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 <u>Grant Guidelines</u> before completing this application.
- The Grant Guidelines are available on this website or by emailing 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	Jason Lim	
Federal Tax ID Number	45-4399538	
Incorporation Date	8/10/2012	
Mailing Address	1011 Thomas Street	
City	Denton	
State	Texas	
Zip Code	76201	
Phone Number	19405948790	
Email Address	info@mckinneyphilharmonic.org	
Website	www.mckinneyphilharmonic.org	
Facebook	https://www.facebook.com/mckinneyphilharmonic	

Instagram	Field not completed.
Twitter	Field not completed.
LinkedIn	Field not completed.
Please provide a detailed narrative about your	The McKinney Philharmonic Orchestra was established in May 2012 in Denton, Texas, under the leadership of Artistic Director

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

The McKinney Philharmonic Orchestra was established in May 2012 in Denton, Texas, under the leadership of Artistic Director Jason Lim. Originally known as the Odysseus Chamber Orchestra, it comprises professional classical musicians from the Dallas/Fort Worth area who share a commitment to fostering a vibrant community through the power of music and the arts.

Since its inception, the orchestra has achieved remarkable milestones. Its debut performance in 2012 featured esteemed local soloists, including Christopher Deane, a renowned Professor of Percussion at the University of North Texas.

Building on this early success, Artistic Director Jason Lim commissioned the world premiere of Brad Robin's captivating composition, "Breathe." In 2019, the orchestra performed the highly anticipated US premiere of "Musica Con Cello" by Pavel Karmanov, featuring the brilliant Tess Crowther as the principal cellist and soloist. Additionally, the orchestra embarked on groundbreaking collaborations, including a full ballet production of Prokofiev's enchanting "Peter and the Wolf" with the Denton City Contemporary Ballet, a mesmerizing North Texas premiere performance of Igor Stravinsky's "A Soldier's Tale" with Amity Perry and Company, an extraordinary showcase of Astor Piazzolla's Tango music in partnership with worldrenowned double bassist Jeff Bradetich, and a captivating collaboration with legendary guitarist Andy Timmons. The orchestra even shared the stage with the Grammy Awardwinning Polka band, Brave Combo, in 2018.

Today, the McKinney Philharmonic has expanded its concert season to encompass up to seven subscription concerts, featuring an innovative and diverse array of series, including Pops, Family, Chamber Music, Recital, and Classical performances. The orchestra's programming has gained national recognition, with Artistic Director Jason Lim being honored with the prestigious 2021 American Prize in Orchestral Programming/Vytautas Marijosius Memorial Award in the professional division.

Despite its relatively short history, the orchestra has garnered an increasing national reputation as an emerging ensemble, earning second and third prizes in the American Prize Competition for professional orchestras in 2014 and 2015, respectively. In 2016, the orchestra received the esteemed Ernst Bacon Memorial Award for its outstanding performances of American Music. Beyond its artistic endeavors, the orchestra actively supports local service clubs, schools, and community events. Moreover, the orchestra has expanded its outreach efforts by offering free chamber music series concerts, hosting amenity concerts in neighborhoods, conducting TEKS-aligned educational school tour performances, and collaborating with the Arts and Music Guild to organize the Summer Music Intensives—a week-long music workshop for middle and high school orchestra students.

In 2017, the organization launched the Greater North Texas Youth Orchestra, thereby enhancing its mission. Members of the McKinney Philharmonic Orchestra serve as mentors to the youth orchestra students, providing them with valuable knowledge and experiences to support their musical aspirations and future careers. The youth orchestra benefits from a range of programs, including the "Mentorship Program," which enables exceptional high school orchestra students to rehearse and perform alongside the McKinney Philharmonic Orchestra in subscription concerts. Additionally, the "Side-byside" program brings together the youth orchestras and the McKinney Philharmonic Orchestra in an annual collaboration, while the "Concerto Competition" offers an exciting opportunity for young musicians to showcase their talent. In 2019, the organization introduced the Celtic String Ensemble, directed by Keyreel Raskolenko, the Principal 2nd Violinist. This unique program allows students to explore traditional music by ear, offering them a rare and enriching educational experience. In 2023, the GNTYO has expanded to three orchestras to meet the needs of various ages and abilities, and to expand the potential progression for the area's most talented youth.

To better reflect its growing ties with and support from the City of McKinney, the organization changed its name to the McKinney Philharmonic Orchestra (MPO) in 2019. We have undertaken a rebrand in 2023 and are enthusiastically focused

on growing awareness of our organization to better fulfill our Mission.

Organization Type

Nonprofit - 501(c) (Attach a copy of IRS Determination Letter)

IRS Determination Letter

Field not completed.

Noteworthy recognitions or awards in the last two years.

Field not completed.

Representative & Contact Information

Representative Completing Application:

Name Jason Lim

Title Artistic Director and Conductor

Mailing Address 1011 Thomas Street

City Denton

State Texas

Zip Code 76201

Phone Number 9405948790

Email Address <u>info@mckinneyphilharmonic.org</u>

DESIGNATE BYC.

