

## Promotional and Community Event Grant Application

### Step 1

#### Important Information

- **Form Function Note:** In order to go back from a page in the form to a previous page, all required fields on the page must be populated.
- Please read the McKinney Community Development Corporation [Grant Guidelines](#) before completing this application.
- The Grant Guidelines are available on this website or by emailing [Info@McKinneyCDC.org](mailto:Info@McKinneyCDC.org).
- A completed application and all supporting documents are required to be submitted via this application for consideration by the MCDC board.
- **Applications must be completed in full, using this form electronically, and received by MCDC by 5 p.m. on the application deadline indicated on the [Grants page](#) of this website.**
- If you are interested in a preliminary review of your grant request or event idea, please complete and submit the online [Letter of Inquiry](#).

#### Organization Information

Name	Jaymie J Pedigo
Federal Tax ID Number	75-1602150
Incorporation Date	1/1/1974
Mailing Address	315 S Chestnut St
City	McKinney
State	tx
Zip Code	75069
Phone Number	972-562-8790
Email Address	<a href="mailto:jaymie@chestnutsquare.org">jaymie@chestnutsquare.org</a>
Website	<a href="http://www.chestnutsquare.org">www.chestnutsquare.org</a>
Facebook	<a href="https://www.facebook.com/ChestnutSquareHeritageVillage">www.facebook.com/ChestnutSquareHeritageVillage</a> and <a href="https://www.facebook.com/McKinneyFarmersMarket">/McKinneyFarmersMarket</a>

Instagram	MckinneyFarmersMarket AND HeritageVillageChestnutSquare
Twitter	<i>Field not completed.</i>
LinkedIn	<i>Field not completed.</i>

Please provide a detailed narrative about your organization including years established, mission, goals, scope of services, staff, successes, contribution to community, etc.

Chestnut Square Historic Village is a collection of six historic homes, a replica of a one-room school house, chapel and store on 2.5 acres just south of the downtown McKinney square. The grounds also include a blacksmith shop, smoke house, and a reception house and reception gardens. The buildings include period artifacts showing how people lived in Collin County from 1854-1940. The Heritage Guild of Collin County oversees Chestnut Square Historic Village.

In November of 1973, Joan Palmer Hughston organized a small group of women to preserve a sample of McKinney's historic heritage. Those in attendance at that first meeting were Joan's mother-in-law, Margaret Hughston, Martha Schubert, Frances Caldwell, Nan Dyer, Irene Thomas, Frieda Comegys, Lucy Burkett and Ethel Holt.

Their first project was to host a Christmas tour of homes. That first Christmas Tour was a huge success, as it continues to be today, 50 years later!

The financial rewards enabled the group to purchase the Dulaney home and the adjacent Dulaney cottage on Chestnut Street. These homes became the foundation of what we today call Chestnut Square Historic Village.

In 1974 the Heritage Guild of Collin County was formed to perpetuate the preservation of Chestnut Square Historic Village. The spirit and dedication of our founders still serves as a beacon as we continue to build a living portrait of McKinney and Collin County.

The mission of The Heritage Guild of Collin County is to Celebrate Community. Preserve History. Inspire the Future. The Heritage Guild of Collin County achieves this mission by:

- Hosting community events that bring people together to celebrate Collin County's heritage.
- Maintaining buildings, artifacts and grounds that show how people lived during a key period in Collin County history (1850-

1940).

-Providing educational programming to demonstrate how people lived from 1850-1940.

-Supporting Collin County and McKinney in achieving a community that owns its unique history in stewardship for the future.

Museum Programs

Children's Education

The McKinney Farmers Market at Chestnut Square

Community Events

Staff, Board

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Organization Type	Nonprofit - 501(c) (Attach a copy of IRS Determination Letter)
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IRS Determination Letter	<i>Field not completed.</i>
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Noteworthy recognitions or awards in the last two years.	Voted the #1 Farmers Market in Texas 2023.
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### **Representative & Contact Information**

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Representative Completing Application:

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Name	Jaymie J Pedigo
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Title	Executive Director
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Mailing Address	315 S Chestnut St
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City	McKinney
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State	tx
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Zip Code	75069
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Phone Number	972-562-8790
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Email Address	<a href="mailto:jaymie@chestnutsquare.org">jaymie@chestnutsquare.org</a>
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(Section Break)

**Contact for Communications Between MCDC and Organization:**

Name	Jaymie J Pedigo
Title	Executive Director
Mailing Address	315 S Chestnut St
City	McKinney
State	tx
Zip Code	75069
Phone Number	972-562-8790
Email Address	<a href="mailto:jaymie@chestnutsquare.org">jaymie@chestnutsquare.org</a>

**Project Information**

Funding - Total Amount Requested	\$13,222
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Are matching funds available?	Yes
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Matching Funds Available:	\$5,000
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Will funding be requested from any other City of McKinney entity (e.g. Visit McKinney, Arts Commission, City of McKinney Community Support Grant)?	No
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Have you received or will funding be requested from other organizations / foundations for this event(s)?	No
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Has a request for funding for this Promotional / Community Event been	Yes
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submitted to MCDC in the past five years?

Please list.	Bi-Annually
Board of Directors	2022-2023 Jennifer Druckamiller Mark Miserak Nick Keim Robin Forsythe Brian Medina Sandi Dinehart Paul Miles Melanie Perkins Leigh Chamberlain Tricia Robles
Leadership Staff	Jaymie Pedigo, Executive Director (Through Dec 30,2023)
Board of Directors Attachment	<i>Field not completed.</i>
Leadership Staff Attachment	<i>Field not completed.</i>
<b>Promotional / Community Event Information</b>	
Information provided for promotional / community event for which you are seeking funding.	
Date(s) of Event	McKinney Farmers Market, Every Saturday. Spring Bar Wars, April 8, 2024, Spring Murder Mystery, TBD, Farm to Table Dinner, May 2, 2024
Ticket Prices	McKinney Farmers Market - Free to Attend Bar Wars - \$25-\$35 Murder Mystery - \$25-\$75 Farm to Table Dinner - \$100
Describe the target attendee for the event(s)?	Family and Adult appropriate events
Is this the first time for this event?	No

If not, what is the history for the event (beginning in what year and how often is event held?)	Annually
How will the event showcase McKinney for tourism and / or business development?	Visitors from McKinney and beyond attend our events. It is commonly known that the McKinney Farmers Market is the most popular in N Texas, drawing from 750-1200 (or more) each week. Bar Wars and the Murder Mystery bring guests from many surrounding areas
Expected attendance	Event attendance ranges from 75 - 1000+
Expected number or percentage of attendees coming from outside McKinney	35% conservative estimate
Location(s) of event(s)	all events are held, or begin, at the Heritage Village at Chestnut Square
Does the event support a non-profit (other than applicant)?	No
What percentage of revenue will be donated(indicate net or gross)?	0
Provide a detailed narrative of the event(s) including mission, goals, activities, schedule, production timeline, goals for growth / expansion, etc.	<p>Bar Wars - held twice annually - area bars compete in a cocktail competition featuring ingredients from the Farmers Market. The purpose is to 1) engage a younger demographic and 2) highlight the Farmers Market</p> <p>Farmers Market - 1) provide the freshest and most unique produce and culinary and craft offerings to shoppers, 2) offer a community gathering place, and 3) support &amp; promote small farms and local artisans and makers</p> <p>Murder Mystery - 1) promote history in an exciting and engaging way and 2) partner with MRT to provide an additional opportunity for local thespians</p> <p>Farm to Table Dinner - 1) Offer a unique, high end culinary experience, 2) provide an opportunity to highlight local chefs and 3) promote Farmers Market vendors</p>

### Specific Marketing Plans and Budget

Provide a detailed marketing plan and budget for the event(s). Plan should also include promotional channels (print ads including publication names, social media, radio, posters, flyers, yard signs, etc.).	<p>Advertising Plan:</p> <p>Community Impact - includes monthly print ads, digital and newsletter advertising - \$7522</p> <p>Star Local Media - monthly print ads - \$1200</p> <p>Edible DALLAS - quarterly print &amp; Digital - \$2,000</p> <p>Print media promotions/discretionary spend - \$2500</p> <p>With a new ED coming on board, we are asking for some flexibility in order to adapt to new ideas and marketing options</p>
Attach marketing plan	<i>Field not completed.</i>
Total Promotional Budget	\$25,000
What percentage of the total marketing budget does the grant represent?	53%
Marketing lessons learned from past (what worked and what did not).	We have chosen to forego Fariview Town News for the time being and use those funds to focus on digital medium through Community Impact and perhaps other social media opportunities
How will you measure success of your event(s) and marketing campaign? (attendance, website hits, social media indicators, etc.)	Website traffic, Social Media engagement, and ultimately attendance
Please include examples of past marketing efforts (screen shots of ads, posters, social posts, radio text, etc.)	We currently advertise in Community Impact, Star Local, Edible Dallas - we will show samples in our presentation
Additional details related to marketing efforts.	We have hired a professional marketing firm for the creation of print, digital and video medium as well as an overall marketing plan and branding campaign
Budget	<a href="#">Advertising Plan grant cycle 1.docx</a>
What percentage of Project / Promotional / Community Event funding will be provided by the applicant?	47%

Are matching funds available? Yes

What dollar amount and percentage of Promotional / Community Event funding will be provided by other sources such as sponsorship, registration fees, individual or corporate donations, etc.?

