,795.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	67,289.
29 <u>See Schedule O</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	4,750.
30 <u>See Schedule O</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	1,295.
31 Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	73,334.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>See Schedule O</u> ----- -----		0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. [X]

Table with 3 columns: Question, Yes, No. Rows include 33-41 regarding organizational activities, expenditures, and tax matters.

42a The organization's books are in care of Tanya Lovetro, Controller Telephone no. 713-546-0257 Located at 510 Preston Houston TX ZIP + 4 77002-1504

Table with 3 columns: Question, Yes, No. Rows include 42b and 42c regarding foreign financial accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here [] N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 43

Table with 3 columns: Question, Yes, No. Rows include 44a-44d regarding donor advised funds and tanning services, and 45a-45b regarding controlled entities.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	46	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49 a	X
b If 'Yes,' was the related organization a section 527 organization?	49 b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

e Total number of other employees paid over \$100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

e Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes 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 officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Date: _____
 Rauli Garcia CFO
 Type or print name and title.

Paid Preparer Use Only
 Print/Type preparer's name: Jody Blazek Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P00072674
 Firm's name: Blazek & Vetterling Firm's EIN: 76-0269860
 Firm's address: 2900 Wesleyan, Suite 200 Houston, TX 77027-5132 Phone no.: (713) 439-5739

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization Houston Grand Opera Guild, Inc.	Employer identification number 74-0016764
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Part I 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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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: _____
- 5 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% 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 33-1/3% 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 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).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
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.						
12 Gross receipts from related activities, etc (see instructions).					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr 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'.)	15,000.	30,435.	70,517.	34,306.	38,546.	188,804.
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.					1,947.	1,947.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.	118,566.	76,824.	97,823.	102,145.	101,345.	496,703.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	133,566.	107,259.	168,340.	136,451.	141,838.	687,454.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	7,440.	11,265.	16,965.	14,005.	14,105.	63,780.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	7,440.	11,265.	16,965.	14,005.	14,105.	63,780.
8 Public support (Subtract line 7c from line 6.)						623,674.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.	133,566.	107,259.	168,340.	136,451.	141,838.	687,454.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (Add lns 9, 10c, 11, and 12.)	133,566.	107,259.	168,340.	136,451.	141,838.	687,454.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)).	15	90.72 %
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	92.13 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	0.00 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17.	18	0.00 %

19a 33-1/3% support tests – 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18,
or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Houston Grand Opera Guild, Inc.

Employer identification number

74-0016764

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 Spring Event (event type)	(b) Event #2 Awards Brunch (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))	
	1	Gross receipts	48,800.	13,665.		62,465.
2	Less: Charitable contributions	10,635.	3,315.		13,950.	
3	Gross income (line 1 minus line 2)	38,165.	10,350.		48,515.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	11,499.	10,353.		21,852.
	8	Entertainment	2,440.	375.		2,815.
	9	Other direct expenses	934.	1,549.		2,483.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				27,150.
11	Net income summary. Combine line 3, column (d), and line 10				21,365.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$_____ and the amount of gaming revenue retained by the third party ▶ \$_____.

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$_____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$_____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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.

Name of the organization

Houston Grand Opera Guild, Inc.

Employer identification number

74-0016764

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Promote Opera Through Education & Svc

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

The Guild provides financial and volunteer support to the Houston Grand Opera Association of Houston, Texas, and in particular the Opera Studio Training Program and its outreach programs in the Houston community. For example, the Guild helps underwrite Houston Grand Opera's free production at Miller Outdoor Theater, which brings opera to thousands of people in the Houston community. The Guild provides volunteer services and contributes financially to HGO's Concert of Arias, an annual competition for young singers. This event helps identify talented young singers to add to the Houston Grand Opera Studio training program. Guild volunteers provide hospitality services to both studio members and visiting artists.

Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Artist in Residence Program: gives the public a personal experience with opera by putting on free informational performances in both schools and community settings. These performances feature a Houston Grand Opera Studio singer(s) and an accompanist performing classical selections, talking about their backgrounds and the HGO Studio, and answering questions from the audience. A Guild volunteer is present to introduce the HGO Studio performers, explain what the Guild is, and talk a little about what it does. Any group of people with a desire to learn about opera can request an informance. Attendees receive education about opera, opportunities to attend opera performances, information about the HGO Studio program and what it takes to become an opera singer.

Name of the organization

Houston Grand Opera Guild, Inc.