Contact for Communications Between MCDC and Organization:

Name Jason Lim

Title Artistic Director

Mailing Address 1011 Thomas Street

City Denton

State Texas

Zip Code 76201

Phone Number	19405948790
Email Address	info@mckinneyphilharmonic.org
Project Information	
Funding - Total Amount Requested	15000
Are matching funds available?	Yes
Matching Funds Available:	Admissions
Will funding be requested from any other City of McKinney entity (e.g. Visit McKinney, Arts Commission, City of McKinney Community Support Grant)?	Yes
Provide name of City of McKinney entity funding source and amount.	McKinney Arts Commission
Have you received or will funding be requested from other organizations / foundations for this event(s)?	No
Has a request for funding for this Promotional / Community Event been submitted to MCDC in the past five years?	No
Board of Directors	Liz Strand Cimini - President Mark Read - Secretary Jennifer Parker - Treasurer Julie Daniels - BOD Samantha Ettari - BOD David Kelly - BOD

Leadership Staff	Jason Lim - Artistic Director Kevin Garza - GNTYO Symphony Director Jennifer Parker - Marketing Samantha Ettari - Volunteer Coordinator
Board of Directors Attachment	Field not completed.
Leadership Staff Attachment	Field not completed.
Promotional / Community	y Event Information
Information provided for profunding.	omotional / community event for which you are seeking
Date(s) of Event	2024-2025 McKinney Philharmonic Orchestra Concert Season
Ticket Prices	Classical Concerts - Adult 20 / Senior 15 POPS Concerts - Adult 25 / Senior 20
Describe the target attendee for the event(s)?	Muisc lovers of all kinds. Our programming caters to traditional classicla music lovers to children and famile as well as POPS, Jazz and Country music lovers.
Is this the first time for this event?	Yes
How will the event showcase McKinney for tourism and / or business development?	When we announce our season, concertgoers from McKinney and outside McKinney will be attracted to the high-caliber orchestra that McKinney supports. We know for a fact that many people who move to McKinney have sent us an email expressing the reason why they moved and it is because McKinney has a world-class orchestra. It elevates the quality of life that McKinney has to offer. This attracts citizens who are cultured, highly successful, and highly educated.
Expected attendance	8500
Expected number or percentage of attendees coming from outside McKinney	60

McKinney Boyd High School Auditorium or any McKinney ISD

Auditoriums to Trinity Presbyterian Church Great Hall.

Location(s) of event(s)

Does the event support a
non-profit (other than
applicant)?

No

What percentage of revenue will be donated(indicate net or gross)?

5%

Provide a detailed narrative of the event(s) including mission, goals, activities, schedule, production timeline, goals for growth / expansion, etc.

SUBSCROPTION CONCERTS

September 14 - Classical Concert Series

October 5 - POPS Concert Series. Wester Swing with Dave
Alexander Band

October 26 - Halloween Family Concert

December 7 - 7th Annual Christmas POPS Concert March 1, 2025 - POPS Concert, 70's 80's Rock Pops hits

April 5, 2025 - Beethoven Symphony No. 9

May 25, 2025 - Side by side with the Greater North Texas

Youth Orchestra.

CHAMBER MUSIC CONCERT
Multiple dates to TBD

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.).

SOCIAL MEDIA - \$7500

BILLBOARD - \$7500. We are not sure how much this will cost but we anticipate spending a large amount to this.

Attach marketing plan	Field not completed.
Total Promotional Budget	15K
What percentage of the total marketing budget does the grant represent?	100
Marketing lessons learned from past (what worked and what did not).	We have utilized many different platforms. PRINT - Community Impact and Star Local Media We did not see any uptick in traffic and sales after ads were

placed.

effective.

RADIO - WRR and NPR

We learned that this is far too expensive. With 15-second slots, we fund that we cannot include a lot of what we want future audiences to know about the event after we insert "Sponsored by the McKinney Community Development Corporation"

SOCIAL MEDIA - Facebook and Google Ads
We think this is the far most effective tool to use. With targeted audiences as well as the ability to set our budget this gives us the outreach mechanism we need.

BILLBOARDs - We want to explore using this platform. With various billboards on 380 and 75, we think this could be

How will you measure success of your event(s) and marketing campaign? (attendance, website hits, social media indicators, etc.)

Attendance is the main metrics we measure our success,

Please include examples of past marketing efforts (screen shots of ads, posters, social posts, radio text, etc.)

This year, we tried some print ads.
Community Impact News
Star Local Media.
Facebook Ads
Google Ads

Additional details related to marketing efforts.

This year, part of our efforts is to upgrade our website domain subscription which enables us to have more features. We also upgraded our Mailchimp subscription. Collective we are trying to make efforts in improving the consumer experience.

Budget

2024-2025 Budget Breakdown .xlsx

What percentage of Project / Promotional / Community Event funding will be provided by the applicant?

10.3

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	0	
Registration Fees	0	
Donations	2000	
Other (raffle, auction, etc.)	0	
Net Revenue	0	

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.

We set a goal in our projections to meet our financial goals. Our budget is set so we can achieve a surplus of a set amount of dollars. This set amount of dollars play into our plans to catch up with other competing orchestras to pay our musicians fair pay. We have quickly become one of the best orchestras but we do not pay as much as other orchestras. This plays well in helping McKinney become a true arts city. Not only is it attractive to audiences, but it is also attractive to working professional musicians.

Financial Goals of Promotional / Community Event

Gross Revenue	150000
Projected Expenses	128000
Net Revenue	12000
Other Funding Sources	We apply to other State grants but the programs are designated to specific areas.

TEXAS COMMISSION ON THE ARTS

- 1. Arts Create Funds Operational expenses
- 2. Arts Responds Funds Educational Programs and Health and Human Services Programs.

FRISCO ARTS FOUNDATION

Funds event that takes place in Frisco only.

MCKINNEY ARTS COMMISSION

We designate operational expenses

NORTH TEXAS GIVING DAY

DONATIONS

BUSINESS SPONSORSHIPS

We receive a handful of sponsorships from local businesses

like

Texas Republic Bank

The Luthier Shop

NATIONAL ENDOWNMENT FOR THE ARTS.