Sponsorship Revenue \$5,000 (Farm Dinner)

Registration Fees \$30,000 (Farmers Market)

Donations 0

Other (raffle, auction, etc.) N/A

Net Revenue Different for each event

Metrics to Evaluate Success: Outline the metrics that will be used to evaluate success of the proposed Promotional / Community Event. If funding is awarded, a final report will be required summarizing success in achieving objectives outlined for the event. Website traffic, Social Media engagement, and ultimately attendance

#### Financial Goals of Promotional / Community Event

Gross Revenue varied

Projected Expenses varied

Net Revenue varied

Other Funding Sources *Field not completed.*

#### Financial Status of Applying Organization

- Provide an overview of the organization's financial status including the projected impact of the event(s) on the organization's mission and goals



- Please attach your budget for the current year and audited financial statements for the preceding two years. If audited financials are not available, please indicate why and attach a copy of the 990 filed with the IRS.

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Budget [Copy of 2024 Budget Template v3 Collapsed.xlsx](#)

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Financial Statements [CS Oct 23 BudgetvsActualsFY2023-FY23PL.pdf](#)

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W9 [W-9.pdf](#)

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IRS Determination Letter (if applicable) [501c3Letter.pdf](#)

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990 Filed with IRS (if applicable) [Form990Package 2022.pdf](#)

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### **Presentation to MCDC Board of Directors**

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Completed applications that are eligible for consideration by MCDC will be presented to the board according to the schedule on the [Grants page](#) of this website. Presentations will be limited to five (5) minutes followed by time for Board questions. **Please be prepared to provide the information outlined below in your presentation:**

- Summary of organization and goals
- Summary of event(s) to include dates, location, ticket prices, target audience, how your event will showcase McKinney, estimated attendance from within and outside of McKinney (and past attendance, if applicable), event features / activities, how event supports your organization's mission, and non-profit beneficiary, if applicable.
- Specific marketing plans for event(s) including promotional channels to be utilized (print, radio, social media, posters, etc.) and budget for each. Please share the percentage of the total marketing budget that this grant application represents.

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### **Acknowledgements**

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If funding is approved by the MCDC board of directors, applicant will assure:

- An application is considered complete when it is submitted on time and when it contains all information in this application.
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- The Promotional / Community Event for which financial assistance is sought will be administered by or under the supervision of the applying organization;
- All funds awarded will be used exclusively for advertising, marketing and promotion of the Promotional / Community event described in this application.
- MCDC will be recognized in all marketing, advertising, outreach and public relations as a funder of the Promotional / Community Event. A logo will be provided by MCDC for inclusion on all advertising, marketing and promotional materials. Specifics for audio messaging will be agreed upon by applicant and MCDC and included in an executed performance agreement.
- The organization's officials who have signed the application are authorized by the organization to submit the application.
- Applicant will comply with the MCDC Grant Guidelines in executing the Promotional / Community Event for which funds were received.
- Applicant gives permission for the use of Board presentation images and other published event images on MCDC and City of McKinney website and social media content and print/digital publications.
- Applicant will provide a final report of the Promotional/Community Event(s) no later than 30 days following the completion of the Promotional/Community Event(s). Applicant may choose to use the online form for Final Report found [here](#) or email Final Report to [info@mckinneycdc.org](mailto:info@mckinneycdc.org). If emailed, Final Report may be in any format. All Final Reports should include: narrative report on the event(s), goals and objectives achieved based on performance metrics outlined in the application, financial data (budget vs. actual expenses and revenues along with explanation for variances, amount donated to charity (if applicable), samples of marketing efforts (images of printed materials and ads, screenshots of website and online promotions), and photos and/or video of the event(s).
- Grant funding is provided on a reimbursement basis subsequent to submission of a reimbursement request, with copies of invoices and paid receipts for qualified expenses. Up to 20% of the grant awarded may be withheld until the **final report on the Promotional/Community Event is provided to MCDC.**

*Signature Block*

Applicant Electronic Signature	Selecting this option indicates your agreement with the above statement.
Chief Executive Officer	Jaymie Pedigo
Date	11/29/2023

Representative Completing Application Jaymie Pedigo

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Date 11/29/2023

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Notes

- *Incomplete applications or those received after the deadline will not be considered.*
  - *A final report must be provided to MCDC within 30 days of the event / completion of the Promotional / Community Event.*
  - *Final payment of funding awarded will be made upon receipt of final report.*
  - *Please use the Final Report to report your results. A PDF version is also available.*
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**Advertising Plan:**

**Community Impact - includes monthly print ads, digital and newsletter advertising - \$7522**

**Star Local Media - monthly print ads - \$1200**

**Edible DALLAS - quarterly print & Digital - \$2,000**

**Print media promotions/discretionary spend - \$2500**

**The Heritage Guild of Collin County**  
**Budget Overview: FY 2023 - FY23 P&L**  
 January - December 2024

	<u>Jan 2024</u>	<u>Total</u>
<b>Income</b>		
40000 Grants		0.00
40050 MCDC Grant		0.00
Restricted Grants		0.00
<b>Total 40000 Grants</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
41000 Direct Public Support		0.00
41010 Membership Dues		2,500.00
41020 Donations, General Public		10,000.00
41030 Corporate Contributions		37,500.00
41035 Corporate Memberships		
41050 Special Purpose Gifts		15,000.00
41060 McKinney Heritage Membership		
<b>Total 41000 Direct Public Support</b>	<b>\$ 0.00</b>	<b>\$ 65,000.00</b>
41030 Corporate Contrib (deleted)		0.00
42000 Program Revenues		0.00
42010 Farmers' Market		70,000.00
		0.00
42030 Merchandise Sales		2,500.00
42040 Education Programs		5,000.00
42050 Ghostly Haunting		6,000.00
42070 Prairie Camps		14,000.00
42080 Public Village Tour		3,000.00
42090 Tea & Tour		2,500.00
42100 Trolley Tour		2,500.00
42199 Other Progam Revenues		0.00
<b>Total 42000 Program Revenues</b>	<b>\$ 0.00</b>	<b>\$ 105,500.00</b>
42500 Event & Fundraising Revenues		0.00
42510 Chester Book Sales Royalties		0.00
42520 Farm to Table Dinner		20,000.00
42550 Ghost Walk Legends		9,500.00
42560 Holiday Home Tour		45,000.00
42570 Ice Cream Crank Off		0.00
42580 Murder Mystery Spring		4,000.00
42610 Bar Wars		7,500.00
42699 Other Event/Fund Raising Income		37,250.00
<b>Total 42500 Event &amp; Fundraising Revenues</b>	<b>\$ 0.00</b>	<b>\$ 106,000.00</b>
43000 Facility Rentals		0.00
43010 Weddings		142,000.00
<b>Total 43010 Weddings</b>	<b>\$ 0.00</b>	<b>\$ 142,000.00</b>
43015 Other Primary Income		0.00
43020 Rentals		3,500.00

Corp Rentals			0.00
Total 43020 Rentals	\$	0.00	\$ 3,500.00
Total 43000 Facility Rentals	\$	0.00	\$ 145,500.00
44000 Other Operating Income			50,000.00
44010 Arcadia Book Royalties			0.00
44020 Background Check Fees			0.00
44030 Other Merchandise Sales			0.00
44040 Miscellaneous Revenue			0.00
Total 44000 Other Operating Income	\$	0.00	\$ 50,000.00
45000 Investments			
45030 Interest-Savings, Short-term CD			75,000.00
Total 45000 Investments	\$	0.00	\$ 0.00
Total Income	\$	0.00	\$ 472,000.00
Cost of Goods Sold			
50000 Cost of Goods Sold			0.00
Total Cost of Goods Sold	\$	0.00	\$ 0.00
Gross Profit	\$	0.00	\$ 0.00
Expenses			
60000 Awards and Grants			0.00
61100 Wedding Expenses			18,000.00
61110 Wedding Costs			7,500.00
Total 61100 Wedding Expenses	\$	0.00	\$ 25,500.00
61200 Programming Expenses			0.00
61210 Farmers' Market Costs			20,000.00
61220 Tour de Coup Costs			0.00
61230 Merchandise Costs			1,500.00
61240 Educational Programs Costs			1,000.00
61250 Ghostly Haunting Costs			0.00
61260 Living History Costs			0.00
61270 Tour & Tea Costs			1,000.00
61280 Trolley Tour Costs			1,200.00
61290 Prairie Camp Costs			2,750.00
61299 Other Programming Costs			100.00
Total 61200 Programming Expenses	\$	0.00	\$ 27,550.00
61400 Events & Fundraising Expenses			0.00
61410 Chester Book Printing Costs			0.00
61420 Farm to Table Dinner Costs			3,500.00
61450 Ghost Walk Costs Legends			2,500.00
61460 Holiday Home Tour Costs			5,000.00
61470 Ice Cream Crank Off Costs			0.00
61480 Murder Mystery Costs			2,000.00
61490 Bar Wars Costs			500.00
61599 Other Event Costs			10,000.00
Total 61400 Events & Fundraising Expenses	\$	0.00	\$ 23,500.00
61600 Business Expenses			0.00
61610 Advertising, PR & Marketing			25,000.00
61611 Advertising - Grant Reimbursable			0.00