Employer identification number

74-0016764

Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments

Opera Night Live! Program: helps educate the community about opera and current productions. Prior to the opening of several productions each season, an entertaining presentation about the upcoming production is made available to the general public at a convenient Houston location.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

Form 990-EZ, Part V, Line 35 - Reason for Income Not Reported on Form 990-T

Income reported on line 2 is from the organization's educational outreach programs. Income reported on line 6 is from the organization's annual fundraising events. Income reported on line 7 is from the sale of items in the Guild's boutique, which is staffed entirely by volunteers.

Houston Grand Opera Guild, Inc.

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**Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000**

Class of Activity:	General Support	
Donee's Name:	Houston Grand Opera Assoc.	
Donee's Address:	510 Preston Houston, TX 77002	
Cash Amount Given:		\$ 51,795.

**Form 990-EZ, Part I, Line 16
Other Expenses**

Awards and gifts.....	\$ 933.
Credit card fees.....	4,244.
Education.....	6,165.
Event expenses.....	6,338.
Office expenses/supplies.....	6,071.
Total	<u>\$ 23,751.</u>

**Form 990-EZ, Part II, Line 24
Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Due from affiliates.....	\$ 56,230.	\$ 46,217.
Inventories.....	83,800.	73,049.
Total	<u>\$ 140,030.</u>	<u>\$ 119,266.</u>

**Form 990-EZ, Part II, Line 26
Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 571.	\$ 3,301.
Total	<u>\$ 571.</u>	<u>\$ 3,301.</u>

**Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Health Benefits & Contrib- ution to EBP & DC</u>	<u>Expense Account & Other Allowances</u>
Steve Brenner 510 Preston Houston, TX 77002	President 15	\$	0. \$	0. \$
			0.	0.

Houston Grand Opera Guild, Inc.

74-0016764

Form 990-EZ, Part IV (continued)
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Health Benefits & Contrib- ution to EBP & DC</u>	<u>Expense Account & Other Allowances</u>
Jerry Bohannon 510 Preston Houston, TX 77002	Past President 10	\$ 0.	\$ 0.	\$ 0.
Jess Carnes 510 Preston Houston, TX 77002	VP Finance 5	0.	0.	0.
Pat Carnes 510 Preston Houston, TX 77002	VP Membership 15	0.	0.	0.
Dean Smith 510 Preston Houston, TX 77002	VP Boutique 10	0.	0.	0.
Adelma Graham 510 Preston Houston, TX 77002	VP Education 10	0.	0.	0.
Lynn Guggolz 510 Preston Houston, TX 77002	VP Hospitality 10	0.	0.	0.
Kirk Hickey 510 Preston Houston, TX 77002	VP Marketing 10	0.	0.	0.
Wynne Mattison 510 Preston Houston, TX 77002	VP Studio 10	0.	0.	0.
Bobbie Reyes 510 Preston Houston, TX 77002	Corr. Secretary 5	0.	0.	0.
Janet Upole 510 Preston Houston, TX 77002	Rec. Secretary 5	0.	0.	0.
Bill Haase 510 Preston Houston, TX 77002	Parliamentarian 5	0.	0.	0.
Heidi Loos 510 Preston Houston, TX 77002	Historian 5	0.	0.	0.

Houston Grand Opera Guild, Inc.

74-0016764

Form 990-EZ, Part IV (continued)
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Health Benefits & Contrib- ution to EBP & DC</u>	<u>Expense Account & Other Allowances</u>
Jennifer Sickler 510 Preston Houston, TX 77002	Counsel 5	\$ 0.	\$ 0.	\$ 0.
Gerry Aitken 510 Preston Houston, TX 77002	Trustee 10	0.	0.	0.
Judy Bristol 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.
Rubena Buerger 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.
Kiana Caleb 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.
Collin Dakheel 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.
Charles Dennis 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.
Dr. Alice Gates 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.
Fred Gott 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.
Imelda Gott 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.
Donna Hahus 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.
Asad Jafari 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.

Houston Grand Opera Guild, Inc.

74-0016764

Form 990-EZ, Part IV (continued)
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Health Benefits & Contrib- ution to EBP & DC</u>	<u>Expense Account & Other Allowances</u>
Ann Koster 510 Preston Houston, TX 77002	Trustee 5	\$ 0.	\$ 0.	\$ 0.
Dr. Jo Lyday 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.
Deirdre McDowell 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.
Maura Ritchie 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.
Walter Ritchie 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.
Janet Sims 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.
Troy Sullivan 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.
Rhonda Sweeney 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.
Elba Villarreal 510 Preston Houston, TX 77002	Trustee 5	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.