We have applied numerous times but did not get any funding.

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.

Budget	23-24 MPO Budget 2 .xlsx
Financial Statements	22-23 MPO Budget.xlsx
W9	MPO.pdf
IRS Determination Letter (if applicable)	501 c 3 IMG.pdf
990 Filed with IRS (if applicable)	Odysseus Chamber Orchestra 990 2022 .pdf

Presentation to MCDC Board of Directors

Completed applications that are eligible for consideration by MCDC will be presented to the board according to the schedule on the <u>Grants page</u> 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.

Acknowledgements

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.
- 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. 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).

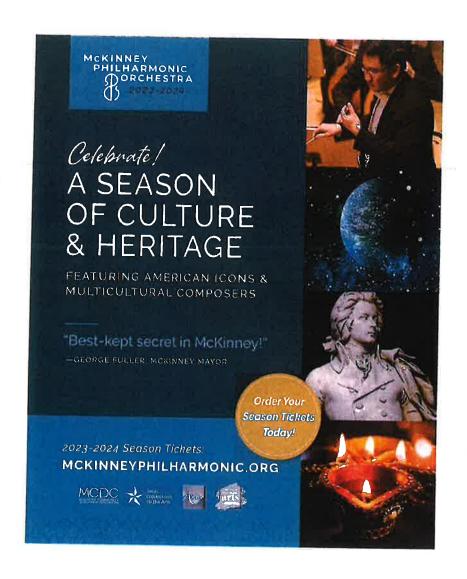
 Grant funding is provided on a reimbursement basis subsequent to submission of a reimbursement request, with copies of invoices and paid receipts for qualified expenses. Up to 20% of the grant awarded may be withheld until the final report on the Promotional/Community Event is provided to MCDC.

Applicant Electronic Signature	Selecting this option indicates your agreement with the above statement.
Chief Executive Officer	Jason TG Lim
Date	11/28/2023
Representative Completing Application	Jason TG Lim
Date	11/28/2023

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 <u>Final Report</u> to report your results. A <u>PDF version</u> is also available.

Past promotions





SIDE BY SIDE CONCERT with

The Greater North Texas Youth Orchestra

May 6, 2023. 7:00 pm

McKinney Boyd Auditorium

GERSHWIN: AN AMERICAN

IN PARIS























MPO 2021-2022 Budget

WIFO 2021-2022 Budget			
EXPENSES		Projections	Actual
PAYROLL			
	Orchestra	52839	
	Guest Soloists	2550	
	Conductor	13750	
	Contract		
ADMINISTRATION			
	E Director	2250	
	Manager	1200	
	Librarian	1500	
PROMOTIONS		8900	
	Facebook	0	
	Posters and Flyers	0	
	other	0	
PRINTING		0	
	Programs	1600	
	Tickets	0	
FEES	Hences	300	
	PayPal	0	
	ASCAP	350	
INSURANCE	AJCAF	-	
FACILITIES		590	
TACIETTES	Poboozala	6870	
	Rehearsals		
CARTAGE	Performances		
TECH		400	
MISC		600	
IVIISC		440	
	Music		
Purc	hases and Rentals	2000	
	Copies		
	Supplies	500	
		96639	
INCOME			
BALANCE FORWARD		22000	
GRANTS		22000	
	MAC	20000	
	Frisco Arts	4500	3038
	TCA	5750	3036
	Visit McKinney	1000	
:Kinney Community Develop			
SPONSORSHIPS		8900	
	Grand Hotel	500	500
	TRB	500	500
	Luthier	1000	
FOUNDATIONS			
	Love Life	2500	
Texas Communities (North	Texas Giving Day)	1000	
Craig	Hall Foundation	1000	
ADMISSIONS		36500	
DONATIONS		2000	
	Contract	<u>-</u>	
ADS		500	
		107650	
Surplus / Dafisis		11011	
Surplus/ Deficit			

MPO 2023-2024 Budget

PAYROLL	EXPENSES	Projections	Projections 2 R1 8 cond	certs Projections 2 with \$	20 raise
Contract					
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	CFT		20000		
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	10593 3000 450 1000 1600 1000 500 14550
Classical Concer 1 POPS 2	19736 3000 300 600 1600 750 500
Classical	10593 3000 600 500 1600 5000 5000
Chamber Music POPS 1	1500 200 120 1620
	1500
Chamber Music	5000 3000 450 200 1600 1050 500 10850
certs Halloween XMAS	10593 3000 450 500 1600 500 16643
4-2025 Subscription Concerts Hallc	Orchestra Payroll Conductor Programs Music Cartage Hall Soloist Librarian / Manager