<b>Total 61610 Advertising, PR &amp; Marketing</b>	<b>\$ 0.00</b>	<b>\$ 25,000.00</b>
<b>61630 Board Meeting Expenses</b>		0.00
<b>61640 Business Registration Fees</b>		0.00
<b>61650 Contract Labor, Office</b>		0.00
<b>61660 Rentals (Administrative)</b>		0.00
<b>61670 Volunteer Relations</b>		1,000.00
<b>61680 Staff Relations</b>		500.00
<b>61690 Employee Development</b>		0.00
<b>61699 Other Business Expenses</b>		0.00
<b>Total 61600 Business Expenses</b>	<b>\$ 0.00</b>	<b>\$ 26,500.00</b>
<b>61700 Outside Services</b>		0.00
<b>61710 Accounting Fees</b>		0.00
<b>61720 Legal Fees</b>		0.00
<b>61730 Fundraising Expenses</b>		500.00
<b>61740 Outside Contract Services</b>		12,000.00
<b>Total 61700 Outside Services</b>	<b>\$ 0.00</b>	<b>\$ 12,500.00</b>
<b>62000 Facilities and Equipment</b>		18,000.00
<b>62010 Building and Equip Maintenance and Repair</b>		5,000.00
<b>62011 Yard</b>		12,000.00
<b>62012 Structures Repair &amp; supplies</b>		10,000.00
<b>62013 Cleaning &amp; Maintenance Supplies</b>		15,000.00
<b>62015 MCDC non reimbursable expenses</b>		0.00
<b>62019 Grant Expenses - Structures</b>		0.00
<b>Total 62010 Building and Equip Maintenance</b>	<b>\$ 0.00</b>	<b>\$ 60,000.00</b>
<b>62020 Curation</b>		1,000.00
<b>62030 Equip Rental &amp; Maintenance</b>		0.00
<b>62040 Furnishings Repair &amp; Upkeep</b>		0.00
<b>62050 Property Insurance</b>		15,000.00
<b>62060 Utilities</b>		25,000.00
<b>Total 62000 Facilities and Equipment</b>	<b>\$ 0.00</b>	<b>\$ 101,000.00</b>
<b>63000 Office Operations</b>		0.00
<b>63010 Books, Subscriptions, Reference</b>		100.00
<b>63020 Postage, Mailing Service</b>		500.00
<b>63025 Printing and Copying</b>		3,600.00
<b>63030 Supplies</b>		1,200.00
<b>63035 Telephone, Telecommunications</b>		3,600.00
<b>63040 IT Expense</b>		7,500.00
<b>63045 ED reimbursed expense</b>		0.00
<b>Total 63000 Office Operations</b>	<b>\$ 0.00</b>	<b>\$ 16,500.00</b>
<b>64000 Other Administrative Expenses</b>		0.00
<b>64010 Bad Debts, NSF Returned Check</b>		0.00
<b>64015 Bank Service Charges</b>		200.00
<b>64020 Credit Card Fees</b>		12,000.00
<b>64021 QuickBooks Payments Fees</b>		0.00
<b>64035 Insurance, Liability, D &amp; O</b>		3,500.00
<b>64040 Interest Expense</b>		0.00
<b>64045 Finance Charges &amp; Late Fees</b>		0.00

64055 Memberships & Dues			1,200.00
64099 Other Admin Expenses			0.00
<b>Total 64000 Other Administrative Expenses</b>	<b>\$</b>	<b>0.00</b>	<b>\$ 16,900.00</b>
65000 Payroll Expenses			0.00
65010 Salaries, Staff			149,900.00
65020 Salaries, Contract Employees			0.00
65030 Salaries, Wedding Coordinator			52,500.00
65040 Payroll Taxes			15,000.00
65050 Payroll Processing Costs			3,000.00
<b>Total 65000 Payroll Expenses</b>	<b>\$</b>	<b>0.00</b>	<b>\$ 219,900.00</b>
66000 Reconciliation Discrepancies			0.00
<b>Total 66000 Reconciliation Discrepancies</b>	<b>\$</b>	<b>0.00</b>	<b>\$ 0.00</b>
67000 Travel Expenses			0.00
67010 Conferences & Meetings			0.00
67020 Travel			0.00
<b>Total 67000 Travel Expenses</b>	<b>\$</b>	<b>0.00</b>	<b>\$ 0.00</b>
<b>69000 Non-recurring Expenses</b>			0.00
Purchases			0.00
Sales Tax			0.00
<b>Total Expenses</b>	<b>\$</b>	<b>0.00</b>	<b>\$ 469,350.00</b>
<b>Net Operating Income</b>	<b>\$</b>	<b>0.00</b>	<b>\$ 2,650.00</b>
<b>Other Income</b>			
71000 Property Damage, Net			0.00
71010 Insurance Proceeds			0.00
71020 Costs to Repair Damages			0.00
<b>Total 71000 Property Damage, Net</b>	<b>\$</b>	<b>0.00</b>	<b>\$ 0.00</b>
71030 Other Income			0.00
<b>71040 Non-recurring Income</b>			113,682.00
72000 Disposition of Assets			0.00
<b>Total Other Income</b>	<b>\$</b>	<b>0.00</b>	<b>\$ 113,682.00</b>
<b>Other Expenses</b>			
80100 Depreciation & Amortization			0.00
<b>Total Other Expenses</b>	<b>\$</b>	<b>0.00</b>	<b>\$ 0.00</b>
<b>Net Other Income</b>	<b>\$</b>	<b>0.00</b>	<b>\$ 0.00</b>
<b>Net Income</b>	<b>\$</b>	<b>0.00</b>	<b>\$ 0.00</b>





# The Heritage Guild of Collin County

## Budget vs. Actuals: FY 2023 - FY23 P&L

January - October, 2023

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
<b>Income</b>				
40000 Grants	3,200.00		3,200.00	
40050 MCDC Grant	30,940.23		30,940.23	
Restricted Grants	50,000.00	50,000.00	0.00	100.00 %
<b>Total 40000 Grants</b>	<b>84,140.23</b>	<b>50,000.00</b>	<b>34,140.23</b>	<b>168.28 %</b>
<b>41000 Direct Public Support</b>				
41010 Membership Dues	1,705.00	2,000.00	-295.00	85.25 %
41020 Donations, General Public	2,977.46	5,000.00	-2,022.54	59.55 %
41030 Corporate Contributions	41,030.00	15,000.00	26,030.00	273.53 %
41050 Special Purpose Gifts	17,000.00	5,000.00	12,000.00	340.00 %
41060 McKinney Heritage Membership	190.00		190.00	
<b>Total 41000 Direct Public Support</b>	<b>62,902.46</b>	<b>27,000.00</b>	<b>35,902.46</b>	<b>232.97 %</b>
<b>42000 Program Revenues</b>				
42010 Farmers' Market	76,211.50	56,500.00	19,711.50	134.89 %
42030 Merchandise Sales	1,175.50	1,750.00	-574.50	67.17 %
42040 Education Programs	2,547.00	5,000.00	-2,453.00	50.94 %
42050 Ghostly Haunting	3,167.44	4,500.00	-1,332.56	70.39 %
42070 Prairie Camps	11,710.19	14,000.00	-2,289.81	83.64 %
42080 Public Village Tour	2,594.88	2,300.00	294.88	112.82 %
42090 Tea & Tour	1,750.00	2,500.00	-750.00	70.00 %
42100 Trolley Tour	576.92	1,800.00	-1,223.08	32.05 %
<b>Total 42000 Program Revenues</b>	<b>99,733.43</b>	<b>88,350.00</b>	<b>11,383.43</b>	<b>112.88 %</b>
<b>42500 Event &amp; Fundraising Revenues</b>				
42510 Chester Book Sales Royalties	112.59		112.59	
42520 Farm to Table Dinner	16,592.45	15,000.00	1,592.45	110.62 %
42550 Ghost Walk	167.00	7,500.00	-7,333.00	2.23 %
42560 Holiday Home Tour	7,563.80	4,500.00	3,063.80	168.08 %
42580 Murder Mystery	3,914.00	2,500.00	1,414.00	156.56 %
42610 Bar Wars	6,168.40	7,500.00	-1,331.60	82.25 %
42699 Other Event/Fund Raising Income	713.00		713.00	
<b>Total 42500 Event &amp; Fundraising Revenues</b>	<b>35,231.24</b>	<b>37,000.00</b>	<b>-1,768.76</b>	<b>95.22 %</b>
<b>43000 Facility Rentals</b>				
43010 Weddings	71,045.00	105,000.00	-33,955.00	67.66 %
43020 Rentals	5,385.00	2,000.00	3,385.00	269.25 %
Corp Rentals	250.00		250.00	
<b>Total 43020 Rentals</b>	<b>5,635.00</b>	<b>2,000.00</b>	<b>3,635.00</b>	<b>281.75 %</b>
<b>Total 43000 Facility Rentals</b>	<b>76,680.00</b>	<b>107,000.00</b>	<b>-30,320.00</b>	<b>71.66 %</b>
<b>44000 Other Operating Income</b>				
44000 Other Operating Income	30,925.00	30,925.00	0.00	100.00 %
44020 Background Check Fees	-49.25		-49.25	
<b>Total 44000 Other Operating Income</b>	<b>30,875.75</b>	<b>30,925.00</b>	<b>-49.25</b>	<b>99.84 %</b>
<b>45000 Investments</b>				
45030 Interest-Savings, Short-term CD	346.23		346.23	

# The Heritage Guild of Collin County

## Budget vs. Actuals: FY 2023 - FY23 P&L

January - October, 2023

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
<b>Total 45000 Investments</b>	<b>346.23</b>		<b>346.23</b>	
Sales	0.00		0.00	
<b>Total Income</b>	<b>\$389,909.34</b>	<b>\$340,275.00</b>	<b>\$49,634.34</b>	<b>114.59 %</b>
<b>GROSS PROFIT</b>	<b>\$389,909.34</b>	<b>\$340,275.00</b>	<b>\$49,634.34</b>	<b>114.59 %</b>
Expenses				
61100 Wedding Expenses	7,990.56	13,400.00	-5,409.44	59.63 %
61110 Wedding Costs	7,697.56	6,000.00	1,697.56	128.29 %
<b>Total 61100 Wedding Expenses</b>	<b>15,688.12</b>	<b>19,400.00</b>	<b>-3,711.88</b>	<b>80.87 %</b>
61200 Programming Expenses				
61210 Farmers' Market Costs	20,278.55	15,000.00	5,278.55	135.19 %
61230 Merchandise Costs	1,567.97	1,200.00	367.97	130.66 %
61240 Educational Programs Costs	1,307.85	1,000.00	307.85	130.79 %
61270 Tour & Tea Costs	83.98	1,200.00	-1,116.02	7.00 %
61280 Trolley Tour Costs		900.00	-900.00	
61290 Prairie Camp Costs	2,405.03	3,000.00	-594.97	80.17 %
61299 Other Programming Costs		100.00	-100.00	
<b>Total 61200 Programming Expenses</b>	<b>25,643.38</b>	<b>22,400.00</b>	<b>3,243.38</b>	<b>114.48 %</b>
61400 Events & Fundraising Expenses				
61420 Farm to Table Dinner Costs	4,338.79	5,000.00	-661.21	86.78 %
61450 Ghost Walk Costs		500.00	-500.00	
61460 Holiday Home Tour Costs	-1,210.79	0.00	-1,210.79	
61470 Ice Cream Crank Off Costs	26.66		26.66	
61480 Murder Mystery Costs	2,039.74	1,500.00	539.74	135.98 %
61490 Bar Wars Costs	531.60	1,000.00	-468.40	53.16 %
61599 Other Event Costs	366.00		366.00	
<b>Total 61400 Events &amp; Fundraising Expenses</b>	<b>6,092.00</b>	<b>8,000.00</b>	<b>-1,908.00</b>	<b>76.15 %</b>
61600 Business Expenses				
61610 Advertising, PR & Marketing	24,007.81	30,166.71	-6,158.90	79.58 %
61611 Advertising - Grant Reimbursable	20,364.00		20,364.00	
<b>Total 61610 Advertising, PR &amp; Marketing</b>	<b>44,371.81</b>	<b>30,166.71</b>	<b>14,205.10</b>	<b>147.09 %</b>
61670 Volunteer Relations	687.45	250.00	437.45	274.98 %
61680 Staff Relations	234.00	100.00	134.00	234.00 %
<b>Total 61600 Business Expenses</b>	<b>45,293.26</b>	<b>30,516.71</b>	<b>14,776.55</b>	<b>148.42 %</b>
61700 Outside Services				
61730 Fundraising Expenses		500.00	-500.00	
61740 Outside Contract Services	18,070.50	7,500.00	10,570.50	240.94 %
<b>Total 61700 Outside Services</b>	<b>18,070.50</b>	<b>8,000.00</b>	<b>10,070.50</b>	<b>225.88 %</b>
62000 Facilities and Equipment	11,900.00	12,500.00	-600.00	95.20 %
62010 Building and Equip Maintenance	3,896.78	4,000.00	-103.22	97.42 %
62011 Yard	8,847.32	8,800.00	47.32	100.54 %
62012 Structures & Equipment	8,877.67	8,400.00	477.67	105.69 %
62013 Cleaning & Maintenance Supplies	13,213.41	10,000.00	3,213.41	132.13 %

# The Heritage Guild of Collin County

## Budget vs. Actuals: FY 2023 - FY23 P&L

January - October, 2023

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
62019 Grant Expenses - Structures	12,735.23		12,735.23	
<b>Total 62010 Building and Equip Maintenance</b>	<b>47,570.41</b>	<b>31,200.00</b>	<b>16,370.41</b>	<b>152.47 %</b>
62020 Curation	696.00	1,000.00	-304.00	69.60 %
62030 Equip Rental & Maintenance	108.83		108.83	
62050 Property Insurance	11,094.11	10,800.00	294.11	102.72 %
62060 Utilities	22,574.00	20,000.00	2,574.00	112.87 %
<b>Total 62000 Facilities and Equipment</b>	<b>93,943.35</b>	<b>75,500.00</b>	<b>18,443.35</b>	<b>124.43 %</b>
63000 Office Operations				
63010 Books, Subscriptions, Reference	300.00	100.00	200.00	300.00 %
63020 Postage, Mailing Service	371.20	400.00	-28.80	92.80 %
63025 Printing and Copying	3,949.11	2,200.00	1,749.11	179.51 %
63030 Supplies	2,759.12	800.00	1,959.12	344.89 %
63035 Telephone, Telecommunications	3,509.51	2,650.00	859.51	132.43 %
63040 IT Expense	6,096.21	10,475.00	-4,378.79	58.20 %
<b>Total 63000 Office Operations</b>	<b>16,985.15</b>	<b>16,625.00</b>	<b>360.15</b>	<b>102.17 %</b>
64000 Other Administrative Expenses				
64015 Bank Service Charges	44.00	208.30	-164.30	21.12 %
64020 Credit Card Fees	8,733.24	8,050.00	683.24	108.49 %
64021 QuickBooks Payments Fees	2,306.79		2,306.79	
64035 Insurance, Liability, D & O	3,465.49	1,875.00	1,590.49	184.83 %
64045 Finance Charges & Late Fees	81.30		81.30	
64055 Memberships & Dues	1,046.00	833.30	212.70	125.53 %
<b>Total 64000 Other Administrative Expenses</b>	<b>15,676.82</b>	<b>10,966.60</b>	<b>4,710.22</b>	<b>142.95 %</b>
65000 Payroll Expenses				
65010 Salaries, Staff	87,192.92	86,000.00	1,192.92	101.39 %
65030 Salaries, Wedding Coordinator	44,561.00	43,000.00	1,561.00	103.63 %
65040 Payroll Taxes	9,265.26	13,583.30	-4,318.04	68.21 %
65050 Payroll Processing Costs	2,334.93	2,000.00	334.93	116.75 %
<b>Total 65000 Payroll Expenses</b>	<b>143,354.11</b>	<b>144,583.30</b>	<b>-1,229.19</b>	<b>99.15 %</b>
<b>Total Expenses</b>	<b>\$380,746.69</b>	<b>\$335,991.61</b>	<b>\$44,755.08</b>	<b>113.32 %</b>
<b>NET OPERATING INCOME</b>	<b>\$9,162.65</b>	<b>\$4,283.39</b>	<b>\$4,879.26</b>	<b>213.91 %</b>
Other Income				
71030 Other Income	82,757.17		82,757.17	
<b>Total Other Income</b>	<b>\$82,757.17</b>	<b>\$0.00</b>	<b>\$82,757.17</b>	<b>0.00%</b>
<b>NET OTHER INCOME</b>	<b>\$82,757.17</b>	<b>\$0.00</b>	<b>\$82,757.17</b>	<b>0.00%</b>
<b>NET INCOME</b>	<b>\$91,919.82</b>	<b>\$4,283.39</b>	<b>\$87,636.43</b>	<b>2,145.96 %</b>