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For the	2022 calendar	year, or tax year beginni	ng	, 2022, and ending			, 20
			C Name of organization		,	D Emplo	war idar	ntification number
П	Address		DDYSSEUS CHAMBER	RORCHESTRA		D Emplo	yer luer	
П	Vame ch			rif mail is not delivered to street ad	dress) Rogn	E Teleph	000 011	45-4399538
П	nitial ret				suiti	e Leichii	ione nun	iner
П	inal retu	urn/terminated	1011 THOMAS S	TREET	1	1	1	0401604 0700
	Amende			ince, country, and ZIP or fore	ian nastal code	F Group		940) 594-8790
	Applicati		DENTON TX 762		ight postal code	Numbe		OII
G /	lccoun	-	X Cash Accrual	Other (specify):	Tu Tu			ganization is not
	Vebsit	E	MCKINNEYPHILH.			required to a		
J	ax-ex		ck only one) X 501(c)(3)		4947(a)(1) or 527	(Form 990).	llach Sc	nedule B
		organization:	Corporation	Trust Association	Other:	(FORM 990).		
				ss receipts. If gross receipts a		or if total ann	242	
(Part II,	column (B)) are \$	\$500,000 or more, file Form	n 990 instead of Form 990-EZ	7	, or il total assi	eis	176 136
P	art I	Revenue, E	xpenses, and Chan	ges in Net Assets or	Fund Balances	Canada da Santa	\$	176,136
		Check if the org	anization used Schedule	O to respond to any question	in this Part I	(see the instru	ictions to	or Part I)
	1	Contributions,	gifts, grants, and similar ar	mounts received	mula Catt		1 1	176,136
	2	Program servic	ce revenue including gover	nment fees and contracts			2	1,0,1,0
	3	Membership du	ues and assessments	· · · · · · · · · · · · · · · · · · ·			3	
	4	Investment inco	ome	The second s		*0.00 (0.00	4	
	5a	Gross amount	from sale of assets other to	han inventory	5a	********	14	
	Ь			ises			1	
	c	Gain or (loss) fi	rom sale of assets other th	an inventory (subtract line 5b	from line 5a)		5c	
	6	Gaming and fu	ndraising events:	, (===, ===,	worth mile out and and	***************	30	
	a		from gaming (attach Sched	dule G if greater than			1 1	
E E					. 6a			
Revenue	b	Gross income f	from fundraising events (no	ot including \$	of contrib	utions	1	
8				1) (attach Schedule G if the	Or contino	duons		
		sum of such gre	oss income and contribution	ons exceeds \$15,000)	6b			
	С	Less: direct exp	penses from gaming and fu	undraising events	6c		1	
	d	Net income or ((loss) from gaming and fur	ndraising events (add lines 6a	and 6b and aubtras	•	1	
		line 6c)		the state of the s	and ou and subtrac	Ĺ		
	7a			allowances			6d	
				18188111111111111111111111111111111111			1 1	
	C			ory (subtract line 7b from line			- 1	
	8	Other revenue ((describe in Schedule O)		(d) ************************************	PATRONING WORD WOMEN	7c	
	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6c	d, 7c, and 8			8	176,136
	10	Grants and simi	ilar amounts paid (list in So	chedule O)			10	53,629
	11	Benefits paid to	or for members				11	33,023
es	12	Salaries, other o	compensation, and employ	ee benefits		CALLS AND DISCUSSION	12	
Expenses	13	Professional fee	es and other payments to it	ndependent contractors			13	20,500
ξxb	14	Occupancy, ren	nt, utilities, and maintenand	е			14	20,000
ш	15	Printing, publica	ations, postage, and shippi	ing			15	
	16	Other expenses	(describe in Schedule O)			000000000000000000000000000000000000000	16	84,955
	17	Total expenses	s. Add lines 10 through 16			OCHORA CASTA	17	159,084
10	18	Excess or (defic	it) for the year (subtract lin	e 17 from line 9)		CONTRACTOR CONTRACTOR	18	17,052
Assets	19	Net assets or fur	nd balances at beginning	of year (from line 27, column	(A)) (must acree with		10	1.7,000
As		end-of-year figu	ure reported on prior year'	s return)	. ,, (111 agroc with	9030 8030 9030 905 905 905	19	13,247
Net	20	Other changes in	n net assets or fund balan	ces (explain in Schedule O) .		PURCONTACTOR STATE	_	13,411
	21	Net assets or fur	nd balances at end of year	Combine lines 18 through 2	0	A ON HOR HE KENDER	20	20.200

Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End (C) Beginning of year (C) Beginning of year (C) Beginning of year (D) End (D) End (E) End (E) End (D) End (E) Expert (E) End (E) En	30,29 30,29 30,29 sees section 501(c)(4)
Cash, savings, and investments Land and buildings Other assets (describe in Schedule O) Total assets Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's primary exempt purpose? MUSIC EDUCATION Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	30,29 30,29 30,29 sees section 501(c)(4)
Cash, savings, and investments Land and buildings Other assets (describe in Schedule O) Total assets Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? MUSIC EDUCATION Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of services. SEE ATTACHMENT	30,29 30,29 30,29 ases section 501(c)(4)
Land and buildings Other assets (describe in Schedule O) Total assets Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's primary exempt purpose? MUSIC EDUCATION Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of sersons benefited, and other relevant information for each program title.	30,29 30,29 nses section 501(c)(4)
Other assets (describe in Schedule O) Total assets Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? MUSIC EDUCATION Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of sersons benefited, and other relevant information for each program title.	30,29 nses section 501(c)(4)
Total assets 13,247 25 Total liabilities (describe in Schedule O) 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 13,247 27 Part III Statement of Program Service Accomplishments (see the instructions for Part III)	30,29 nses section 501(c)(4)
Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? MUSIC EDUCATION Describe the organization's program service accomplishments for each of its three largest program services, so measured by expenses. In a clear and concise manner, describe the services provided, the number of sersons benefited, and other relevant information for each program title. 8 SEE ATTACHMENT	30,29 nses section 501(c)(4)
Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's primary exempt purpose? MUSIC EDUCATION Describe the organization's program service accomplishments for each of its three largest program services, is measured by expenses. In a clear and concise manner, describe the services provided, the number of sersons benefited, and other relevant information for each program title.	nses section 501(c)(4)
Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? MUSIC EDUCATION Describe the organization's program service accomplishments for each of its three largest program services, is measured by expenses. In a clear and concise manner, describe the services provided, the number of sersons benefited, and other relevant information for each program title. SEE ATTACHMENT	nses section 501(c)(4)
Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? MUSIC EDUCATION Describe the organization's program service accomplishments for each of lifs three largest program services, is measured by expenses. In a clear and concise manner, describe the services provided, the number of sersons benefited, and other relevant information for each program title. 18 SEE ATTACHMENT (Required for 501(c)(3) and organizations; for others.)	section 501(c)(4)
What is the organization's primary exempt purpose? MUSIC EDUCATION Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of corresponsible benefited, and other relevant information for each program title. SEE ATTACHMENT	501(c)(4)
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of corresponding to the number of corresp	
for others.) SEE ATTACHMENT for others.)	optional
28 SEE ATTACHMENT	
(Create C	
Constant	
(Grants \$) If this amount includes foreign grants, check here	
9	
(Grants \$) If this amount includes foreign grants, check here	(7)
(Grants \$) If this amount includes foreign grants, check here	
1 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here	
2 Total program service expenses (add lines 28a through 31a)	(
Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated see the instruction	s for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV	
(b) Average (c) Reportable compensation (d) Health benefits,	ated amount of
(a) Name and title (Forms W-2/1099 - MISC/ Contributions to (V) Estilic	mpensation
devoted to position (if not paid, enter -0-) and deterred compensation	
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Fa	Uther Information (Note the Schedule A and personal benefit contract statement requirements in the			Г
-	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	* * * * * *	Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		165	140
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			- 2 \
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	-		7.5
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	i i	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: ; section 4912: ; section 4955			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			ĺ.
	reported on any of its prior Forms 990 or 990–EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
4.4	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed: NONE			
42a	The organization's books are in care of: SEE ATTACHMENT Telephone no.			
-	Located at: ZIP + 4			
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	,	Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С				
·	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here			-
10	and actor the agreement of the	******	0.000	· .
	and enter the amount of tax-exempt interest received or accrued during the tax year		× 1	18.0
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
1 10				
b	completed instead of Form 990-EZ.	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
С	completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44b		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		Х
_	explanation in Schedule O			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		X
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990–EZ. See instructions	45%		7.7
-		45b	- 1	X