**The Heritage Guild of Collin County**  
**Budget Overview: FY 2023 - FY23 P&L**  
 January - December 2024

	<b>Total</b>
<b>Income</b>	
40000 Grants	0.00
40050 MCDC Grant	0.00
Restricted Grants	0.00
<b>Total 40000 Grants</b>	<b>\$ 0.00</b>
41000 Direct Public Support	0.00
41010 Membership Dues	2,500.00
41020 Donations, General Public	10,000.00
41030 Corporate Contributions	37,500.00
41035 Corporate Memberships	
41050 Special Purpose Gifts	15,000.00
41060 McKinney Heritage Membership	
<b>Total 41000 Direct Public Support</b>	<b>\$ 65,000.00</b>
41030 Corporate Contrib (deleted)	0.00
42000 Program Revenues	0.00
42010 Farmers' Market	70,000.00
	0.00
42030 Merchandise Sales	2,500.00
42040 Education Programs	5,000.00
42050 Ghostly Haunting	6,000.00
42070 Prairie Camps	14,000.00
42080 Public Village Tour	3,000.00
42090 Tea & Tour	2,500.00
42100 Trolley Tour	2,500.00
42199 Other Program Revenues	0.00
<b>Total 42000 Program Revenues</b>	<b>\$ 105,500.00</b>
42500 Event & Fundraising Revenues	0.00
42510 Chester Book Sales Royalties	0.00
42520 Farm to Table Dinner	20,000.00
42550 Ghost Walk Legends	9,500.00
42560 Holiday Home Tour	45,000.00
42570 Ice Cream Crank Off	0.00
42580 Murder Mystery Spring	4,000.00
42610 Bar Wars	7,500.00
42699 Other Event/Fund Raising Income	37,250.00
<b>Total 42500 Event &amp; Fundraising Revenues</b>	<b>\$ 106,000.00</b>
43000 Facility Rentals	0.00
43010 Weddings	142,000.00
<b>Total 43010 Weddings</b>	<b>\$ 142,000.00</b>
43015 Other Primary Income	0.00
43020 Rentals	3,500.00

Corp Rentals	0.00
<b>Total 43020 Rentals</b>	<b>\$ 3,500.00</b>
<b>Total 43000 Facility Rentals</b>	<b>\$ 145,500.00</b>
44000 Other Operating Income	50,000.00
44010 Arcadia Book Royalties	0.00
44020 Background Check Fees	0.00
44030 Other Merchandise Sales	0.00
44040 Miscellaneous Revenue	0.00
<b>Total 44000 Other Operating Income</b>	<b>\$ 60,000.00</b>
45000 Investments	
45030 Interest-Savings, Short-term CD	75,000.00
<b>Total 45000 Investments</b>	<b>\$ 0.00</b>
<b>Total Income</b>	<b>\$ 482,000.00</b>
<b>Cost of Goods Sold</b>	
50000 Cost of Goods Sold	0.00
<b>Total Cost of Goods Sold</b>	<b>\$ 0.00</b>
<b>Gross Profit</b>	<b>\$ 0.00</b>
<b>Expenses</b>	
60000 Awards and Grants	0.00
61100 Wedding Expenses	18,000.00
61110 Wedding Costs	7,500.00
<b>Total 61100 Wedding Expenses</b>	<b>\$ 25,500.00</b>
61200 Programming Expenses	0.00
61210 Farmers' Market Costs	20,000.00
61220 Tour de Coup Costs	0.00
61230 Merchandise Costs	1,500.00
61240 Educational Programs Costs	1,000.00
61250 Ghostly Haunting Costs	0.00
61260 Living History Costs	0.00
61270 Tour & Tea Costs	1,000.00
61280 Trolley Tour Costs	1,200.00
61290 Prairie Camp Costs	2,750.00
61299 Other Programming Costs	100.00
<b>Total 61200 Programming Expenses</b>	<b>\$ 27,550.00</b>
61400 Events & Fundraising Expenses	0.00
61410 Chester Book Printing Costs	0.00
61420 Farm to Table Dinner Costs	3,500.00
61450 Ghost Walk Costs Legends	2,500.00
61460 Holiday Home Tour Costs	5,000.00
61470 Ice Cream Crank Off Costs	0.00
61480 Murder Mystery Costs	2,000.00
61490 Bar Wars Costs	500.00
61599 Other Event Costs	10,000.00
<b>Total 61400 Events &amp; Fundraising Expenses</b>	<b>\$ 23,500.00</b>
61600 Business Expenses	0.00
61610 Advertising, PR & Marketing	25,000.00
61611 Advertising - Grant Reimbursable	0.00

<b>Total 61610 Advertising, PR &amp; Marketing</b>	<b>\$ 25,000.00</b>
61630 Board Meeting Expenses	0.00
61640 Business Registration Fees	0.00
61650 Contract Labor, Office	0.00
61660 Rentals (Administrative)	0.00
61670 Volunteer Relations	1,000.00
61680 Staff Relations	500.00
61690 Employee Development	0.00
61699 Other Business Expenses	0.00
<b>Total 61600 Business Expenses</b>	<b>\$ 26,500.00</b>
61700 Outside Services	0.00
61710 Accounting Fees	0.00
61720 Legal Fees	0.00
61730 Fundraising Expenses	500.00
61740 Outside Contract Services	12,000.00
<b>Total 61700 Outside Services</b>	<b>\$ 12,500.00</b>
62000 Facilities and Equipment	18,000.00
62010 Building and Equip Maintenance and Repair	5,000.00
62011 Yard	12,000.00
62012 Structures Repair & supplies	10,000.00
62013 Cleaning & Maintenance Supplies	15,000.00
62015 MCDC non reimbursable expenses	0.00
62019 Grant Expenses - Structures	0.00
<b>Total 62010 Building and Equip Maintenance</b>	<b>\$ 60,000.00</b>
62020 Curation	1,000.00
62030 Equip Rental & Maintenance	0.00
62040 Furnishings Repair & Upkeep	0.00
62050 Property Insurance	15,000.00
62060 Utilities	25,000.00
<b>Total 62000 Facilities and Equipment</b>	<b>\$ 101,000.00</b>
63000 Office Operations	0.00
63010 Books, Subscriptions, Reference	100.00
63020 Postage, Mailing Service	500.00
63025 Printing and Copying	3,600.00
63030 Supplies	1,200.00
63035 Telephone, Telecommunications	3,600.00
63040 IT Expense	7,500.00
63045 ED reimbursed expense	0.00
<b>Total 63000 Office Operations</b>	<b>\$ 16,500.00</b>
64000 Other Administrative Expenses	0.00
64010 Bad Debts, NSF Returned Check	0.00
64015 Bank Service Charges	200.00
64020 Credit Card Fees	12,000.00
64021 QuickBooks Payments Fees	0.00
64035 Insurance, Liability, D & O	3,500.00
64040 Interest Expense	0.00
64045 Finance Charges & Late Fees	0.00

64055 Memberships & Dues	1,200.00
64099 Other Admin Expenses	0.00
<b>Total 64000 Other Administrative Expenses</b>	<b>\$ 16,900.00</b>
65000 Payroll Expenses	0.00
65010 Salaries, Staff	151,780.00
65020 Salaries, Contract Employees	0.00
65030 Salaries, Wedding Coordinator	52,500.00
65040 Payroll Taxes	18,000.00
65050 Payroll Processing Costs	3,000.00
<b>Total 65000 Payroll Expenses</b>	<b>\$ 225,280.00</b>
66000 Reconciliation Discrepancies	0.00
<b>Total 66000 Reconciliation Discrepancies</b>	<b>\$ 0.00</b>
67000 Travel Expenses	0.00
67010 Conferences & Meetings	0.00
67020 Travel	0.00
<b>Total 67000 Travel Expenses</b>	<b>\$ 0.00</b>
69000 Non-recurring Expenses	0.00
Purchases	0.00
Sales Tax	0.00
<b>Total Expenses</b>	<b>\$ 475,230.00</b>
<b>Net Operating Income</b>	<b>\$ 6,770.00</b>
<b>Other Income</b>	
71000 Property Damage, Net	0.00
71010 Insurance Proceeds	0.00
71020 Costs to Repair Damages	0.00
<b>Total 71000 Property Damage, Net</b>	<b>\$ 0.00</b>
71030 Other Income	0.00
71040 Non-recurring Income	113,682.00
72000 Disposition of Assets	0.00
<b>Total Other Income</b>	<b>\$ 113,682.00</b>
<b>Other Expenses</b>	
80100 Depreciation & Amortization	0.00
<b>Total Other Expenses</b>	<b>\$ 0.00</b>
<b>Net Other Income</b>	<b>\$ 0.00</b>
<b>Net Income</b>	<b>\$ 0.00</b>



**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2022**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2022 calendar year, or tax year beginning **01/01/2022** and ending **12/31/2022**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **HERITAGE GUILD OF COLLIN COUNTY TEXAS**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO BOX 583**  
 City or town, state or province, country, and ZIP or foreign postal code  
**McKinney, TX 75069-0583**

**D** Employer identification number  
**75-1602150**

**E** Telephone number  
**972-562-8790**

**G** Gross receipts \$ **689,116**

**F** Name and address of principal officer: **Jaymie Pedigo**  
**PO BOX 583, McKinney, TX 75069**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates 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.CHESTNUTSQUARE.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **1974** **M** State of legal domicile: **TX**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE HERITAGE GUILD OF COLLIN COUNTY, TEXAS D/B/A CHESTNUT SQUARE HISTORICAL VILLAGE, IS TO PRESERVE AND PERPETUATE THE</b> <b>(Continued on Schedule O, Statement 1)</b>		
	<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>	<b>8</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>8</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>79</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 144,813	<b>Current Year</b> 363,892
	<b>9</b>	Program service revenue (Part VIII, line 2g)	326,068	325,101
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	98	123
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>470,979</b>	<b>689,116</b>
<b>Expenses</b>	<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)	140,148	147,800
	<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>2,949</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	261,816	434,731
<b>Net Assets or Fund Balances</b>	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>401,964</b>	<b>582,531</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>69,015</b>	<b>106,585</b>
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 2,009,500	<b>End of Year</b> 2,113,342
	<b>21</b>	Total liabilities (Part X, line 26)	38,394	35,650
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>1,971,106</b>	<b>2,077,692</b>	

**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 \_\_\_\_\_  
**Jaymie Pedigo, Executive Director**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date Check  if self-employed PTIN  
**Laura Landrum** \_\_\_\_\_ \_\_\_\_\_ **P02141778**  
 Firm's name **HERITAGE GUILD OF COLLIN COUNTY TEXAS INC** Firm's EIN  
 Firm's address **PO BOX 583, McKinney, TX 75069** Phone no. **214-504-8011**

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

THE MISSION OF THE HERITAGE GUILD OF COLLIN COUNTY, TEXAS D/B/A CHESTNUT SQUARE HISTORICAL VILLAGE, IS TO PRESERVE AND PERPETUATE THE HERITAGE OF COLLIN COUNTY, TEXAS. THE MISSION IS ACHIEVED THROUGH MAINTENANCE OF THE VILLAGE, TOURS OF THE ELEVEN 11 HISTORICAL STRUCTURES AND HISTORICAL ARTIFACTS, EDUCATIONAL PROGRAMMING, PUBLIC EVENTS, AND PUBLIC USE OF THE FACILITIES.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 210,573 including grants of \$ 0 ) (Revenue \$ 127,464 )

WEDDING AND FACILITY RENTALS IN HISTORICAL SETTINGS WHICH EDUCATES THE GUEST ON THE HISTORY OF MCKINNEY, TEXAS AND COLLIN COUNTY. MEETINGS OF HISTORICAL GROUPS INCLUDE SUCH ORGANIZATIONS AS THE DAUGHTERS OF THE CONFEDERACY AND VARIOUS LIVING HISTORY GROUPS.

**4b** (Code: ) (Expenses \$ 164,160 including grants of \$ 0 ) (Revenue \$ 72,926 )

TRADITIONAL LOCAL FARMERS MARKET, TOGETHER WITH A 1907 GENERAL STORE SET IN A HISTORICAL SETTING AND OPEN TO THE PUBLIC. THE GENERAL STORE OPERATES DURING WEEKLY HOURS, SPECIAL TOURS AND AT OTHER TIMES CONSIDERED APPROPRIATE.

**4c** (Code: ) (Expenses \$ 139,728 including grants of \$ 0 ) (Revenue \$ 124,710 )

TOURS, LIVING HISTORY DAYS, EDUCATIONAL PROGRAMS AND ITS HISTORY THROUGH EXPOSURE TO ARCHITECTURE AND ARTIFACTS OF EARLY SETTLERS IN THE AREA.

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses 514,461

**Part IV Checklist of Required Schedules**

	Yes	No	
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1	✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	2	✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3		✓
4 <b>Section 501(c)(3) organizations.</b> 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 . . . . .	4		✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .	5		✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	6		✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7		✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8		✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9		✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .	10		✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	11a	✓	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	11b		✓
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	11c		✓
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	11d		✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e	✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	11f		✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	12a		✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	12b		✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13		✓
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a		✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	14b		✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	15		✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	16		✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions . . . . .	17		✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18		✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19		✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21		✓

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		✓
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .		✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .		✓
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 . . . . .		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		✓
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	✓	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Other officers or key employees of the organization . . . . .		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

**HERITAGE GUILD OF COLLIN COUNTY TEXAS INC. (972)562-8790**

PO BOX 583, McKinney, TX 75069-0583

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Jaymie Pedigo	40.00									
Executive Director	0.00			✓			58,980	0	0	
Sandi Dinehart	5.00									
Chairman	0.00			✓			0	0	0	
David Clarke	2.50									
Vice Chairman	0.00	✓		✓			0	0	0	
Nick Keim	2.50									
Treasurer	0.00	✓		✓			0	0	0	
Jennifer Druckamiller	2.50									
Secretary	0.00	✓		✓			0	0	0	
Emil Dahl	2.50									
Director	0.00	✓					0	0	0	
Jennifer Cobb	2.50									
Past Director	0.00	✓					0	0	0	
Brian Medina	2.50									
Past Director	0.00	✓					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> . . . . .							<b>58,980</b>	<b>0</b>	<b>0</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							<b>58,980</b>	<b>0</b>	<b>0</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		✓
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		✓
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		✓

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
None		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 0				
	<b>b</b> Membership dues . . . . .	<b>1b</b> 2,559				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 0				
	<b>d</b> Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b> Government grants (contributions)	<b>1e</b> 294,728				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 66,605				
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 0				
	<b>h Total.</b> Add lines 1a-1f . . . . .		363,892			
	<b>Program Service Revenue</b>	<b>2a Weddings</b> . . . . .	Business Code 712100	127,464	127,464	0
<b>b Special Events</b> . . . . .		712100	92,397	92,397	0	0
<b>c Farmer's Market</b> . . . . .		712100	72,926	72,926	0	0
<b>d Educational Events</b> . . . . .		712100	26,201	26,201	0	0
<b>e Tour &amp; Tea Revenue</b> . . . . .		712100	6,113	6,113	0	0
<b>f</b> All other program service revenue . . . . .			0	0	0	0
<b>g Total.</b> Add lines 2a-2f . . . . .			325,101			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		123	123	0	0
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0	0	0	0
	<b>5</b> Royalties . . . . .		0	0	0	0
	<b>6a</b> Gross rents . . . . .	(i) Real				
		(ii) Personal				
		<b>6b</b> Less: rental expenses . . . . .				
	<b>c</b> Rental income or (loss) . . . . .	<b>6c</b> 0	0			
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		(ii) Other				
		<b>7b</b> Less: cost or other basis and sales expenses . . . . .				
	<b>c</b> Gain or (loss) . . . . .	<b>7c</b> 0	0			
	<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>				
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
<b>b</b> Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	<b>11a</b> . . . . .	Business Code				
	<b>b</b> . . . . .					
	<b>c</b> . . . . .					
	<b>d</b> All other revenue . . . . .					
	<b>e Total.</b> Add lines 11a-11d . . . . .		0			
<b>12 Total revenue.</b> See instructions . . . . .		689,116	325,224	0	0	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0	0		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	58,980	47,184	8,847	2,949
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b> Other salaries and wages . . . . .	79,321	75,971	3,350	0
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0	0	0	0
<b>9</b> Other employee benefits . . . . .	0	0	0	0
<b>10</b> Payroll taxes . . . . .	9,499	9,364	135	0
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	0	0	0	0
<b>c</b> Accounting . . . . .	6,691	0	6,691	0
<b>d</b> Lobbying . . . . .	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0	0	0	0
<b>f</b> Investment management fees . . . . .	0	0	0	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	0	0	0	0
<b>12</b> Advertising and promotion . . . . .	43,886	43,886	0	0
<b>13</b> Office expenses . . . . .	9,041	611	8,430	0
<b>14</b> Information technology . . . . .	11,242	0	11,242	0
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	275,944	275,944	0	0
<b>17</b> Travel . . . . .	0	0	0	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	0	0	0	0
<b>20</b> Interest . . . . .	21	0	21	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	0	0	0	0
<b>23</b> Insurance . . . . .	4,415	0	4,415	0
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> Tour, Education & Event Expenses . . . . .	14,862	14,862	0	0
<b>b</b> Farmer's Market Expenses . . . . .	19,659	19,659	0	0
<b>c</b> Wedding Event Expenses . . . . .	26,980	26,980	0	0
<b>d</b> Credit/Bank Processing Fees . . . . .	16,818	0	16,818	0
<b>e</b> All other expenses . . . . .	5,172	0	5,172	0
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	582,531	514,461	65,121	2,949
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing . . . . .	1,364	1	1,597
	2	Savings and temporary cash investments . . . . .	131,680	2	234,137
	3	Pledges and grants receivable, net . . . . .	0	3	0
	4	Accounts receivable, net . . . . .	2,710	4	3,862
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	6	0
	7	Notes and loans receivable, net . . . . .	0	7	0
	8	Inventories for sale or use . . . . .	0	8	0
	9	Prepaid expenses and deferred charges . . . . .	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	1,873,746		
	10b	Less: accumulated depreciation . . . . .	0	10c	1,873,746
	11	Investments—publicly traded securities . . . . .	1,873,746	11	
	12	Investments—other securities. See Part IV, line 11 . . . . .		12	
	13	Investments—program-related. See Part IV, line 11 . . . . .		13	
	14	Intangible assets . . . . .		14	
	15	Other assets. See Part IV, line 11 . . . . .		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	2,009,500	16	2,113,342	
Liabilities	17	Accounts payable and accrued expenses . . . . .	1,003	17	3,130
	18	Grants payable . . . . .	0	18	0
	19	Deferred revenue . . . . .	29,616	19	25,295
	20	Tax-exempt bond liabilities . . . . .	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	7,775	25	7,225
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	38,394	26	35,650
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/></b> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions . . . . .		27	
	28	Net assets with donor restrictions . . . . .		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/></b> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds . . . . .	0	29	0
	30	Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	30	0
	31	Retained earnings, endowment, accumulated income, or other funds . . . . .	1,971,106	31	2,077,691
32	<b>Total net assets or fund balances . . . . .</b>	1,971,106	32	2,077,691	
33	<b>Total liabilities and net assets/fund balances . . . . .</b>	2,009,500	33	2,113,341	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>689,116</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>582,531</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>106,585</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>1,971,106</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>0</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	<b>0</b>
<b>7</b>	Investment expenses	<b>7</b>	<b>0</b>
<b>8</b>	Prior period adjustments	<b>8</b>	<b>0</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>0</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>2,077,691</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