Form 990	CE (EVEE)								age
46 Did	the organization ongood, dispetity as in the	else im materials.						Yes	N
to c	the organization engage, directly or indirect	tiy, in political camp	aign a	ictivities on behalf of d	r in opposition				
Part V	andidates for public office? If "Yes." completed Section 501(c)(3) Organization	ione Only	rt I aan	***********			46		<u> </u>
T ALL V	All section 501(c)(3) organizations mu		oc 47	10b and E0 and name	niete tine telejen fer iin.				
	50 and 51.	ast answer question	15 47 -4	490 and 52, and com	piete the tables for line	es			
	Check if the organization used Sched	dule O to respond t	o anv	question in this Bost V	1				
	The state of galance and a good confect	sale o la respond t	.o arry	question in this Part V	(******	_	9792
47 Did	the organization engage in lobbying activitie	as or have a soction	2 E01/k	a) alpation in affect du	vive the tour			Yes	N
vear	? If "Yes," complete Schedule C, Part II	33 Of Have a Section	1 30 1(1	i) election in ellect du	ning the tax		4-7		ς,
48 Is th	e organization a school as described in sec	tion 170(b)(1)(A)(ii)	2 If "V	es " complete Schodu	in E		47	-	X
49a Did	the organization make any transfers to an e	xempt non-charital	ble rela	es, complete scriedu ated organization?	IC L		48 49a	-	X
b If "Y	es," was the related organization a section s	527 organization?		atod organization:	1.00		49b	-	X
0 Com	nplete this table for the organization's five hi	ghest compensated	d empl	ovees (other than office	ers directors trustee	e and	Key	1	Δ
emp	loyees) who each received more than \$100	,000 of compensati	ion fro	m the organization. If	there is none, enter "N	None "	, KCy		
		(b) Averag	е	(c) Reportable	(d) Health benefits, cor	ntrib-		- \ 1	
	(a) Name and title of each employee	hours per w devoted to po		compensation (Forms W- 2/1099-MISC/1099-NEC)	utions to employee ber plans, and deferred compensation	nefit	(e) Estrin	ated ami impensa	
NONE					compensation	_			_
				70,5					
				N 1					
		1	- 1	1.00					
			-						
	number of other employees paid over \$100			i de					
1 Com \$100	plete this table for the organization's five hig ,000 of compensation from the organization	ghest compensated n. If there is none, e	l indep	Vone."					
1 Com \$100 (a)	plete this table for the organization's five hig	ghest compensated n. If there is none, e	l indep	endent contractors w None." (b) Type of service) npensation	1	
1 Com \$100 (a)	plete this table for the organization's five hig ,000 of compensation from the organization	ghest compensated n. If there is none, e	I indep	Vone."				1	
i1 Com \$100 (a)	plete this table for the organization's five hig ,000 of compensation from the organization	ghest compensated n. If there is none, e	l indep	Vone."				1	
i1 Com \$100 (a)	plete this table for the organization's five hig ,000 of compensation from the organization	ghest compensated n. If there is none, e	l indep	Vone."				1	
i1 Com \$100 (a)	plete this table for the organization's five hig ,000 of compensation from the organization	ghest compensated n. If there is none, e	l indep	Vone."					
i1 Com \$100 (a)	plete this table for the organization's five hig ,000 of compensation from the organization	ghest compensated n. If there is none, e	l indep	Vone."					
51 Com \$100 (a)	plete this table for the organization's five hig ,000 of compensation from the organization	ghest compensated n. If there is none, e	l indep	Vone."				1	
51 Com \$100 (a)	plete this table for the organization's five hig ,000 of compensation from the organization	ghest compensated n. If there is none, e	l indep	Vone."					
51 Com \$100 (a)	plete this table for the organization's five hig ,000 of compensation from the organization	ghest compensated n. If there is none, e	l indep	Vone."					
51 Com \$100 (a)	plete this table for the organization's five hig ,000 of compensation from the organization) Name and business address of each independent	yhest compensated If there is none, e contractor	enter "N	None:" (b) Type of service					
61 Com \$100 (a) NONE	plete this table for the organization's five hig ,000 of compensation from the organization) Name and business address of each independent	ghest compensated If there is none, e contractor:	\$100,0	(b) Type of service					
d Total 2 Did th	plete this table for the organization's five hig ,000 of compensation from the organization) Name and business address of each independent on the organization of other independent contractors enderganization complete Schedule A? Note	contractor: each receiving over e: All section 501(c	\$100,0 (3) or	(b) Type of service (b) Type of service	ch a		npensation		