DRAFT

**SCHEDULE A  
(Form 990)**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

HERITAGE GUILD OF COLLIN COUNTY TEXAS

Employer identification number

75-1602150

**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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> 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 10 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 year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	76,030	145,447	119,565	144,813	316,371	802,226
<b>2</b> 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	325,182	286,051	208,782	326,068	372,622	1,518,705
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
<b>6 Total.</b> Add lines 1 through 5	401,212	431,498	328,347	470,881	688,993	2,320,931
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
<b>b</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
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						2,320,931

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6	401,212	431,498	328,347	470,881	688,993	2,320,931
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24	42	100	98	123	387
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b	24	42	100	98	123	387
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	401,236	431,540	328,447	470,979	689,116	2,321,318
<b>14 First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	99.98 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	99.98 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	0.02 %
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	0.01 %

- 19a 33 1/3% support tests—2022.** 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—2021.** 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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>			
<b>b</b>	A family member of a person described on line 11a above?		
<b>11b</b>			
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>			

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>			
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>			
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>3a</b>			
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year.	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E—Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017 . . . . .			
<b>b</b> From 2018 . . . . .			
<b>c</b> From 2019 . . . . .			
<b>d</b> From 2020 . . . . .			
<b>e</b> From 2021 . . . . .			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2023. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018 . . .			
<b>b</b> Excess from 2019 . . .			
<b>c</b> Excess from 2020 . . .			
<b>d</b> Excess from 2021 . . .			
<b>e</b> Excess from 2022 . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information with a diagonal watermark: DRAFT by efile.form990.org

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>HERITAGE GUILD OF COLLIN COUNTY TEXAS</b>	Employer identification number <b>75-1602150</b>
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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .

4 Number of states where property subject to conservation easement is located . . . . .

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ..... %
- b** Permanent endowment ..... %
- c** Term endowment ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> Unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> Related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	0	0	0	0
<b>b</b> Buildings . . . . .	1,873,746	0	0	1,873,746
<b>c</b> Leasehold improvements . . . . .	0	0	0	0
<b>d</b> Equipment . . . . .	0	0	0	0
<b>e</b> Other . . . . .	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				1,873,746

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) . . . . .		
(2) . . . . .		
(3) . . . . .		
(4) . . . . .		
(5) . . . . .		
(6) . . . . .		
(7) . . . . .		
(8) . . . . .		
(9) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . .		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) . . . . .	
(2) . . . . .	
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
	(1) Federal income taxes	0
	(2) DAMAGE DEPOSITS	7,225
	(3) . . . . .	
	(4) . . . . .	
	(5) . . . . .	
	(6) . . . . .	
	(7) . . . . .	
	(8) . . . . .	
	(9) . . . . .	
	<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	7,225

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**  
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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HERITAGE GUILD OF COLLIN COUNTY TEXAS

Employer identification number

75-1602150

Form 990, Part VI, Section B, Line 11b - FORM 990 PRESENTED TO THE TREASURER TO REPORT ON AT A BOARD MEETING.

Form 990, Part VI, Section B, Line 12c - PERIODIC QUESTIONNAIRE.

Form 990, Part VI, Section B, Line 15 - THE ENTIRE BOARD REVIEWS AND DISCUSSES THE EXECUTIVE DIRECTOR'S  
COMPENSATION FOR THE FORTH COMING OPERATING YEAR. THE BOARD HAS THE SOLE AUTHORITY TO MAKE THIS  
DECISION.

Form 990, Part VI, Section C, Line 19 - UPON REQUEST EXCEPT EXECUTIVE COMMITTEE MINUTES.

DRAFT by efileform990.org

Activity Or Mission Description

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Description

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HERITAGE OF COLLIN COUNTY, TEXAS. THE MISSION IS ACHIEVED THROUGH MAINTENANCE OF THE VILLAGE, TOURS OF THE ELEVEN 11 HISTORICAL STRUCTURES AND HISTORICAL ARTIFACTS, EDUCATIONAL PROGRAMMING, PUBLIC EVENTS, AND PUBLIC USE OF THE FACILITIES.

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Organization Docs

Internal Revenue Service

Department of the Treasury

District  
Director

Heritage Guild of Collin County Texas  
909 West Howell  
McKinney, TX 75069

Person to Contact  
ECMF Tax Examiner  
Telephone Number

214-767-1766  
Refer Reply to

RM:CSB:1200 DAL  
Date NOV 20 1985

EIN: 75-1602150

Gentlemen:

Our records show that Heritage Guild of Collin County Texas is exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code. This exemption was granted September, 1979, and remains in full force and effect. Contributions to your organization are deductible in the manner and to the extent provided by Section 170 of the Code.

We have classified your organization as one that is not a private foundation within the meaning of Section 509(a) of the Internal Revenue Code because you are an organization as described in Section 170(b)(1)(A)(vi).

If we may be of further assistance, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Tax Examiner

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <i>Heritage Guild of Collin County</i></p> <p><b>2</b> Business name/disregarded entity name, if different from above <i>DBA Chestnut Square Historic Village</i></p> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ <i>501(c)(3) Nonprofit</i></p> <p><b>5</b> Address (number, street, and apt. or suite no.) See instructions. <i>315 S. Chestnut St</i></p> <p><b>6</b> City, state, and ZIP code <i>McKinney TX 75069</i></p> <p><b>7</b> List account number(s) here (optional)</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> <p>Requester's name and address (optional)</p>
--	--

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>									
or									
<b>Employer identification number</b>									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;">75</td> <td style="width: 12.5%;">-</td> <td style="width: 12.5%;">1</td> <td style="width: 12.5%;">6</td> <td style="width: 12.5%;">0</td> <td style="width: 12.5%;">2</td> <td style="width: 12.5%;">1</td> <td style="width: 12.5%;">5</td> <td style="width: 12.5%;">0</td> </tr> </table>	75	-	1	6	0	2	1	5	0
75	-	1	6	0	2	1	5	0	

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Jaymie D. Pedigo</i>	Date ▶ <i>5/19/18</i>
------------------	--	-----------------------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.

# Fairview Town News ~ February 2023

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# The B-12 Store

## Frisco store offers all-natural vitamin injections and more

BY KAREN CHANEY

While working as a university professor and marriage counselor in Dubai, a duo-career path he followed for 35 years, Kennon Rider decided it was time to come back to America and opted for a vocational change.

"I didn't want to start over with a counseling practice at my age," Rider said. "However, it turns out that would have been much easier."

Rider and his wife, Lisa Reber-Rider, bought the rights to The B-12 Store brand and have the license to use the brand in the Dallas-Fort Worth area.

The couple opened their first The B-12 Store in Frisco in Stonebriar Mall in 2020. They opened another location in Grapevine Mills in 2021 then another in The Parks Mall at Arlington in 2022.

Rider said he was introduced to the business concept because he frequently traveled back and forth between Dubai and Fort Lauderdale, Florida, where his friends owned a The B-12 Store.

"I'd been suffering from jet lag for 16 years. I took the B-12 shot when I landed, and it was amazing how much better I did with jet lag," Rider said.

After researching products and meeting the owner of the brand he felt this was something he could do.

"The three things we talk about in our ... spiel is

energy, immunity and weight loss," Rider said.

The business was named for one of the products. "About 60% of our customers come in for the B-12 shot, because it is so great for energy, mood and sleep," he said. "Then they add other things very often, because they see we have a whole host of injectable vitamins and supplements that are helpful."

Most products are administered via an injection. However, a few oral lipotropics, vitamins and nutrients are offered.

"The reason we exist is, when you take oral vitamins, they pass through the digestive system, which strips out a lot of the value," Rider said. "But when you take an injection, it goes through the muscle into the blood stream very quickly, and it is more available to your system."

Rider said he and his staff—all of whom are nurses—recommend products for customers' concerns. When customers return with results, such as weight loss or growing hair after chemo, they feel successful.

"I've spent my entire career helping people with mental, emotional and social issues," Rider said. "I'm still in the people business, but I'm turning attention to physical health and wellness."

Why it's so important: all-natural lipotropics help increase blood pressure, B12 symptoms and more. Kennon Rider said he loves it because it helps with his leg and foot cramps.

Recommended frequency: as needed  
Expected results: sometimes within a week  
Price per injection: \$50

**3** Extrema lipotropic  
Why it helps: reduce appetite and cravings and increase metabolism.  
Recommended frequency: weekly  
Expected time for results: Customers report they almost immediately, regardless of an appetite, and are able to eat less and be satisfied.  
Price per injection: \$50

The price is the same if the product is injected by staff or self-injected.

**The B-12 Store Frisco**  
2601 Preston Road, Ste. 1262, Frisco  
469-920-8506  
[www.theb12store.com/frisco.html](http://www.theb12store.com/frisco.html)  
Hours: Mon.-Thu. 11 a.m.-7 p.m., Fri.-Sat. 11 a.m.-8 p.m., Sun. noon-6 p.m.

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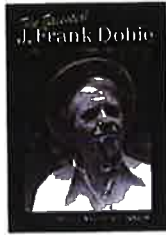
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# This month at the Allen Public Library...

## J. Frank Dobie biographer Steven L. Davis

Folklore offers a glimpse into the soul of a region. A community with colorful folklore typically has fascinating residents. One of the first Texas-based authors to garner national recognition, J. Frank Dobie captured the folklore of Texas and penned over 20 books, including *Tales of Old-Time Texas*, *Coronado's Children*, and *The Longhorns*.



Steven L. Davis, author of *J. Frank Dobie: A Liberated Mind*, will discuss the famed folklorist at 7:30 p.m. Thursday, April 6, at the Allen Public Library. Admission to the program is free, and it will be web-cast live at <https://actv.org/> by clicking on the WATCH button.

During the 1920s and 30s, Dobie was known to have driven down country roads, and when he spotted senior citizens on porch-

es, he would stop and interview them. When asked about his motivation for penning a Dobie biography, Steven explained, "I got interested in studying Dobie when I realized that the conventional wisdom about him had been totally wrong. The truth is far more interesting – and far more inspiring. Dobie was a courageous champion of human rights, a visionary environmentalist, and his writing has been enthusiastically mined by many notable authors. I found that Dobie represents so many of the best elements of Texas. He was a free-range spirit and his groundbreaking life and work continue to influence our culture in many ways."

Steven is a past president of the Texas Institute of Letters, a literary honor society founded in 1936. Curator at the Wittliff Collections at Texas State University in San Marcos, Davis has developed and curated over 30 exhibitions at the Wittliff. His previous book includes *Dallas 1963*, winner of the PEN Center Literary Award for Research Nonfiction.

## Goldfinger (1964)

Ian Fleming's classic James Bond novels were among President John F. Kennedy's favorite books. In 1962, *Dr. No* became the first James Bond title to be released as a film, and in 1964, *Goldfinger* became a blockbuster that attracted lengthy lines at the theatre. In some cases, police were summoned to control unruly crowds. *Goldfinger's* \$3 million budget was recouped in two weeks, and box office records were shattered in multiple countries. *Goldfinger* was the first Bond film to garner an Oscar for Best Sound Editing.

Listen to film historians Brian Hughes and Clyde Ponder analyze and discuss the actors, set designs, videographic challenges, innovative sound effects and music at 6:30 p.m. Tuesday, April 11 at the Allen Public Library. This discussion can be viewed virtually at <https://actv.org/> by clicking on the WATCH button. In the library's gallery during April, view *James Bond: The First Decade 1962-1972*, *Dr. No*, *Russia with Love*, *Goldfinger*, *Thunderball*, *You Only Live Twice*, *On*

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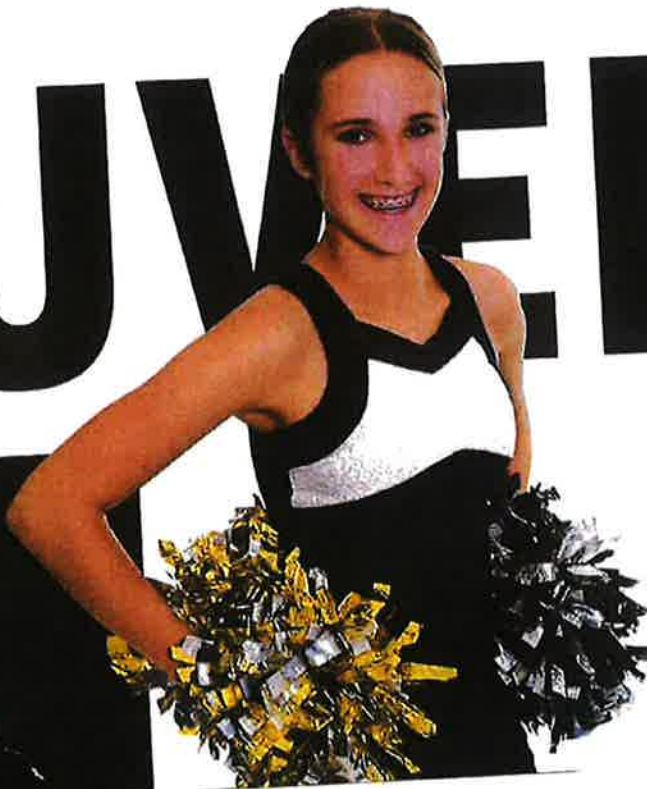
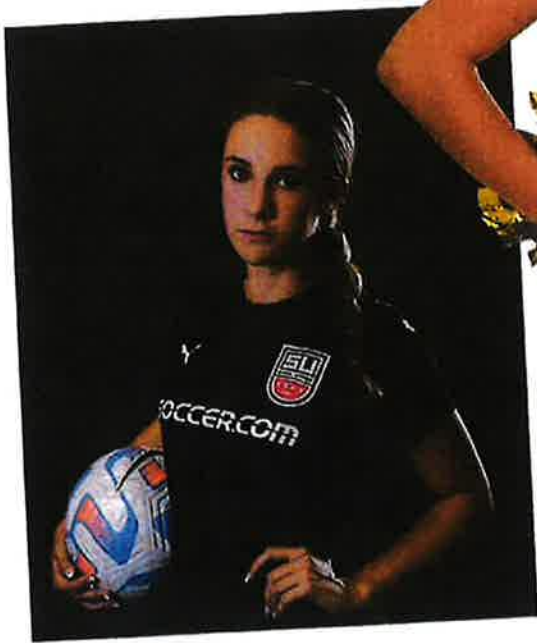
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# HEUVEL



This is a great attitude to have in order to accomplish the goals she has set for herself. After graduation, Allie wants to be an engineer. While education is her main focus, she would love to find a place where she could pursue her scholarly goals while also playing soccer. "That would be the dream."

Allie really appreciates her own soccer coach, Coach Lucio Gonzales, for believing in her and helping her to reach her potential. This is her advice to other athletes as well, "whether it's dance or soccer, find a coach that you respect and wants what is best for you as an individual," she says. "That has made all of the difference for me."

We wish Allie the best of luck in school, dance and soccer. We know she will continue to reach exceptional heights, no matter where the future takes her!

Do you know someone in our Eldorado community who we should feature?  
Send your nominations using the QR code on pg. xx

Winter Market Schedule  
**OPEN EVERY SATURDAY**  
 9 AM - NOON  
 April - November 8 am - Noon  
 CHESTNUT ST AT ANTHONY & DAVIS  
[ChestnutSquare.org](http://ChestnutSquare.org)

HISTORIC WORKSPACE  
**FARMERS MARKET**

HERITAGE VILLAGE OF CHESTNUT SQUARE

**MCDC**  
 MCKINNEY COMMUNITY DEVELOPMENT CORPORATION

**BAR WARS**

MARCH 20, 2023  
 6 PM - 9 PM  
 FARMERS MARKET EDITION