d Total 2 Did the comp	plete this table for the organization's five hig ,000 of compensation from the organization ,000 of compensation from the organization) Name and business address of each independent on tractors e ne organization complete Schedule A? Note leted Schedule A .	each receiving over e: All section 501(c	\$100,0 (3) org	(b) Type of service (b) Type of service	ch a	(c) Con	npensation	s M	No
d Total 2 Did the comp	plete this table for the organization's five hig ,000 of compensation from the organization) Name and business address of each independent on the organization of other independent contractors enderganization complete Schedule A? Note	each receiving over e: All section 501(c	\$100,0 (3) org	(b) Type of service (b) Type of service	ch a	(c) Con	npensation	s M	No
d Total 2 Did the composite of penaltic	plete this table for the organization's five hig ,000 of compensation from the organization ,000 of compensation from the organization) Name and business address of each independent on tractors e ne organization complete Schedule A? Note leted Schedule A .	each receiving over e: All section 501(c	\$100,0 (3) org	(b) Type of service (b) Type of service	ch a	(c) Con	npensation	s M	No
d Total 2 Did the comp	plete this table for the organization's five hig ,000 of compensation from the organization ,000 of compensation from the organization) Name and business address of each independent on tractors e ne organization complete Schedule A? Note leted Schedule A .	each receiving over e: All section 501(c	\$100,0 (3) org	(b) Type of service (b) Type of service	ch a	(c) Con	npensation Ye.	s M	No
d Total 2 Did the computer penalticular, correct, 2	plete this table for the organization's five hig ,000 of compensation from the organization ,000 of compensation from the organization). Name and business address of each independent on the organization of preparet (other than other than of preparet (other than other than o	each receiving over e: All section 501(c	\$100,0 (3) org	(b) Type of service (b) Type of service 000 ganizations must attac schedules and statements ion of which preparer has	th a , and to the best of my kn any knowledge.	(c) Con	npensation	s M	No
d Total 2 Did the componder penalticue, correct, a	plete this table for the organization's five hig ,000 of compensation from the organization ,000 of compensation from the organization). Name and business address of each independent on the organization complete Schedule A? Note leted Schedule A	each receiving over e: All section 501(c	\$100,0 (3) org	(b) Type of service (b) Type of service	:h a , and to the best of my kn s any knowledge.	(c) Con	npensation Ye.	s M	No
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d Total 2 Did th comp der penaltice, correct, a	number of other independent contractors energy and complete. Declaration of preparer (other than of Signature of officer JASON LIM Type or print name and title	each receiving over e: All section 501(c	\$100,0 (3) org	(b) Type of service (b) Type of service Doo ganizations must attace schedules and statements idn of which preparer has SECRETA	cha, and to the best of my knowledge. ARY TREASUR	(c) Connowledg	Yes and beli	s X	
d Total 2 Did th comp der penaltie, correct, a	number of other independent contractors enter organization of compensation from the organization. Name and business address of each independent organization organization complete. Schedule A? Note that I have examined this retained complete. Declaration of preparer (other than organization of preparer) of the organization of preparer of the organization of preparer (other than organization of preparer) of the organization of preparer (other than organization of preparer) of the organization of preparer of the organization of th	each receiving over e: All section 501(c turn, including accomp	\$100,0 (3) org	(b) Type of service (b) Type of service D00 ganizations must attace schedules and statements ition of which preparer has	ch a and to the best of my kn sany knowledge. ARY TREASUR Check is self-employed.	(c) Connowledg	Yes and beling Date	s 🛛	
d Total Did the composite correct, a sid reparer se Only	number of other independent contractors ene organization complete Schedule A. es of perjury: I declare that I have examined this retand complete. Declaration of preparer (other than of the pendent of the pendent contractors energy in the pende	each receiving over e: All section 501(c turn, including accomptificer) is based on all in	\$100,0 (3) organing sandormat	(b) Type of service (b) Type of service Doop ganizations must attace schedules and statements iden of which preparer has SECRETA Date 03-30-	and to the best of my kn sany knowledge. ARY TREASUR Check is self-employs	(c) Connowledge LER 431	Yes and beli	s Nef, it is	

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

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 for instructions and the latest information,

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number ODYSSEUS CHAMBER ORCHESTRA 45-4399538 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 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: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. X 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of other described on lines 1-10 listed in your governing document? organization support (see instructions) support (see instructions) above (see instructions): No (A) SEE ATTACHMENT (B) (C) (D) (E)

Total

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** 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 Part VI 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 **Part VI** 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 Part VI 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 **Part VI** 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 Part VI 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 **Part VI**, 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** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(e)(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 Part VI.
- 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 Part VI.
- 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 Part VI.
- 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.)

	Tv.		
	14	es	No
1			X
2			X
3a			Х
3b			Х
3с			Χ
4a			X
4b			X
4c			X
5a			Χ
5b 5c			X X
6		1 2	X
7		7 2	ζ
8		2	ζ
9a		Σ	ζ
9b			X
9c		×	ζ
10a		X	
10b Form	990)	20	22

Part	Supporting Organizations (continued)		P	age J
	Ouppointing Organizations (committee)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	140
а	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?	11a		X
b	A family member of a person described on line 11a above?	11b		X
¢	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	,,,,,,,		4.7
	detail in Part VI.	11c		Х
Sect	ion B. Type I Supporting Organizations	Halland III	-	1 27
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of	r		
	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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	ed be		
	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.	1		X
2	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 Part VI			
	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
01	supervised, or controlled the supporting organization.	2		X
Sect	ion C. Type II Supporting Organizations		1	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations	- Y-1		
	The state of the s		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	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?	1		
2	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc-	tions).		-
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supporte			
	organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organization	วทร		
	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	ties. 2a		
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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	1 /		
-	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations, Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of			
1-	the supported organizations? If "Yes" or "No," provide details in Part VI .	За		
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 Part VI the role played by the organization in this regard. FDA 22 990A5 BWF 990 Form Software Copyright 1996 - 2023 HRB Tax Group, Inc. School	3b		
	FDA 22 990A5 BWF 990 Form Software Copyright 1996 – 2023 HRB Tax Group, Inc. Sched	dule A (Forn	n 990)	2022

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

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 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ODYSSEUS CHAMBER ORCHESTRA

Employer identification number 45-4399538

LINE 10 - SALRIES ORCHESTRA

LINE16 - FACILITY RENTAL PROMOTIONS INSURANCE CARTAGE SUPPLIES

LINE 20 - INCREASE CASH BALANCE IN PRIOR YEAR

2022 FORM 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III	
OPEN TO PUBLIC	
INSPECTION For calendar year 2022, or tax period beginning	and ending
Name of Organization	Employer Identification Number
ODYSSEUS CHAMBER ORCHESTRA	45-4399538
Primary Purpose	
MUSIC EDUCATION	
V2	
(8.)	

2022 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

PECTION	For calendar year 2022, or tax period beginning	, and ending	
ne of Organization	, o. outstant four cocc, of tax period beginning	Employer Identification Num	nber
YSSEUS CHA	MBER ORCHESTRA	45-4399538	
	Program Service Accomplishments		
ants and allocations	Amount includes foreign g		_
DIOUG CDAN	Exempt Purpose Ac	chievements	
KIOUS GRAN	TS FOUNDATIONS AND DONATIONS		
		$r \equiv W_{\perp}$	
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2022 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 99	0-EZ PAGE 2,	PART IV		
OPEN TO PUBLIC INSPECTION For calendar year 2022	9.144.045.3		andina	
Name of Organization For calendar year 2022,	or tax period beginning	, and e		ification Number
ODYSSEUS CHAMBER ORCHESTE	LA.		45-43995	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont, to employee ben, plans & def, comp.	(E) Expense account & other compensation
ODYESSEUS CHAMBER				
ORCHESTRA PRESIDENT	5.00	0	0	0
ODYESSEUS CHAMBER				
ORCHESTRA SECRETARY TREASURER	5.00	0	0	0
ODYESSEUS CHAMBER ORCHESTRA				
DIRECTOR	5.00	0	0	0
ODYESSEUS CHAMBER ORCHESTRA				
DIRECTOR	5.00	0	0	0
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2022 FORM 990 BOOKS ARE IN CARE OF

ATTACHM	MENT 4 - 990-EZ PAGE 3, PART V, LINE 43	2A
OPEN TO PU	JBLIG	
	Tor caleridar year 2022, or tax period beginning	, and ending
Name of Orga		Employer Identification Number
	JS CHAMBER ORCHESTRA	45-4399538
Part V - Line	42a	
Individual Nan	me	
Business Nam	ne;	
	MIS CHAMBED ODCUTCTDA	
	Ominable Offondolly	
	S ************************************	THOMAS ST
U.S. Address:	χ.	
Zip co or Foreign Addres	City Dilition	State <u>TX</u>
City .		
	an av State	
Countr	y	
Phone	Number	(0.40) 5% (
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Fax Nu	ımber	00000000000000000000000000000000000000

2022 FORM 990 INFORMATION ABOUT SUPPORTED ORGANIZATIONS

ATTACHMENT 5: SCH A PAGE 1, PART I, LINE 12G - INFO ABOUT SUPPORTED ORGS OPEN TO PUBLIC INSPECTION For calendar year 2022, or tax period beginning , and ending Name of Organization Employer Identification Number ODYSSEUS CHAMBER ORCHESTRA 45-4399538 (i) Name of Supported (ii) EIN (iii)Type of Org (iv) Organization (v) Amount of (vi) Amount of Organization (Described on lines Monetary Support Listed in Governing Other Support 1-10 or IRC Section Document (See instructions) (See instructions) (See instructions)) Yes No ODYESSEUS CHAMBER ORCHESTRA NONE 45-4399538 1 X MCKINNEY PHILHARMONIC ORCHESTRA 45-4399538 2 X THE GREATER NORTH TEXAS YOUTH ORCHESTRA 45-4399538 3 X Total

Organization Dogs

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: AUG 1 0 2012

ODYESSEUS CHAMBER ORCHESTRA C/O JASON LIM 1011 THOMAS ST DENTON, TX 76201

Employer Identification Number: 45-4399538 DLN: 17053187340012 Contact Person: NANCY L HEAGNEY ID# 31306 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Effective Date of Exemption: January 13, 2012 Contribution Deductibility: Yes Addendum Applies: No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

ODYESSEUS CHAMBER ORCHESTRA

Sincerely,

Holly O. Pa

Director, Exempt Organizations Rulings and Agreements

Enclosure: Publication 4221-PC



(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest info

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

	1 Name (as shown on your Income tax return). Name is required on this li	ing: do not leave this lies black	oot iiite	28 6 4 1 6	44011							
	Odysseus Chamber Orchestra	ine, do not leave this line blank	•									
	2 Business name/disregarded entity name, if different from above											
	DBA McKinney Philharmonic Orchestra											
age 3.	Check appropriate box for federal tax classification of the person whose following seven boxes.	e name is entered on line 1. Ci	neck only	y one	e of th	10 4	Exe	mption	13 (co	des a	ppl	y only to
d 10 s	Individual/sole proprietor or C Corporation S Corporation Partnership Trust/esta						rtain struc	tions	зѕ, по эл ра	ot ind ge 3)	vide	als; see
Pe ion						Ex	empi	t paye	e cod	e (if a	ny)	
or to	Limited liability company. Enter the tax classification (C=C corporation)	on, S=S corporation, P=Partne	rship) 🕨								-	
LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.						Exemption from FATCA reporting that code (if any)						
ě	Uther (see instructions) > 501 c 3 Non I	Profit Organization				(Ap)	olies to	accoun	(s main:	tained e	esteich	the U.S.)
ψ (v	Address (number, street, and apt. or suite no.) See Instructions,		Reques	ster's	s nam						_	
တ္တို	402 N. Tennessee											
- 1	6 City, state, and ZIP code		ĺ									
	McKinney, TX 75069											
	7 List account number(s) here (optional)										-	-
Part	Town II and I											
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backup	our TIN in the appropriate box. The TIN provided must match the owithholding. For individuals, this is generally your social security it alien, sole propriets, or discovered a security of the propriets.	name given on line 1 to avo	oid	So	cial s	ecurity	nur	nber				
entities TIN, lat	, it is your omprover identification number (FIN). If you do not have	a number, see How to get	a				-	1	-			
				or			-		2: :1		_	
Numbe	the account is in more than one name, see the instructions for line. To Give the Requester for guidelines on whose number to enter.	e 1. Also see What Name a	ind	Em	ploye	er iden	tifica	ation r	umb	er		
	the the rioquester for guidelines of whose number to enter.		3				T	T		T	T	=
Part	I Certification			4	5	- 4	3	9	9	5	3	8
1 Thorn	enalties of perjury, I certify that:											
Servi	number shown on this form is my correct taxpayer identification nunct subject to backup withholding because: (a) I am exempt from the (IRS) that I am subject to backup withholding as a result of a failinger subject to backup withholding; and	imber (or I am waiting for a backup withholding, or (b) ilure to report all interest or	numbe I have r divider	er to not b nds.	be is been or (c	sued notifie the I	to m d by RS i	ne); ar the l	nd Interr	nal R	eve	nue at Lam
	[1864]				118111111111111111111111111111111111111	₹.mr.bruzeno			even		C. 011.00	W. F. GILL
4 The E	a U.S. citizen or other U.S. person (defined below); and											
Contistion	ATCA code(s) entered on this form (if any) indicating that I am exe	mpt from FATCA reporting	is com	ect.								
acquisition other that	ation instructions. You must cross out item 2 above if you have been failed to report all interest and dividends on your tax return. For real on or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification	coluic transactions, item 2 (ioes no	t app	bly. F	or mor	tgac	je inte	rest	paid,		
Sign Here	Signature of U.S. person		====	1	o f	07	1-		- 0		(leggo	
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	eral Instructions references are to the Internal Revenue Code unless otherwise	 Form 1099-DfV (dividence) 	dends,	inclu	uding	those	fro	m sto	cks o	or m	Jtua	al .
noted.		 Form 1099-MISC (va proceeds) 	arious ty	pes	of in	come	, pri	zes, a	lward	ds, o	r gr	oss
related to	evelopments. For the latest information about developments of Form W-9 and its instructions, such as legislation enacted were published, go to www.irs.gov/FormW9.	 Form 1099-B (stock transactions by broker 	or mutu 's)	ual fi	und s	ales a	ınd d	certai	n oth	er		
	se of Form	 Form 1099-S (proces 	eds fror	n re	al est	ate tra	ansa	ction	s)			
		• Form 1099-K (merch	ant car	d an	ıd thir	rd par	tv ne	etwor	, k trai	nsac	tion	(s)
monnath	dual or entity (Form W-9 requester) who is required to file an on return with the IRS must obtain your correct taxpayer	 Form 1098 (home me 1098-T (tuition) 	ortgage	inte	erest),	1098	-E (s	stude	nt loa	an in	tere	:st),
(0014), 1116	tion number (TIN) which may be your social security number dividual taxpayer identification number (ITIN), adoption	 Form 1099-C (cancel 										
taxpayer	identification number (ATIN) or amployer identification such a	 Form 1099-A (acquisi 	tion or a	abar	ndonr	ment c	of se	cureo	pro	pertv	}	
amount re	eport on an information return the amount paid to you, or other eportable on an information return. Examples of information clude, but are not limited to, the following.	Use Form W-9 only i alien), to provide your o	f you ar correct	e a TIN.	U.S.	perso	n (in	cludii	ng a i	resio	ent	
• Form 10	199-INT (interest earned or paid)	If you do not return F be subject to backup w	orm W ithhold	-9 to ing.	See	reque. What	ster is ba	with a	a TIN	l, you nholo	ı mi	ght

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